E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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Filing Status	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	ad of hou	sehold (HO	Н) [Qua	ılifying wi	dow(e	er) (QW)
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		your spouse. If you	chec	ked the H	OH or Q	W box, ent	er the	child's	name if	the qu	ıalifying
Your first name	and m	iddle initial	Last na	me					١	our so	ocial secu	rity nu	mber
RANJITH	KUM.	AR	NAGA	PURI					:	325-91-6929			
If joint return, s	pouse's	s first name and middle initial	Last na	me					5	Spouse's social security number			number
SAHITHI			MANT	RI					;	889-03-5783			
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	F	Preside	ntial Elec	tion C	ampaign
6921 W '	TOWN	LEY AVE									here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	ate	ZII	code		•	if filing jo this fund		
PEORIA					A	Z	8	5345			low will no		
Foreign countr	y name		F	oreign province/state	e/cour	nty	Fo	reign postal c	ode)	our tax	x or refun	d.	
											You		Spouse
At any time du	uring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial	interest i	n any virtua	al curr	ency?	Yes	; X	No
Standard Deduction	_	neone can claim:	•				dent						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	oous	e: Wa	as born b	efore Janu	ary 2,	1956	ls l	blind	
Dependent	s (see	instructions):		(2) Social secur	ty	(3) Rela	tionship	(4)	if qua	lifies fo	r (see insti	ruction	is):
If more	(1) F	irst name Last name		number	-	to	you	1	tax cre		Credit for o		
than four													
dependents, see instruction													
and check													
here ▶													
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		L58 <u>,</u>	489.
Attach	2a	Tax-exempt interest	2a		b ⁻	Гахаble in	terest			2 b	,		
Sch. B if required.	3a	Qualified dividends	3a		b	Ordinary o	lividends			3b	,		
Toquirou.	4a	IRA distributions	4a		b ⁻	Taxable ar	mount .			4b	,		
	5a	Pensions and annuities	5a		b ⁻	Taxable ar	mount .			5b	,	7,	101.
Standard	6a	Social security benefits	6a		b ⁻	Taxable ar	mount .			6b	,		
• Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check h	ere .		▶ □	7			
Married filing	8	Other income from Schedule 1, I	ine 9							8		-8,	510.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				. ▶	9		L57,	080.
 Married filing 	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e ins	tructions	10b		300				
 Head of 	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me .			. ▶	100			300.
household, \$18,650	11	Subtract line 10c from line 9. Thi	s is your a	adjusted gross inc	ome				. ▶	11		L56,	780.
If you checked	12	Standard deduction or itemize	d deducti	ions (from Schedu	le A)					12	2	24,	800.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm	8995-A				13	}		
Deduction, see instructions.	14	Add lines 12 and 13								14	<u> </u>	24,	800.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ent	er -0				15	, T	L31,	980.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	20,616.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	20,616.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	330.
	21	Add lines 19 and 20							21	330.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	20,286.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	710.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	20,996.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	19,6	547.		
	b	Form(s) 1099				25b	(598.		
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	20,345.
	26	2020 estimated tax payment							26	,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		*		30				
	31	Amount from Schedule 3. lin				31				
	32	Add lines 27 through 31. The					<u> </u>	. •	32	
	33	Add lines 25d, 26, and 32. T	,						33	20,345.
	34	If line 33 is more than line 24	-						34	20,313.
Refund	35a	Amount of line 34 you want				•	-	· ·	35a	
Direct deposit?	> b	Routing number X X X		and the second second	▶ c Type:			_	SSA	
See instructions.		Account number X X X					∐ За	virigs		
	▶ d									
A	36	Amount of line 34 you want a							07	C T 1
Amount You Owe	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37	651.
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				1 0			V Na
Designee		structions				. ▶ ⊔`	/es. Com	•		X No
		esignee's me ▶		Phone no. ▶				al identifi (PIN) ▶	cation	
Sign		ider penalties of perjury, I declare t	hat I have examine			nedules and s		` /	he bes	t of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	our signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	k							1		N, enter it here
Joint return?	L				SOFTWARE 1		R	<u> </u>	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.				TEACHER				1	ıy Fiole	ection Fire, enter it here
	Ph	one no. (848)214-068	7	Email address	RANN.KUM@	CMATI. C	'OM	,		
		eparer's name	Preparer's signat		TATATA : IZOM@(Date Date		TIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			מווסדים די אוו. או			02082	703	Self-employed
Preparer				אאטאט ויואיז	COLIM INDIAN	1 02/03/	2021 P			
Use Only		m's name ► GLOBAL TAX m's address ► 2530 Pebbl		n Cummin	~ CN 200/1					678)965-9522
				III CUIIIIIIIII			=	Firm's	EIN ►	
Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV 07/2	8/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

325-91-6929

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,510.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,510.
Par	line 8	9	-0,510.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
• •	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074 Attachment Sequence No. **02**

▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number

RANG	JITH KUMAR NAGAPURI & SAHITHI MANTRI	325-9	1-6929
Par	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	0.
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ $\mathbf{b} \square 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required $ vert^{No}$	6	710.
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960		
	c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		710.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO	Schedu	ule 2 (Form 1040) 2020

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RANJITTH KUMAR NAGAPURI & SAHITHI MANTRI Your social security number 325-91-6929

177 774	SIII ROMAN MICH CONTROL CONTROL MANIEL	323	J	
Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: a 🗵 3800 b 🗌 8801 c 🗌		6	330.
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-		7	330.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202			
С	Health coverage tax credit from Form 8885			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040	-NR, line 31	13	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 0	7/28/21 PRO	Schedule	3 (Form 1040) 2020

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI 325-91-6929 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α PRAKASH NAGAR, BEGUMPET HYDERABAD TELANGANA IN 500016 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: 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:** Α 3 Rents received . 650. 3 4 Royalties received 4 Expenses: Advertising 5 5 180. 6 Auto and travel (see instructions) . . . 6 400. 7 Cleaning and maintenance . . . 7 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 400. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 6,500. 14 14 Repairs. 180. 15 15 Supplies . Taxes 16 16 17 17 1,500. 18 Depreciation expense or depletion . . 18 Other (list) 19 19 Total expenses. Add lines 5 through 19 20 20 9,160. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -8,510. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -8,510.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 9,160. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 8,510. 26 Total rental real estate and royalty income or (loss). 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 -8,510.

General Business Credit

OMB No. 1545-0895

325-91-6929

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

Attachment Sequence No. 22 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. Identifying number

Part			_
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	330.
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount		🕨 📙
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D	_	
6	checked. See instructions	5 6	220
6 Part	Add lines 1, 3, 4, and 5	0	330.
7	Regular tax before credits:		
'	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line		
	16, and Schedule 2 (Form 1040), line 2		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of your return	7	20,616.
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		•
	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8	0.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
_			
9	Add lines 7 and 8	9	20,616.
40-	Face in the case of the case o		
10a	Foreign tax credit		
b	Add lines 10a and 10b	10c	
C	Add lines to a and tob	100	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	20,616.
• • •	The most and captured into the month into of the 2010, only into the annual of the annual of the original of t		20,010.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12 20,616.		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions		
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
4-	line 52	4-	11 000
15	Enter the greater of line 13 or line 14	15	11,279.
16	Subtract line 15 from line 11. If zero or less, enter -0	16	9,337.
17	Enter the smaller of line 6 or line 16	17	330.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		
	reorganization.		

BAA

Part	Allowable Credit (continued)		
Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	ine 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	
21	Subtract line 17 from line 20. If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2020. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0	27	20,616.
28	Add lines 17 and 26	28	330.
29	Subtract line 28 from line 27. If zero or less, enter -0	29	20,286.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2020. See instructions	33	
34	Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	▶ □
35	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	0.
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 6		
	 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b 	38	330.

Form 3800 (2020) Page 3

Name(s) shown on return Identifying number RANJITH KUMAR NAGAPURI & SAHITHI MANTRI 325-91-6929 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. X General Business Credit From a Non-Passive Activity **E** Reserved В General Business Credit From a Passive Activity F Reserved ☐ General Business Credit Carryforwards C G \square Eligible Small Business Credit Carryforwards D ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) Enter EIN if (c) Enter the claiming the credit appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount. pass-through entity. entity. Investment (Form 3468, Part II only) (attach Form 3468) . . . 1a 1a b 1b С 1c d Low-income housing (Form 8586, Part I only) 1d 1e е 1f f Renewable electricity, refined coal, and Indian coal production (Form 8835) . g 1g 1h h i 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . 1j j k Employer-provided child care facilities and services (Form 8882)* 1k 11 Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) 1m m n 1n O Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p 1q Energy efficient appliance (carryforward only) q 1r r S Alternative fuel vehicle refueling property (Form 8911) 1s 330 t Enhanced oil recovery credit (carryforward only) 11 Mine rescue team training (Form 8923) 1u u ν Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w w Carbon oxide sequestration (Form 8933) 1x X У 1y 1z 7 1aa aa 1bb bb General credits from an electing large partnership (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other **ZZ** 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 330. 3 Enter the amount from Form 8844 here and on the applicable line of Part II . . . 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a b 4b Biofuel producer (Form 6478) 4c C 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) . 4e e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g g 4h h i 4i j Employer credit for paid family and medical leave (Form 8994) 4j 4z Z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5 6

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form6251 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. **32** Your social security number

PANTLY THE KURAR INACAPURET & SARTTHIT MANTET 1 Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040 or 1040 or 1040-SR line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040 or 1040-SR and enter the result here. If less than zero, enter as a negative amount.) 2 If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7, otherwise, enter the amount from Form 1040 or 1040-SR, line 12 3 If X refund from 1040, enter the taxes from Schedule A, line 7, otherwise, enter the amount from Form 1040 or 1040-SR, line 12 4 If X refund from 5 Schedule A, line 7, otherwise, enter the amount from Form 1040 or 1040-SR, line 12 5 Tax refund from Schedule I (Form 1040), line 1 or line 8 2 In Net operating loss deduction from Schedule I (Form 1040), line 8. Enter as a positive amount. 2 In Interest from specified private activity bonds exempt from the regular tax 2 In Interest from specified private activity bonds exempt from the regular tax 2 In Interest from specified private activity bonds exempt from the regular tax. 2 In Interest from specified private activity bonds exempt from the regular tax. 2 In Interest from specified private activity bonds exempt from 1041, box 12, code A 3 Disposition of property difference between AMT and regular tax income). 2 In Interest exemption of property difference between AMT and regular tax again or loss). 2 In Depreciation on assets placed in service after 1986 (difference between regular tax and AMT). 2 In Interest exemption on the service after 1986 (difference between regular tax and AMT). 2 In Interest exemption on the service after 1986 (difference between regular tax and AMT). 3 In Interest exemption on the service after 1986 (difference between regular tax income). 4 In Interest the service and the service after 1986 (difference between regular tax income). 5 Interest the service and the service after 1986 (difference between regular t	Name(s	shown on Form 1040, 1040-SR, or 1040-NR	Your soci	al secur	ity number
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11, and go to line 10		If line 4 is over the amount shown above for your filing status, see instructions.			
 If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. Alternative minimum tax foreign tax credit (see instructions) Tentative minimum tax. Subtract line 8 from line 7 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions) 20,616. 	6		9, and	6	43,380.
qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 8 Alternative minimum tax foreign tax credit (see instructions) 9 Tentative minimum tax. Subtract line 8 from line 7 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions) 10 20,616.	7	• If you are filing Form 2555, see instructions for the amount to enter.			
6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 8 Alternative minimum tax foreign tax credit (see instructions)		qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the		7	11,279.
9 Tentative minimum tax. Subtract line 8 from line 7		6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if			
Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)	8			8	
Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)	9	Tentative minimum tax. Subtract line 8 from line 7		9	11,279.
	10	Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Sche to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J	dule J	10	20,616.
AWIT. Subtract line 10 from line 9. If Zero or less, enter -0 Enter here and on Schedule 2 (Form 1040), line 1 11	11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040),	line 1	11	0.

Page 2 Form 6251 (2020) Part III **Tax Computation Using Maximum Capital Gains Rates** Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions. 12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the 12 13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter 13 14 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 14 15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see 15 16 16 17 17 If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result ▶ 18 19 • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or 19 • \$53,600 if head of household. 20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero 20 or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter 21 21 22 Enter the **smaller** of line 12 or line 13 22 23 Enter the **smaller** of line 21 or line 22. This amount is taxed at 0% 23 24 24 25 • \$441,450 if single • \$248,300 if married filing separately 25 • \$496,600 if married filing jointly or qualifying widow(er) • \$469.050 if head of household 26 26 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from 27 line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter 27 28 28

Form **8911** (Rev. February 2021)

Department of the Treasury

Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

▶ Go to www.irs.gov/Form8911 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **151**

Identifying number Name(s) shown on return RANJITH KUMAR NAGAPURI & SAHITHI MANTRI 325-91-6929 Part I **Total Cost of Refueling Property** Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax 1 1,100. Credit for Business/Investment Use Part of Refueling Property 1,100. 2 Business/investment use part (see instructions) 3 Section 179 expense deduction (see instructions) 3 0. 4 4 1,100. 5 5 330. 6 Maximum business/investment use part of credit (see instructions) . . . 6 30,000. 7 7 330. 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, 9 stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part 9 330. Part III **Credit for Personal Use Part of Refueling Property** 10 Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a credit 10 0. 11 11 Maximum personal use part of credit (see instructions) 12 12 13 13 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. 14 • Other filers. Enter the regular tax before credits from your return. Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15a Certain allowable credits (see instructions) 15c Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file 16 16 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 9. 17 • Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18

Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Schedule 3 (Form

1040), line 6; or the appropriate line of your return. If line 18 is smaller than line 13, see instructions

BAA

E-file Signature Authorization

AZ-00/9			
Do not mail this form to the Arizona De	partment of Revenue.	The ERO must retain this document a minimum o	of four years.
Your First Name and Initial	Last Name		Security Number*
RANJITH KUMAR	NAGAPURI		91 6929
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Soci	cial Security No.*
SAHITHI	MANTRI	889	03 5783
PART 1 – PURPOSE			*Do Not Truncate
 To certify the truthfulness, correctness, and comp To authorize the Electronic Return Originator (FR 		electronic income tax return. yer wishes to use the taxpayer's electronic signature to t	the taxnaver's
		yer's electronic Arizona individual income tax return.	ine taxpayer 5
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFO	RMATION
		Must be present when requesting direct debit	•
1 Arizona Adjusted Gross Income 80,0	043 00	Foreign Account Deposit/Debit: See instr	uctions below.
2 Balance Of Tax	0 00	TYPE OF ACCOUNT ROUTING NUMBER	
	154 00	3 — 3	0 0 3 3 9
Check box 4 or box 5:	2 154	ACCOUNT NUMBER 00 3 8 1 0 3 7 9 3 7 7 9 7	
4 ■ REFUND: Enter the amount of refund		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAY	LLJ YMENT AMOUNT
AWOUNT 700 OWE. Enter the amount own	<i>30</i>	<u> </u>	.00
Box 4 Checkbox – Refund: You are due a refund b		Foreign Account Deposit/Debit Checkbox: Check the	
provided on your tax return. Your refund amount account listed in the Financial Institution Information		Deposit/Debit" box if your deposit will be ultimately from a foreign account. If you check this box, do not	
Box 5 Checkbox – Amount You Owe: You ov		numbers. If this box is checked, we will not direct de	
information provided on your tax return. You have	e elected to direct debit	account. If you are due a refund, we will send you a ch	
for payment. The payment will be withdrawn from date listed in the Financial Institution Information S		owe tax, you must mail a check to the Arizona Depail PO Box 29085, Phoenix, AZ 85038-9085.	tinent of Revenue
	, ,	(0)	
PART 4 – DECLARATION AND SIGNATU		(Sign only after completing Part 2)	an On Line Comine
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and a		I consent to my Electronic Return Originator (ERO) Provider (OLSP) sending my electronic Arizona ind	
and statements for the year ending December 31, 2	2020, and to the best of	return and accompanying schedules and statement	ts to ADOR, and I
my knowledge and belief, it is true, correct, and con that the amounts of Arizona adjusted gross inco		consent to my ERO or OLSP sending such information transmitter. I consent to ADOR sending my ERO, OLSF	
income tax withheld, and refund (or amount owe	ed) listed above are the	an acknowledgement of receipt of transmission an	nd an indication of
amounts shown on the copy of my electronic Ariz		whether or not the transmission of my return is accepted is rejected, the reason(s) for the rejection. If the proc	
6a ☑ I consent that my refund be directly deposite electronic portion of my 2020 Arizona indivi		or refund is delayed, I authorize ADOR to disclose to	my ERO, OLSP and
If I have filed a joint return, this is an irre		or transmitter the reason(s) for the delay, or when the If ADOR contacts my ERO for a copy of my return,	ne refund was sent. any documents of
the other spouse as an agent to receive the 6b I do not want direct deposit of my refund		schedules to my return, and/or this authorization form,	I authorize my ERC
refund.	or I am not receiving a	to release copies of the requested documents to ADOF	₹.
6c ☐ I authorize the Arizona Department of Re			
designated Financial Agent to initiate an withdrawal (direct debit) entry to the finar		I authorize GLOBAL TAXES LLC	
indicated in the tax preparation software for		(ELECTRONIC RETURN ORIGINA	ATOR)
taxes owed on this return. I also authorize		to make the election that I want my electronic signatu federal individual income tax return to serve as m	
involved in the processing of the electron receive confidential information necessary		electronic Arizona individual income tax return fo	, , , ,
resolve issues related to the payment.	·	December 31, 2020. I understand that when my ERO	
If I have filed a balance due return, I understand the		that my electronic signature to my federal individual in- serve as my signature to my Arizona individual incon	
receive full and timely payment of my tax liability remain liable for the tax liability and all applicable		have signed my Arizona individual income tax return	and declared under
When electronically filing my federal and state tax	x returns, I understand	penalties of perjury that to the best of my knowledge a is true, correct and complete.	and belief the return
that if there is an error on my federal return, my srejected.	state return will also be	is true, correct and complete.	
rejected.			
# →			
YOUR PEN AND INK SIGNATURE		DATE	
98			
₩ →			
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE	

THE RETURN.			Arizona Form 140PY	Part-Year Resi	dent P	ersona	l Income	e T	ax Retur	n	_	LENDAR YEAR	
E R	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	INNING 👃	/ _{MID D}	12.0.2.0) <i>A</i>	AND ENDING	M _I M _I I	DIDIY	<u> </u>	66F
2	1	Your F RANJ	irst Name and Middle Initial FITH KUMAR e's First Name and Middle Initia	ol (if how 4 or 6 chooked)	NAG.	Name APURI Name			Enter your	32	25	Security Nu 91 693 ocial Securit	29
ANY ITEMS	1	SAHI		,	MAN		Apt. No.		SSN(s	88	39	03 57 area code)	-
	2	6921	W TOWNLEY AVE	State		ZIP Code	, ipi. 110.	La	94 ast Names Used		`	,	erent)
STAPLE	3	PEOF		AZ AZ Injured Spouse	Protection	85345		R	EVENUE USE C	NLY. DO	NOT MA	RK IN THIS A	97 REA.
DO NOT S	FILING STATUS	5 6 7	Head of household: Enter Married filing separate return Single Enter the number claime	name of qualifying child or d urn: Enter spouse's name a	ependent on and Social Se	n next line:	er above.	88	_			RCVD	
	10a and 10b	8 9 10a	Age 65 or over (you and/o Blind (you and/or spouse) Dependents: Under age or	47, and 49. For 10b Dep	lines 10a and		nplete line 59.	81	PM		80R	NGVD	
	nts 1	<u>11a</u> 12-1	Qualifying parents and gra Residency Status (check of	•	esident Oth	ner than Ac	tive Military	13	☐ Part-Year	Resident	Active	Military	
	and 11a - Dependents		(Box 10a and 10b): Depende (a) FIRST AND LAS (Do not list yourself	ST NAME	(b	o)	(c)		(d) NO. OF MONTHS LIVED IN YOUR	(e) ent Age	4, Part 1. (f) if you did no this person on federal return of	t claim your
	9, and 11	10c 10d							HOME IN 2020	(Box 10a)		educational cr	
ents after Form 140PY.	Exemptions 8,	100	(Box 11a): Qualifying parents (a) FIRST AND LAS (Do not list yourself	ST NAME	(b	o)	(c)		(d) NO. OF MONTHS LIVED IN YOUR	(e) 65 OR	2. (f) IF DIED 2020) IN
ter Fo	Ű	11ь 11с							HOME IN 2020]		
nts af			Dates of Arizona residency: From L List other state(s) of residency: $\lfloor N \rfloor$	J					2020 FEDEI	ral Return		020 ARIZON Amount Only	
								158,	489 0 0)	80,043	00	
er do	ө		Dividends Arizona income tax refunds					17 18		00			00
or oth	ıa Incom	20	Business income (or loss) from Gains (or losses) from federal a Rents, royalties, partnerships, estal	Schedule D. See instruction	ns for ARIZO	ONA column		19 20 21	-8.	00 00 510 00)		00
dules	Arizor	22	Other income reported on your Total income: Add lines 15 through	federal return: Include you	ur own sched	duleSl	EE STMT	22	7,	101 0 ()		00
z sche		24	Other federal adjustments: Incl Federal adjusted gross income	ude your own schedule				24 25		080 00)		00
and Az		26 27	Arizona gross income: Subtract Arizona income ratio: Divide I	t line 24 from line 23 in the A line 26 by line 25, and enter t	RIZONA coluthe result (no	umn						80,043	
federal a	Additions	This	box may be blank or may contain a	printed barcode of data from	your return.	29 Net cap 30 Other A	oital loss from ex Additions to Inc	char ome	n Arizona gross ir	r 29) 		00
Place any required federal and AZ schedules or other docum	cont. on page 2					32 AZ gain. 33 AZ Sho 34 AZ Lon	otal: Add lines /loss line 20 ort-term gain/loss g-term gain/loss ng-term gain	32 33 34	28, 29 and 30	00 00 00 0	<u>)</u>)	80,043	3 O C
Place a	Subtractions - o					36 Multiply	y line 35 by 25 ^o pital gain from	% (.2 quali	25)fied small busing	30 ess 3	6 7		00
		ADOR 1	1555		AZ Fo	39 Subtra	ct line 31 - (line (2020)	es 36	s, 37, and 38)	REV 04/09	•	80,043 Page	00 1 of

Ī	Your N	lame (as shown on page 1)	Your Social Security Nu	ımber				
			205 01 6	000				
	RAN	JITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6	929		ᆜ		
s t	40	Recalculated Arizona depreciation		—		00		
tion	41	Contributions to 529 College Savings Plans				00		
rac	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	ı as U.S. savings bonds and treasury bills					
Subtractions cont. from page 1	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		. 43		00		
3	44	Other Subtractions from Income. See instructions for completing the schedule on page 5		. 44		00		
	45	Subtract lines 40 through 44 from line 39		.45	80,043	00		
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46	00				
Su	47	Blind: Multiply the number in box 9 by \$1,500	47	00				
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300	48	00				
Kem		Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00				
ú	50	Add lines 46 through 49	50	00				
	51	Multiply line 50 by the Arizona income ratio on line 27		. 51		00		
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		_52	80,043			
	53	Deductions: Check box and enter amount. See instructions53I TEMIZED 5	₃s⊠ STANDARD	53	24,800			
	54	If you checked box 53S and claim charitable deductions, check 54C Complete page 3. See ins	tructions	. 54		00		
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		. 55	55,243			
Тах	56	Compute the tax using amount from line 55 and Tax Table X or Y			1,436	00		
Balance of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		. 57		00		
an Ce	58	Subtotal of tax: Add lines 56 and 57 and enter the total		. 58	1,436			
Bala	59	Dependent Tax Credit. See instructions		. 59		00		
	60	Family income tax credit (from the worksheet - see instructions)		. 60		00		
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61		. 61	1,436			
	62	Balance of tax: Subtract lines 59, 60, and 61 from line 58. If the sum of lines 59, 60, and 61 is more than				00		
ng st	63	2020 AZ income tax withheld			3,154			
Total Payments and Refundable Credits		2020 AZ estimated tax payments64a 00 Claim of Right 64b	00 Add 64a and 64b			00		
/mer	65	2020 AZ extension payment (Form 204)		. 65		00		
l Pay nda	66	Increased Excise Tax Credit (from the worksheet - see instructions)				00		
rota Refu	67	Other refundable credits: Check the box(es) and enter the total amount	□308-I 67 2 □349	967		00		
	68	Total payments and refundable credits: Add lines 63 through 67 and enter the total		. 68	3,154			
or ent	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip line	nes 70, 71 and 72	. 69		00		
Due	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpay	ment	. 70	3,154			
Tax Due or Overpayment		Amount of line 70 to be applied to 2021 estimated tax				00		
. 0		Balance of overpayment: Subtract line 71 from line 70.		- 1	3,154	00		
i#s	73 -	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools73 00 Arizona Wildlife						
Ē		Child Abuse Prevention						
Itar		Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donations F		_				
Voluntary G		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Anima)				
>	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843		Г		T		
₹	85	Estimated payment penalty		85		00		
Penalty		861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included				1		
_		Add lines 73 through 83 and 85; enter the total				00		
5	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89			3,154	00		
Refund or Amount Owed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; se	e instructions. 88AL	'				
ar ju		98 C Checking or S Savings Savings Solvent Savings Solvent Savings Solvent Sol						
Amc	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write y	your SSN on navment	89		00		
	03	Make check payable to Alizona Department of Nevende, while y	our cort on payment.	. 05 _		100		
ш	U	Inder penalties of periury. I declare that I have read this return and any documents with it, and to	the best of mv kn	owleda	e and belief, they a	are		
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and to ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre						
뽀	→_		OFTWARE ENG	INEE	:R	_		
Z	→ "		EACHER					
<u> </u>	S	POUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-		
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09092021 GLOBAL TAXES L				_		
SE		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF 2530 Pebble Creek Ln	SELF-EMPLOYED) 30-10171	96				
EΑ		AID PREPARER'S STREET ADDRESS	PAID PREPARER'S			-		
PLEASE SIGN HERE	_	Cumming GA 30041	(678)965	-952	12	[

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2020 Form 140PY - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: As a part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident <u>plus</u> the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

NOTE 2: If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

NOTE 3: You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

NOTE 4: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine you allowable increased standard deduction for charitable contributions.

1C	2020 Gifts by cash or check	1C	0	00
2C	2020 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	0	00
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See Note 2)	5C		00
6C	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year	6C	0	00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C	0	00
8C	Multiply line 7C by 25% (.25) and enter the result	8C	0	00

- Enter the amount shown on line 8C on page 2, line 54.
- Be sure to check box 53S for Standard Deduction on line 53.
- Check box **54C** for charitable deductions on line 54. If you do not check this box, you may be denied the increased standard deduction.

Additional information from your Form 140PY: Part-Year Resident Personal Return

Form 140PY: Part-Year Resident Personal Return Other Income Reported on Federal Return

Continuation Statement

Description	Amount
Taxable Pension Distribution	7,101

Arizona Form 301

Nonrefundable Individual Tax Credits and Recapture

2020

Include with your return.

For the calendar year	r 2020 or fiscal year beginning	1 . 12.0.2	2.0 and ending	. 1	Ι.		Ι.
i di tilo dalcilaal year		1 1 2 1 0 1 2		1 1	 1 1	1 1	- 1

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number
RANJITH KUMAR NAGAPURI	325 91 6929
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number
SAHITHI MANTRI	889 03 5783

Part	t 1 Nonrefundable Individual Tax Credits Avail	able: Ente	r to	(a) (a)	realts.	(c)	
				Current Year Credit	Available Carryover	(c) Total Available Credit (a) + (b)	t
1	Military Reuse Zone Credit	Form 306 ▶	1				00
2	Credit for Increased Research Activities – Individuals	Form 308-I ▶	2				00
3	Credit for Taxes Paid to Another State or Country	Form 309 ▶	3				00
4	Credit for Solar Energy Devices	Form 310 ▶	4				00
5	Agricultural Water Conservation System Credit	Form 312 ▶	5				00
6	Pollution Control Credit	Form 315 ▶	6				00
7	Credit for Solar Hot Water Heater Plumbing Stub Outs and						
	Electric Vehicle Recharge Outlets	Form 319 ▶	7		1,100	1,100	00
8	Credit for Employment of TANF Recipients	Form 320 ▶	8				00
9	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶	9				00
10	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶	10	400		400	00
11	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	11				00
12	Agricultural Pollution Control Equipment Credit	Form 325 ▶	12				00
13	Credit for Donation of School Site	Form 331 ▶	13				00
14	Credit for Employment by Healthy Forest Enterprises	Form 332 ▶	14				00
15	Credit for Employing National Guard Members	Form 333 ▶	15				00
	Credit for Business Contributions by an S Corporation to						П
	School Tuition Organization - Individual	Form 335-I ▶	16				00
	Credit for Solar Energy Devices – Commercial and						
	Industrial Applications	Form 336 ▶	17				00
	Credit for Investment in Qualified Small Businesses		18				00
19	Credit for Donations to the Military Family Relief Fund	Form 340 ▶	19				00
	Credit for Business Contributions by an S Corporation to Schoo						
	Tuition Organizations for Displaced Students or Students with						
	Disabilities - Individual	Form 341-I ▶	20				00
	Renewable Energy Production Tax Credit						00
	Credit for New Employment						00
	Additional Credit for Increased Research Activities for						Т
	Basic Research Payments	Form 346 ▶	23				00
	Credit for Contributions to Certified School Tuition Organization						Т
	(for contributions that exceed the allowable credit on Arizona Form 323).		24				00
	Credit for Contributions to Qualifying Foster Care Charitable						Ť
	Organizations	Form 352 ▶	25				00
	Reserved for future use						, , ,
	Total available nonrefundable tax credits: Add lines 1 through				27	1,500	To

You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

ADOR 10127 (20) 1555 REV 04/09/21 PRO

Your Social Security Number Your Name (as shown on page 1) 325-91-6929 RANJITH KUMAR NAGAPURI & SAHITHI MANTRI Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year. 1,436 00 28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35.............. 28 Tax from recapture of Credits for Healthy Forest Enterprises from 00 00 30 31 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or 00 Form 140NR, line 57;or Form 140X, line 36..... 31 1,436 00 32 Subtotal: Add lines 28 and 31 33 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; plus Dependent 00 Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b 33 1,436 00 Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0" 34 Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1. 00 00 00 Credit for Taxes Paid to Another State or Country......Form 309 ▶ 37 37 00 00 00 Credit for Solar Hot Water Heater Plumbing Stub Outs and 1,100 00 00 42 Credit for Employment of TANF Recipients......Form 320 ▶ 42 Credit for Contributions to Qualifying Charitable OrganizationsForm 321 ▶ 00 44 Credit for Contributions Made or Fees Paid to Public Schools......Form 322 ▶ 336 00 00 Credit for Contributions to Private School Tuition Organizations.........................Form 323 ▶ 45 00 46 Agricultural Pollution Control Equipment CreditForm 325 ▶ 00 Credit for Employment by Healthy Forest EnterprisesForm 332 ▶ 48 00 Credit for Employing National Guard Members......Form 333 ▶ 49 00 Credit for Business Contribution by an S Corporation to 00 00 51 Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336 ▶ 51 00 53 Credit for Donations to the Military Family Relief Fund: Enter the smaller of 00 54 Credit for Business Contributions by an S Corporation to School Tuition 00 Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶ 54 00 00 00 57 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶ 57 Credit for Contributions to Certified School Tuition Organization 00 (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶ 59 Credit for Contributions to Qualifying Foster Care Charitable Organizations......Form 352 ▶ 59 00 Reserved for future use

Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39........ 61

1,436 00

61 Total Tax Credits Used: Add lines 35 through 59. Total cannot be more than line 34.

Arizona Form 322

Credit for Contributions Made or Fees Paid to Public Schools

2020

Include with your return.

- Do not use this form for contributions to private school tuition organizations.
- Use Form 323 for contributions to private school tuition organizations.

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social S	ecurity Number	
RANJITH KUMAR NAGAPURI	325	91 6929	
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number		
SAHITHI MANTRI	889	03 5783	

Part 1 Current Year's Credit

A. Cash contributions made or fees paid January 1, 2020, through December 31, 2020.

- If you are married and filing separate returns, be sure to include all cash contributions made or fees paid by you and your spouse.
- Do **not** include those cash contributions or fees paid for which you or your spouse claimed a credit on the 2019 tax return.
- If you made cash contributions or paid fees to more than three public schools, complete the Continuation Sheet on page 3 and include it with the credit form.

	(a) Public School CTDS Code	(b) Name of <u>Public</u> School to which you made contributions or paid fees	(c) School District Name <i>or</i> Charter Holder Name				(d) Cash Contributio Made or Fees Pa	
1	0,7,8,7,4,5,2,0,1	Arizona Tax Donation	BLUE PRINT EDUCATION	NC	400	00		
2						00		
3						00		
	If you made contributions or path of the Continuation Sheet	4	0	00				
	Total contributions made or for column (d)	5	400	00				

- **B.** Cash contributions made or fees paid January 1, 2021, through April 15, 2021, for which you or your spouse are claiming a credit on the 2020 tax return.
 - If you are married and filing separate returns, be sure to include all cash contributions made by you and your spouse.
 - If you made cash contributions or paid fees to more than three public schools, complete the Continuation Sheet on page 3 and include it with the credit form.

	(a) Public School CTDS Code	Public School Name of <u>Public</u> School School District Name <i>or</i>			(d) Cash Contribution Made or Fees Pai	
6						00
7						00
8						00
9	•	paid fees to more than three public schools,				
40		otherwise enter "0"		9		00
10	Total contributions made or fe claiming a credit on the 2020	•	10		00	
11	Add lines 5 and 10. Enter the	11	400	00		
12	Single taxpayers or heads of	12	400	00		
13	Total current year's credit: Enfiling a separate return, enter	13	400	00		

Part 2 Available Credit Carryover

4112	Available of call	Ourryover					
	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount		(c) Amount Previously Used		(d) Available Carryover: Subtract column (c) from column (b).	1
14	2015	0	00		00		00
15	2016	C	00		00		00
16	2017	C	00		00		00
17	2018	C	00		00		00
18	2019		00		00		00
19 T	otal Available Carryov	ver: Add lines 14 through	ı 18	3, column (d)	19		00

Part 3 Total Available Credit

20	Current year's credit: Enter the amount from Part 1, line 13.			
	Also, enter this amount on Arizona Form 301, Part 1, line 10, column (a)	20	400	00
21	Available credit carryover from Part 2, line 19, column (d).			
	Also, enter this amount on Arizona Form 301, Part 1, line 10, column (b)	21		00
22	Total Available Credit: Add line 20 and line 21.			
	Also, enter this amount on Arizona Form 301, Part 1, line 10, column (c)	22	400	00

ADOR 10941 (20) 1555 AZ Form 322 (2020) REV 04/09/21 PRO Page 2 of 3



NJ-1040 2020

Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040MD01200

Your Social Security Number (required) 325916929

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

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

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

889035783

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm 1010} \end{array}$

Home Address (Number and Street, including apartment number)

6921 W TOWNLEY AVE

City, Town, Post Office State ZIP Code PEORIA AZ 85345

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

I68071189

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.	0212	00339
dd5.	Account number	dd5.	3810379	37797





NJ-1040

2020

Page 2



Name(s) as shown on Form NJ-1040

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

Your Social Security Number

325916929

1555

Part-year re	sidents, provide mon	ths/days y	ou were a New Jersey resident during 2020:	Fiscal year filers only:	
From:	010120	To:	043020	Enter month of your year end	2021

Filing Status

LIII	ш	omy	one.	

1.		Single
2.	×	Married/CU Couple, filing joint return
3.		Married/CU Partner, filing separate return

4. Head of Household Enter spouse's/CU partner's SSN

Qualifying Widow(er)/Surviving CU Partner 5.

> Indicate the year of your spouse's/CU partner's death: 2018 2019

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

6.	Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000	
7.	Senior 65+ (Born in 1955 or earlier)		Self		Spouse/CU Partner			x \$1,000 =		
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =		
9.	Veteran		Self		Spouse/CU Partner			x \$6,000 =		
10.	Qualified Dependent Children							x \$1,500 =		
11.	Other Dependents							x \$1,500 =		
12.	Dependents Attending Colleges (See	instructi	ons)					x \$1,000 =		
13.	Total Exemption Amount (Add totals	from th	e lines at	6 throug	;h 12)			13.	2000	

14.	Dependent Information. Provide the following information for each dependent.	
	Last Name, First Name, Middle Initial	Social
a.		
b.		
c.		
d		

NJ-1040 2020

Page 3



Name(s) as shown on Form NJ-1040

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

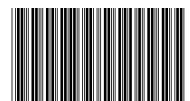
Your Social Security Number

325916929

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	80652	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	00001	
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		
17.	Dividends	17.		
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	7101	_
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	, _ 0 _	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		
24.	Net Gambling Winnings (See instructions)	24.		
25.	Alimony and Separate Maintenance Payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	80652	
28a.	Retirement/Pension Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	80652	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	667	
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	667	
38.	Taxable Income (Subtract line 37 from line 29)	38.	79985	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	5000	
39b.	Block .			
39b.	Lot .			
39b.	Qualifier Fill in if you comp	oleted Worksheet G		
39c.	County/Municipality Code			
39d.	Indicate your residency status during 2020 (fill in only one) Homeowner Tenant	Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	5000	
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	74985	
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	1469	
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		
	Enter Code			
44.	Balance of Tax (Subtract line 43 from line 42)	44.	1469	
45.	Child and Dependent Care Credit (See instructions)	45.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		
47.	Gold Star Family Counseling Credit (See instructions)	47.		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
49.	Total credits (Add lines 45 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	1469	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	
52.	Interest on Underpayment of Estimated Tax	52.		
	Fill in if Form NJ-2210 is enclosed			

NJ-1040 2020

Page 4



Name(s) as shown on Form NJ-1040

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

Your Social Security Number

325916929

							_	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule	HCC and fi	ill in		53.	0	•
54.	Total Tax Due (Add lines 50 through 53)	54.	1469					
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	3166	
56.	Property Tax Credit (See instructions page 23)					56.		
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return					57.		
58.	New Jersey Earned Income Tax Credit (See instructions)					58.		
	Fill in if you had the IRS calculate your federal earned income credit							
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instru	actions)				59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See	ee instruct	ions)			60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450)	(See inst	ructions)			61.		
62.	Wounded Warrior Caregivers Credit (See instructions)					62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)					63.		
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	3166					
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 at	65.						
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract	line 54 fro	om line 64	and enter the	he overpayment	66.	1697	
67.	Amount from line 66 you want to credit to your 2021 tax					67.		
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other		68.		
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other		69.		
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		70.		
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		71.		
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other		72.		
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	73.		
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	74.		
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	75.		
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)				76.		
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					77.		
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.	1697	

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.								Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111		
Your Signature Date Spouse				Spouse's/CU Par	tner's Signature (required if filing jointly)	Trenton, NJ 08645-0111 Include Social Security number and make check or				
Paid Preparer's Signature				Federal Identification Number			money order payable to: State of New Jersey – TGI You can also make a payment on our website:			
SYAM PR	IYA	RAM	SAGAR	GUPTA	TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address		
Firm's Name Firm's Federal Employer Identification Number							Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds			
GLOBAL TAXES LLC 30-1017196								PO Box 555 Trenton, NJ 08647-0555		

Schedule NJ-BUS-1 (Form NJ-1040) New Jersey Gross Income Tax Business Income Summary Schedule

2020

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

Pá	art II	Distributive Share of Partners	List the distributive share of income (loss) from partnership(s). See instructions.				
		Partnership Name	Federal EIN		Share of Partnership Income or (Loss)		
1.							
2.							
3.							
4.	(Add lin	tive Share of Partnership Income or (Los es 1, 2, and 3.) (Enter here and on line 2 make no entry on line 21.)	4.				

Pa	art III Net Pro Rata Share of S Corp		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 (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 22.)	4.					

Pá	art IV Fro	et Gains or Income om Rents, Royalties, atents, and Copyrights	form of rents, royalties, of Property:	patents, and co	et loss, derived from or in the pyrights. See instructions. Type 3 – Patents 4 – Copyrights
		come or Loss. If rental real estate, physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	PRAKASH N	IAGAR,BEGUMPET	325916929	1	-2,813.
2.					
3.					
4.		or (Loss). (Add lines 1, 2, and 3.) and on line 23, NJ-1040. If loss, mak	te no entry on line 23.)	4.	-2,813.

1555 REV 05/18/21 PRO

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

			Column A			Column B	
PAR	RT I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-2,813.	
5.	Loss Carryforward From Tax Year 2019				5b.	()
6.	Totals	6a.	0.		6b.	-2,813.	
PAR	RT II Adjustment Calculation						
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus line 8)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PAR	T III Loss Carryforward to Tax Year 202	21					
12.	Loss Carryforward to Tax Year 2021				12.	(2,813.)

Instructions

114.			11 40	E N. I. 4040
I ine 1a.	Enter the	amount from	line 18.	Form NJ-1040.

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

Schedule **NJ-HCC** (Form NJ-1040)

New Jersey Health Care Coverage

2020

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

Name as Shown on Return	Social Security No.
NAGAPURI, RANJITH KUMAR & MANTRI, SAHITHI	325-91-6929
Part I	
Did you and, if applicable, all members of your tax household, have minicoverage for every month in 2020 (See instructions for line 53, NJ-1040. include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the overall enclose this schedule with your return. No. Continue to Part II.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your tax every month each person had minimum essential health coverage or qua (part-year residents include only months as a New Jersey resident). If an exemption, enter the exemption number. (See instructions for line 53, NJ more than one exemption number, check the box. If you need more space any additional individuals.	alified for an exemption n individual qualified for an J-1040.) If an individual has
QuickZoom to Shared Responsibility Payment Calculation Worksheet	→

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number													
Check box if this individual is under 18													
	<u> </u>			Ш									
Exemption Code	Check box if this individual has more than one exemption number . Check box if this individual is under 18												
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l	L	L Chack	hav if t	∣∟ hie indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption Code Check box if this individual has more than one exemption number Check box if this individual is under 18													
						Viadai i							
Exemption Code	l _		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
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