

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>PRAVEENKUMAR KOGILA</b>	Social security number <b>282-41-7168</b>
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	59,499.
<b>2</b> Total tax . . . . .	<b>2</b>	6,147.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	8,754.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	4,407.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

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

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

1	7	1	6	8
---	---	---	---	---

 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: PRAVEENKUMAR
Last name: KOGILA
Your social security number: 282-41-7168
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 836 VILLAGE DR
Apt. no.:
City, town, or post office: EDISON
State: NJ
ZIP code: 08817
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	6,147.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,147.
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	6,147.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,147.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,754.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,754.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,554.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,407.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,407.
b	Routing number 031202084		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 383017535719		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/25/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
282-41-7168

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,200.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,200.

**Part II Adjustments to Income**

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

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

PRAVEENKUMAR KOGILA

282-41-7168

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	TADVAI WARANGAL TELANGANA IN 506344				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		600.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		800.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,100.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,100.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,000.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,600.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-4,200.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-4,200.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,600.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,200.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-4,200.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# 2020 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● PRAVEENKUMAR	MI ●	Last name ● KOGILA	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 282-41-7168
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
Mailing address (number and street, P.O. box or rural route) ● 836 VILLAGE DR					<input type="checkbox"/> Check if address is outside U.S.
City ● EDISON		State or province ● NJ		ZIP ● 08817	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____	

Check here if you want a tax booklet mailed to you next year.
  **Check this box if you have filed a state extension or an automatic federal extension**

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 3 only)</small>	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) <small>(Filing status 6 only)</small>
	Multiply number of boxes checked ..... 7A <input type="checkbox"/> X \$29 = <input type="text" value="29.00"/>											
	<b>Dependents (Do not list yourself or spouse)</b>											
	First name		Last name		Dependent's social security number				Dependent's relationship to you			
	1.											
2.												
3.												
7B. Multiply number of DEPENDENTS from above ..... 7B <input type="checkbox"/> X \$29 = <input type="text" value="00"/>												
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) ..... 7C <input type="checkbox"/> X \$500 = <input type="text" value="00"/>												
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D <input type="text" value="29.00"/>												

ID	DL# / State ID <u>944057620</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>10/05/2020</u>	Expiration date (mm/dd/yyyy) <u>10/05/2028</u>
	DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. <input type="checkbox"/>													
	Routing Number 1			Account Number 1						<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings			Direct deposit 1 Amt	
	● 0 3 1 2 0 2 0 8 4			● 3 8 3 0 1 7 5 3 5 7 1 9						● <input type="text" value="538.00"/>				
	Routing Number 2			Account Number 2						<input type="checkbox"/> Checking or <input type="checkbox"/> Savings			Direct deposit 2 Amt	
●			●						● <input type="text" value="00"/>					

PLEASE 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (571) 395-2797	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> 02/25/2021		PTIN/ID number ● 301017196		For Department Use Only	
	Preparer's name GLOBAL TAXES LLC		City/State/ZIP CUMMING GA 30041		Telephone (678) 965-9522	
	E-mail SYAM@GTAXFILE.COM					

<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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Primary SSN 282-41-7168

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	8	63,699.00	00	00
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>				
	10. Interest income: (If over \$1,500, Attach AR4)	10		00	00
	11. Dividend income: (If over \$1,500, Attach AR4)	11		00	00
	12. Alimony and separate maintenance received:	12		00	00
	13. Business or professional income: (Attach federal Schedule C)	13		00	00
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		00	00
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		00	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		00	00
	17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000	18A		00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000	18B		00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		-4,200.00	00
	20. Farm income: (Attach federal Schedule F)	20		00	00
	21. Unemployment (Attach 1099-G)	21		00	00
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		00	00
	23. TOTAL INCOME: (Add lines 8 through 22)	23		59,499.00	00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		59,499.00	00	
TAX COMPUTATION	26. Select tax table: (Select only one)	26			
	27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	27		2,200.00	00
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		57,299.00	00
	29. TAX: (Enter tax from tax table)	29		2,604.00	00
	30. Combined tax: (Add amounts from line 29, columns A and B)	30			2,604.00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			00
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)	32			00
33. TOTAL TAX: (Add lines 30 through 32)	33			2,604.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		29.00	
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35		00	
	36. Other credits: (Attach AR1000TC)	36		201.00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			230.00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			2,374.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		2,912.00	
	40. Estimated tax paid or credit brought forward from 2019:	40		00	
	41. Payment made with extension: (See instructions)	41		00	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42		00	
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43		00	
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44			2,912.00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			2,912.00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			538.00
	48. Amount to be applied to 2021 estimated tax:	48		00	
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49		00	
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND	50			538.00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51			00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/>				00
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C			00	

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX  
TAX CREDITS

Primary taxpayer's name <b>PRAVEENKUMAR KOGILA</b>	Primary's social security number <b>282-41-7168</b>
---	--

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. State political contribution credit: (See instructions) .....	1 ●		00
2. Other state tax credit: [Attach copy of other state tax return(s)] ..See OtherStatesCredit.....	2 ●	201.	00
3. Credit for adoption expenses: (Attach federal Form 8839) .....	3 ●		00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113) .....	4 ●		00

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

5A. BIC Code ●	FEIN ●	Amount ●	00
5B. BIC Code ●	FEIN ●	Amount ●	00
5C. BIC Code ●	FEIN ●	Amount ●	00

Spouse:

5D. BIC Code ●	FEIN ●	Amount ●	00
5E. BIC Code ●	FEIN ●	Amount ●	00
5F. BIC Code ●	FEIN ●	Amount ●	00

5. Business incentive tax credit(s): (Add amounts from 5A-5F above) .....	5 ●		00
<b>A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.</b>			
6. TOTAL CREDITS: Add lines 1 through 5. Enter total on line 36, Form AR1000F/AR1000NR .....	6 ●	201.	00

BUSINESS INCENTIVE CREDIT TYPES

Code Credit Type

- 0001....Advantage Arkansas
- 0002....Affordable Housing
- 0003....AR Plus
- 0004....AR Plus 50% Technology-Based
- 0005....AR Plus 75% Technology-Based
- 0006....AR Plus 100% Technology-Based
- 0008....Capital Development Company
- 0009....Child Care Facility
- 0010....Coal Mining Producing and Extracting
- 0011....Delta Geotourism
- 0013....Enterprise Zone
- 0014....Equipment Donation/Sale
- 0015....Equity Investment Incentive
- 0016....Existing Workforce Training
- 0017....Family Savings Initiative Act
- 0018....Historic Rehabilitation
- 0019....Low Income Housing
- 0020....Public Roads Incentive
- 0021....Research Park Authority
- 0022....Research and Development with Universities
- 0023....In-House Research Income Tax Credit
- 0024....In-House Research by Targeted Business Income Tax Credit
- 0025....In-House Research Area of Strategic Value Income Tax Credit
- 0026....Qualified Research

Code Credit Type

- 0028....Tourism Development
- 0029....Tuition Reimbursement Program
- 0030....Targeted Business Payroll
- 0031....Venture Capital Investment
- 0034....Waste Reduction, Reuse or Recycle Equipment
- 0035....Water Impounded Outside Critical
- 0036....Water Impounded Within Critical
- 0037....Water Surface Outside Critical
- 0038....Water Surface Inside Critical
- 0039....Water Surface Inside Critical-Industrial or Commercial
- 0040....Water Land Leveling
- 0041....Wetland Riparian Zone Creation/Restoration
- 0042....Wetland Riparian Zone Conservation
- 0043....Central Business Improvement District Rehab and Dev
- 0044....Biodiesel Incentive Credit
- 0045....Recycle Equipment for Steel Manufacturer
- 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862
- 0047....Recycle-Expansion Project Act 1046
- 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
- 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
- 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
- 0051....Apprenticeship Program
- 0052....Major Historic Rehabilitation
- 0053....Delta Music Trail





ARKANSAS INDIVIDUAL INCOME TAX  
DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● PRAVEENKUMAR		Last Name ● KOGILA		Primary's Social Security Number ● 282-41-7168	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 836 VILLAGE DR				Telephone ● (571) 395-2797	
City EDISON	State or Province NJ	ZIP 08817	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)		
1. Total Income (Form AR1000F or AR1000NR, Line 23) .....	1	59,499.00
2. Net Tax (Form AR1000F or AR1000NR, Line 38) .....	2	2,374.00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) .....	3	● 2,912.00
4. Refund (Form AR1000F or AR1000NR, Line 47) .....	4	538.00
5. Tax Due (Form AR1000F or AR1000NR, Line 51) .....	5	00

**PART II - DECLARATION OF TAXPAYER**

6a.  I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b.  I do not want direct deposit of my refund or I am not receiving a refund.

6c.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d.  I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here \_\_\_\_\_

Primary's Signature	Date	Spouse's Signature	Date
---------------------	------	--------------------	------

**PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	_____ ERO'S Signature	02/25/2021 Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____ Your SSN or PTIN
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING		GA	30041	30-1017196
	Firm's name and address				FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	_____ Preparer's Signature	02/25/2021 Date	Check if self-employed <input type="checkbox"/>	_____ Preparer's SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING		GA	30041 30-1017196
	Firm's name and address			
	FEIN			

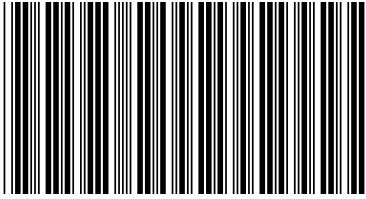
**Additional information from your 2020 Arkansas Tax Return**

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
NJ	6,395.	201.	201.	100.



0130201010

### 2020 NJ-1040NR-V PAYMENT VOUCHER

#### 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 [www.njtaxation.org](http://www.njtaxation.org) 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: [www.njtaxation.org](http://www.njtaxation.org). 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 244, Trenton, NJ 08646-0244.

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  
Nonresident Payment Voucher  
NJ-1040NR-V

282-41-7168 KOGI  
KOGILA , PRAVEENKUMAR  
836 VILLAGE DR  
EDISON, NJ 08817

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:

101.00



2020 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2020  
Page 1



040NV01200

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

1555

Your Social Security Number  
282417168

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
Arkansas

Home Address (Number and Street, incl. apt. # or rural route)  
836 VILLAGE DR

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
944057620	AR	EDISON	NJ	08817

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

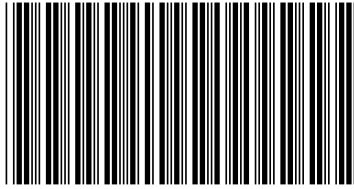
Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

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

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





040NV02200

Name(s) as shown on Form NJ-1040NR  
KOGILA PRAVEENKUMAR

Your Social Security Number  
282417168

1555

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

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

**Exemptions**

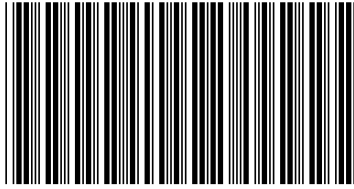
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. **1**
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12.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

**Dependent Information**

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

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

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	63699 .	15.	6500 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 65)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Pensions, Annuities, and IRA Withdrawals	22.	.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		.
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	63699 .	27.	6500 .
28a. Pension Exclusion (See Instructions)	28a.	.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.	.
29. Gross Income (Subtract line 28c from line 27)	29.	63699 .	29.	6500 .
30. Total Exemption Amount (See Instructions)	30.	1000 .		.
31. Medical Expenses (See Worksheet and Instructions)	31.	.		.
32. Alimony and separate maintenance payments	32.	.		.
33. Qualified Conservation Contribution	33.	.		.
34. Health Enterprise Zone Deduction	34.	.		.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .		.



040NV03200

Name(s) as shown on Form NJ-1040NR  
KOGILA PRAVEENKUMAR

Your Social Security Number  
282417168

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	62699	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	1970	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>10.20</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		201 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		201 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		201 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	100	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		100 .
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		101 .
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		.
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.	.	.
(B) N.J. Endangered Wildlife Fund	59B.	.	.
(C) N.J. Children's Trust Fund	59C.	.	.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.	.	.
(E) N.J. Breast Cancer Research Fund	59E.	.	.
(F) U.S.S. N.J. Educational Museum Fund	59F.	.	.
(G) Designated Contribution Code	59G.	.	.
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		.

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

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

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

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

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

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Name

Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC**

**30-1017196**

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

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

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

Name(s) as shown on Form NJ-1040NR  
 KOGILA PRAVEENKUMAR

Your Social Security Number  
 282417168

<b>PART I</b>		<b>Net Gains or Income From Disposition of Property</b>		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
62.							
63. Capital Gains Distribution .....					63.		
64. Other Net Gains.....					64.		
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) .....					65.		

<b>PART II</b>		<b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b>		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)	
66.	Amount reported on line 15 in column A required to be allocated .....	66.			
67.	Total days in taxable year .....	67.			
68.	Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	68.			
69.	Total days worked in taxable year (subtract line 68 from line 67) .....	69.			
70.	Deduct days worked outside New Jersey.....	70.			
71.	Days worked in New Jersey (subtract line 70 from line 69).....	71.			
72. ALLOCATION FORMULA		$\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} = \text{_____}$			
		(Include this amount on line 15, col. B)			

<b>PART III</b>		<b>Allocation of Business Income to New Jersey</b>		(See instructions if other than Formula Basis of allocation is used.)	
Business Allocation Percentage (From Schedule NJ-NR-A)					
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____	\$ _____	x _____	% = \$ _____		
From Line No. _____	\$ _____	x _____	% = \$ _____		
From Line No. _____	\$ _____	x _____	% = \$ _____		

Name(s) as shown on Form NJ-1040NR KOGILA , PRAVEENKUMAR	Social Security Number 282-41-7168
---	---------------------------------------

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

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2020**

<b>Part I</b> Net Profits From Business		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.)		4.	
<b>Part II</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	TADVAI	282417168	1	-4,200.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.)		4.	-4,200.
<b>Part III</b> Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.			
<b>Part IV</b> Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.)		4.	

Keep a copy of this schedule for your records



Name(s) as shown on Form NJ-1040NR KOGILA , PRAVEENKUMAR	Social Security Number 282-41-7168
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**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2020**

PART I Income (Loss)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-4,200.	
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.	
5.	Loss Carryforward From Tax Year 2019			5b.	( )	
6.	Totals	6a.	0.	6b.	-4,200.	
<b>PART II Adjustment Calculation</b>						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.			
9.	Business Increment (line 7 minus line 8)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.			
<b>PART III Loss Carryforward to Tax Year 2021</b>						
12.	Loss Carryforward to Tax Year 2021	12.		(	4,200.	)

**Instructions**

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

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