

**Filing Status**  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 VENKATASAI HARITHUS	Last name MUDDU	Your social security number 808-83-8507
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 29891 CITATION CIRCLE		Apt. no. 51101	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. FARMINGTON HILLS	State MI	ZIP code 48331	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			1	64,444.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a	b Taxable interest . . . . .	2b	
	3a Qualified dividends . . . . .	3a	b Ordinary dividends . . . . .	3b	
	4a IRA distributions . . . . .	4a	b Taxable amount . . . . .	4b	
	5a Pensions and annuities . . . . .	5a	b Taxable amount . . . . .	5b	
	6a Social security benefits . . . . .	6a	b Taxable amount . . . . .	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			7	
	8 Other income from Schedule 1, line 9 . . . . .			8	-5,675.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			9	58,769.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a From Schedule 1, line 22 . . . . .	10a			
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b			
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			10c	
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			11	58,769.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			13	
	14 Add lines 12 and 13 . . . . .			14	12,400.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			15	46,369.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,993.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,993.
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	5,993.
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	5,993.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,463.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,463.
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	
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	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	7,463.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,470.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,470.
b	Routing number 011400495	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 003881123132		
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	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	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/16/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](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  
VENKATASAI HARITHUS MUDDU

Your social security number  
808-83-8507

**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>	-5,675.
<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>	-5,675.

**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

VENKATASAI HARITHUS MUDDU

808-83-8507

**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>	H-NO:3-7-339,APT-107 KARIMNAGAR TELANGANA IN 505001				
<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.	Fair Rental Days	Personal Use Days	QJV
<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)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		520.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		70.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		220.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		180.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,600.		
<b>14</b>	Repairs. . . . .	<b>14</b>		125.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities . . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,195.		
<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>		-5,675.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -5,675. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		520.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,195.		
<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>		( 5,675. )		
<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>				-5,675.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Keep for your records

Name(s) shown on return
VENKATASAI HARITHUS MUDDU

Social Security No.
808-83-8507

General Information:

Property description . . . . . H-NO:3-7-339, VISHNU PRIYA RESIDENCY, APT#107, NEAR GOPI KRISHNA FUNCTION HALL
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . H-NO:3-7-339, APT-107
City . . . . . KARIMNAGAR State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 505001 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

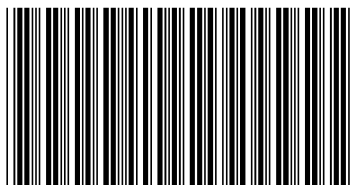
Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . . .	520.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . . .			
Total rents received . . . . .	520.	100.000000	520.
<b>4 Enter</b> royalties received (not reported elsewhere) . . . . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .	70.		70.		
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	220.		220.		
<b>7</b> Cleaning and maint . . . . .	180.		180.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	5,600.		5,600.		
<b>14</b> Repairs . . . . .	125.		125.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	6,195.		6,195.		
<b>21</b> Income or (loss) . . . . .			-5,675.		
<b>22</b> Deductible rental real estate loss . . . . .			-5,675.		

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  
808838507

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
Michigan

Home Address (Number and Street, incl. apt. # or rural route)  
29891 CITATION CIRCLE, Apt. 51101

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
		FARMINGTON HILLS	MI	48331

This is an amended return

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

The address above is a foreign address

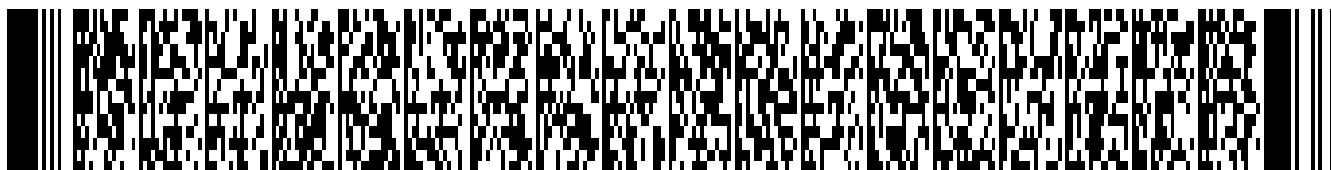
Your address has changed

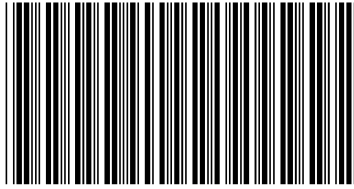
Death certificate for deceased taxpayer is attached (See instructions page 9)

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  
MUDDU VENKATASAI HARITHUS

Your Social Security Number  
808838507

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.

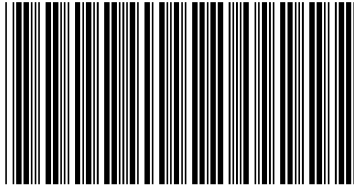
**Dependent Information**

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.	66240 .	15.	66240 .
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.	66240 .	27.	66240 .
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.	66240 .	29.	66240 .
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  
MUDDU VENKATASAI HARITHUS

Your Social Security Number  
808838507

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.	65240	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	2111	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
41.	NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.	2111	.
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.	2111	.
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.	2111	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	2288	.
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.	2288	.
57.	If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.	.	.
58.	If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.	177	.
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.	177	.

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  
 MUDDU VENKATASAI HARITHUS

Your Social Security Number  
 808838507

<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 .....							
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 $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Line 66)}}{\text{(Enter amount from line 66)}} = \frac{\text{(Salary earned inside N.J.)}}{\text{(Include this amount on line 15, col. B)}}$					

<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 MUDDU, VENKATASAI HARITHUS	Social Security Number 808-83-8507
--	---------------------------------------

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

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2020**

<b>Part I Net Profits From Business</b>		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 Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		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.	H-NO: 3-7-339, APT-107	808838507	1	-5,675.
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.	-5,675.
<b>Part III Distributive Share of Partnership Income</b>		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 Net Pro Rata Share of S Corporation Income</b>		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

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2020**

<b>PART I</b> 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.	-5,675.	
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.	-5,675.	
<b>PART II</b> 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.				
<b>PART III</b> Loss Carryforward to Tax Year 2021							
12.	Loss Carryforward to Tax Year 2021	12.				( 5,675. )	

**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**

# Instructions for Form MI-1040-V

## 2020 Michigan Individual Income Tax Payment Voucher

### Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

**Do not** use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

### Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

If you do not owe any tax on your MI-1040, do not file this form.

### Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit [www.michigan.gov/iit](http://www.michigan.gov/iit) for more information.

### Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2020 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:  
**Michigan Department of Treasury**  
**P.O. Box 30774**  
**Lansing, MI 48909**
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.

**Mail this form with payment for your MI-1040 return. Do not file with your paper return.**

*Detach here and mail with your payment. Do not fold or staple the voucher.*

Michigan Department of Treasury (Rev. 03-20)

## 2020 MICHIGAN Individual Income Tax Payment Voucher

## MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 02/04/21 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)  VENKATASAI HARITHUS MUDDU  29891 CITATION CIRCLE APT 51101 FARMINGTON HILLS MI 48331	Filer's Full Social Security Number 808-83-8507	Spouse's Full Social Security Number  185 .00
<b>WRITE PAYMENT AMOUNT HERE</b> ➡      \$		185 .00
<b>MAIL TO:</b> Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Make check payable to <b>“State of Michigan.”</b> Write the last four digits of filer's <b>Social Security number</b> and <b>“2020 MI-1040-V”</b> on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

77856868 02 2020 000000000 808838507 1

# 2020 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2021.** Type or print in blue or black ink.

1. Filer's First Name <b>VENKATASAI HARITHU</b>		M.I.	Last Name <b>MUDDU</b>		2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>808 — 83 — 8507</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —	
Home Address (Number, Street, or P.O. Box) <b>29891 CITATION CIRCLE, APT. 51101</b>					4. School District Code (5 digits – see page 60) <b>63200</b>	
City or Town <b>FARMINGTON HILLS</b>			State <b>MI</b>	ZIP Code <b>48331</b>		
5. <b>STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b>  <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. <b>2020 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*  * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				8. <b>2020 RESIDENCY STATUS.</b> Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *  * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions)..... a. <input style="width: 40px; text-align: center;" type="text" value="1"/> x \$4,750 b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b. <input style="width: 40px;" type="text"/> x \$2,800 c. Number of qualified disabled veterans ..... c. <input style="width: 40px;" type="text"/> x \$400 d. Number of Certificates of Stillbirth from MDHHS (see instructions)..... 9d. <input style="width: 40px;" type="text"/> x \$4,750 e. Claimed as dependent, see line 9 NOTE above ..... e. <input type="checkbox"/> f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 ..... 9f. <input style="width: 40px; text-align: right;" type="text" value="4750"/>	9a. <input style="width: 40px; text-align: right;" type="text" value="4750"/> 00 9b. <input style="width: 40px;" type="text"/> 00 9c. <input style="width: 40px;" type="text"/> 00 9d. <input style="width: 40px;" type="text"/> 00 9e. <input style="width: 40px;" type="text"/> 00 9f. <input style="width: 40px; text-align: right;" type="text" value="4750"/> 00
10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....	10. <input style="width: 40px; text-align: right;" type="text" value="58769"/> 00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	<input style="width: 40px;" type="text"/> 00
12. <b>Total.</b> Add lines 10 and 11 .....	<input style="width: 40px; text-align: right;" type="text" value="58769"/> 00
13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....	13. <input style="width: 40px;" type="text"/> 00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14. <input style="width: 40px; text-align: right;" type="text" value="58769"/> 00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15. <input style="width: 40px; text-align: right;" type="text" value="4750"/> 00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	<input style="width: 40px; text-align: right;" type="text" value="54019"/> 00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17. <input style="width: 40px; text-align: right;" type="text" value="2296"/> 00

**NON-REFUNDABLE CREDITS**

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... 18a.	<input style="width: 40px; text-align: center;" type="text" value="2111"/>	<input style="width: 40px;" type="text" value="00"/>	<input style="width: 40px; text-align: center;" type="text" value="2111"/>	<input style="width: 40px;" type="text" value="00"/>
19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... 1 a.	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="00"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text" value="00"/>
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....			<input style="width: 40px; text-align: right;" type="text" value="185"/>	<input style="width: 40px;" type="text" value="00"/>

Filer's Full Social Security Number

808 — 83 — 8507

21. Enter amount of Income Tax from line 20.....		185	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	2		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	185	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....	25		00
26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	a.		00
		<b>FEDERAL</b>	
		<b>MICHIGAN</b>	
27b.	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28		00
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.		00
30. Estimated tax, extension payments and 2019 credit forward.....			00
31. <b>2020 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2020 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
31c.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.		00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> 00.....	<b>YOU OWE</b>		
33.		185	00
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	3		00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...	35.		00
36. Subtract line 35 from line 34.....		<b>REFUND</b>	
36.			00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to:

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 33 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

Name as Shown on Return VENKATASAI HARITHUS MUDDU	Social Security Number 808-83-8507
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- **QuickZoom** to another copy of this worksheet . . . . . ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . NJ  
Jurisdiction name . . . . . New Jersey

1	Income earned in another state or locality subject to Michigan tax . . . . .	1	<u>65,240.</u>
2	Enter the amount from Form MI-1040, line 14. . . . .	2	<u>58,769.</u>
3	Divide line 1 by line 2 . . . . .	3	<u>1.1101</u>
4	Enter the amount from Form MI-1040, line 17. . . . .	4	<u>2,296.</u>
5	Multiply line 4 by line 3 . . . . .	5	<u>2,549.</u>
6	Enter the amount of tax imposed by another state or locality . . . . .	6	<u>2,111.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6 . . . . .	7	<u>2,111.</u>