

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 RANJITH KUMAR	Last name NAGAPURI	Your social security number 325-91-6929
If joint return, spouse's first name and middle initial SAHITHI	Last name MANTRI	Spouse's social security number 889-03-5783
Home address (number and street). If you have a P.O. box, see instructions. 6921 W TOWNLEY AVE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. PEORIA		State AZ
		ZIP code 85345
Foreign country name	Foreign province/state/county	Foreign postal code

You Spouse

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

Dependents (see instructions):	(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"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2						1 158,489.
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	7,101.	
6a Social security benefits	6a		b Taxable amount	6b		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here				7		
8 Other income from Schedule 1, line 9				8	-8,510.	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				9	157,080.	
10 Adjustments to income:						
a From Schedule 1, line 22		10a				
b Charitable contributions if you take the standard deduction. See instructions		10b	300.			
c Add lines 10a and 10b. These are your total adjustments to income				10c	300.	
11 Subtract line 10c from line 9. This is your adjusted gross income				11	156,780.	
12 Standard deduction or itemized deductions (from Schedule A)				12	24,800.	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A				13		
14 Add lines 12 and 13				14	24,800.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				15	131,980.	

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number
325-91-6929

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-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.

Part II Adjustments to Income

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

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number
325-91-6929

Part I 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.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required 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 <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> 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	10	710.

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

BAA

REV 07/28/21 PRO

Schedule 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

2020
Attachment
Sequence No. **03**

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

Part 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 <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	330.
7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	330.

Part 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:			
a Form 2439	12a		
b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b		
c Health coverage tax credit from Form 8885	12c		
d Other: _____	12d		
e 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	

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

325-91-6929

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	PRAKASH NAGAR ,BEGUMPET HYDERABAD TELANGANA IN 500016				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		180.		
6	Auto and travel (see instructions)	6		400.		
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		400.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		6,500.		
14	Repairs.	14		180.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17		1,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	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)	22	(-8,510.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		9,160.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(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	26		-8,510.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,510.

Schedule E (Form 1040) 2020

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2020
Attachment
Sequence No. **22**

Name(s) shown on return

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Identifying number

325-91-6929

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(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		<input type="checkbox"/>
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	330.

Part II Allowable Credit

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		
	• 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-		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9	20,616.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
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.
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	13	0.
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), line 52		
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.		

Part II 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 line 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	32	
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 Check this box if the carryforward was changed or revised from the original reported amount <input type="checkbox"/>	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.

Name(s) shown on return

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Identifying number

325-91-6929

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** General Business Credit From a Non-Passive Activity **E** Reserved
- B** General Business Credit From a Passive Activity **F** Reserved
- C** General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards
- D** General Business Credit Carrybacks **H** Reserved

I 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 all Parts III with box A or B checked. Check here if this is the consolidated Part III

		(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
(a) Description of credit			
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826)*.	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k Employer-provided child care facilities and services (Form 8882)*	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		330 .
t Enhanced oil recovery credit (carryforward only)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon oxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (carryforward only)	1bb		
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	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		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Employer credit for paid family and medical leave (Form 8994)	4j		
z Other	4z		
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	6		330 .

* See instructions for limitation on this credit.

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

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number

325-91-6929

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

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-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	131,980.
2a	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	2a	24,800.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount.	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	0.
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0.
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.)	4	156,780.

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household \$ 518,400 \$ 72,900 Married filing jointly or qualifying widow(er) 1,036,800 113,400 Married filing separately 518,400 56,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	113,400.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	6	43,380.
7	• If you are filing Form 2555, see instructions for the amount to enter. • 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.	7	11,279.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	11,279.
10	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.
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.

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 worksheet in the instructions for line 7	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 instructions). If you are filing Form 2555, see instructions for the amount to enter	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 instructions for the amount to enter	15	
16	Enter the smaller of line 12 or line 15	16	
17	Subtract line 16 from line 12	17	
18	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	Enter: <ul style="list-style-type: none"> • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or • \$53,600 if head of household. 	19	
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 or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	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	Subtract line 23 from line 22	24	
25	Enter: <ul style="list-style-type: none"> • \$441,450 if single • \$248,300 if married filing separately • \$496,600 if married filing jointly or qualifying widow(er) • \$469,050 if head of household 	25	
26	Enter the amount from line 21	26	
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from 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	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15) ▶	31	
32	Add lines 23 and 30	32	
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22	33	
34	Multiply line 33 by 20% (0.20) ▶	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25) ▶	37	
38	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	

Alternative Fuel Vehicle Refueling Property Credit

OMB No. 1545-0123

▶ **Attach to your tax return.**

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

Attachment
 Sequence No. **151**

Name(s) shown on return

RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Identifying number

325-91-6929

Part I Total Cost of Refueling Property

1	Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax year (see <i>What's New</i> in the instructions)	1	1,100.
----------	---	----------	--------

Part II Credit for Business/Investment Use Part of Refueling Property

2	Business/investment use part (see instructions)	2	1,100.
3	Section 179 expense deduction (see instructions)	3	0.
4	Subtract line 3 from line 2	4	1,100.
5	Multiply line 4 by 30% (0.30)	5	330.
6	Maximum business/investment use part of credit (see instructions)	6	30,000.
7	Enter the smaller of line 5 or line 6	7	330.
8	Alternative fuel vehicle refueling property credit from partnerships and S corporations (see instructions)	8	
9	Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1s	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 on line 9	10	0.
11	Multiply line 10 by 30% (0.30)	11	
12	Maximum personal use part of credit (see instructions)	12	
13	Enter the smaller of line 11 or line 12	13	
14	Regular tax before credits: <ul style="list-style-type: none"> • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. • Other filers. Enter the regular tax before credits from your return. 	14	
15	Credits that reduce regular tax before the alternative fuel vehicle refueling property credit:		
a	Foreign tax credit	15a	
b	Certain allowable credits (see instructions)	15b	
c	Add lines 15a and 15b	15c	
16	Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file this form unless you are claiming a credit on line 9	16	
17	Tentative minimum tax (see instructions): <ul style="list-style-type: none"> • Individuals. Enter the amount from Form 6251, line 9. • Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. 	17	
18	Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are claiming a credit on line 9	18	
19	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	19	

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2020

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 12/01/2020 AND ENDING 12/31/2020 66F

Your First Name and Middle Initial RANJITH KUMAR Last Name NAGAPURI Your Social Security Number 325 91 6929

Spouse's First Name and Middle Initial (if box 4 or 6 checked) SAHITHI Last Name MANTRI Spouse's Social Security No. 889 03 5783

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94 6921 W TOWNLEY AVE

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97 PEORIA AZ 85345

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household 6 Married filing separate return 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over 9 Blind 10a Dependents: Under age of 17 10b Dependents: Age 17 and over 11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Includes dependent information for 10c and 10d.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Includes qualifying parents and grandparents for 11b and 11c.

14 Dates of Arizona residency: From 05/01/2020 to 12/31/2020 List other state(s) of residency: NJ

Table with 3 columns: Line number, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Amount Only. Includes lines 15-27 for income and gross income.

Table with 3 columns: Line number, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Amount Only. Includes lines 28-39 for deductions and adjustments.

Place any required federal and AZ schedules or other documents after Form 140PY.

Arizona Income Exemptions 8, 9, and 11a - Dependents 10a and 10b Subtractions - cont. on page 2 Additions

Your Name (as shown on page 1) **RANJITH KUMAR NAGAPURI & SAHITHI MANTRI** Your Social Security Number **325-91-6929**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00		
	41	Contributions to 529 College Savings Plans	41		00		
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00		
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00		
	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		
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00		
	47	Blind: Multiply the number in box 9 by \$1,500	47		00		
	48	Other Exemptions. See instructions. 48E <input type="checkbox"/> Multiply the number in box 48E by \$2,300	48		00		
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00		
	50	Add lines 46 through 49	50		00		
	51	Multiply line 50 by the Arizona income ratio on line 27	51	0	00		
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	80,043	00		
Balance of Tax	53	Deductions: Check box and enter amount. See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	24,800	00		
	54	If you checked box 53S and claim charitable deductions, check 54C <input type="checkbox"/> Complete page 3. See instructions	54	0	00		
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	55,243	00		
	56	Compute the tax using amount from line 55 and Tax Table X or Y	56	1,436	00		
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00		
	58	Subtotal of tax: Add lines 56 and 57 and enter the total	58	1,436	00		
	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	00		
	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 line 58, enter "0"	62	0	00		
Total Payments and Refundable Credits	63	2020 AZ income tax withheld	63	3,154	00		
	64	2020 AZ estimated tax payments. 64a <input type="checkbox"/> 00 Claim of Right 64b <input type="checkbox"/> 00 Add 64a and 64b. 64c	64		00		
	65	2020 AZ extension payment (Form 204)	65		00		
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00		
	67	Other refundable credits: Check the box(es) and enter the total amount. 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349	67		00		
	68	Total payments and refundable credits: Add lines 63 through 67 and enter the total	68	3,154	00		
Tax Due or Overpayment	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip lines 70, 71 and 72	69		00		
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpayment	70	3,154	00		
	71	Amount of line 70 to be applied to 2021 estimated tax	71		00		
	72	Balance of overpayment: Subtract line 71 from line 70	72	3,154	00		
Voluntary Gifts	73 - 83	Voluntary Gifts to:					
		Solutions Teams Assigned to Schools 73	<input type="checkbox"/>	00	Arizona Wildlife 74	<input type="checkbox"/>	00
		Child Abuse Prevention 75	<input type="checkbox"/>	00	Domestic Violence Services 76	<input type="checkbox"/>	00
		Neighbors Helping Neighbors 78	<input type="checkbox"/>	00	Special Olympics 79	<input type="checkbox"/>	00
		I Didn't Pay Enough Fund 81	<input type="checkbox"/>	00	Sustainable State Parks and Road Fund 82	<input type="checkbox"/>	00
					Veterans' Donations Fund 80	<input type="checkbox"/>	00
					Spay/Neuter of Animals 83	<input type="checkbox"/>	00
	84	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican					
Penalty	85	Estimated payment penalty	85		00		
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included					
	87	Add lines 73 through 83 and 85; enter the total	87		00		
Refund or Amount Owed	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	3,154	00		
		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/>					
		<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings ROUTING NUMBER: 021200339 ACCOUNT NUMBER: 381037937797					
	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89		00		

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 _____ SOFTWARE ENGINEER
OCCUPATION

SPOUSE'S SIGNATURE _____ DATE _____ TEACHER
SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 09092021 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

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 plus 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 your 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

Your Name (as shown on page 1) RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	Your Social Security Number 325-91-6929
---	--

Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.			
28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35	28	1,436	00
29 Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45.....	29	00	
30 Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	30	00	
31 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 36.....	31		00
32 Subtotal: Add lines 28 and 31	32	1,436	00
33 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; plus Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b	33		00
34 Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0"	34	1,436	00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

35 Military Reuse Zone Credit.....Form 306 ▶	35		00
36 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	36		00
37 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	37		00
38 Credit for Solar Energy Devices.....Form 310 ▶	38		00
39 Agricultural Water Conservation System Credit.....Form 312 ▶	39		00
40 Pollution Control Credit.....Form 315 ▶	40		00
41 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets.....Form 319 ▶	41	1,100	00
42 Credit for Employment of TANF Recipients.....Form 320 ▶	42		00
43 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	43		00
44 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	44	336	00
45 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	45		00
46 Agricultural Pollution Control Equipment Credit.....Form 325 ▶	46		00
47 Credit for Donation of School Site.....Form 331 ▶	47		00
48 Credit for Employment by Healthy Forest Enterprises.....Form 332 ▶	48		00
49 Credit for Employing National Guard Members.....Form 333 ▶	49		00
50 Credit for Business Contribution by an S Corporation to School Tuition Organization - Individual..... Form 335-I ▶	50		00
51 Credit for Solar Energy Devices – Commercial and Industrial Applications.....Form 336 ▶	51		00
52 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	52		00
53 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 19 or Part 2, line 32.....Form 340 ▶	53		00
54 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	54		00
55 Renewable Energy Production Tax Credit.....Form 343 ▶	55		00
56 Credit for New Employment.....Form 345 ▶	56		00
57 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	57		00
58 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	58		00
59 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	59		00
60 Reserved for future use.....	60		
61 Total Tax Credits Used: Add lines 35 through 59. Total cannot be more than line 34. 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

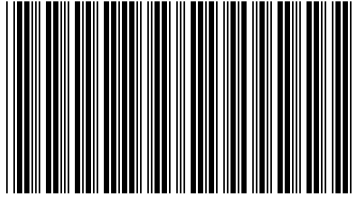
Your Name (as shown on page 1) RANJITH KUMAR NAGAPURI	Your Social Security Number 325-91-6929
--	--

Part 2 Available Credit Carryover

	(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).
14	2015	00	00	00
15	2016	00	00	00
16	2017	00	00	00
17	2018	00	00	00
18	2019	00	00	00
19	Total Available Carryover: Add lines 14 through 18, 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 <i>Arizona Form 301, Part 1, line 10, column (a)</i>	20	400	00
21	Available credit carryover from Part 2, line 19, column (d). Also, enter this amount on <i>Arizona Form 301, Part 1, line 10, column (b)</i>	21		00
22	Total Available Credit: Add line 20 and line 21. Also, enter this amount on <i>Arizona Form 301, Part 1, line 10, column (c)</i>	22	400	00



040MP01200

For Privacy Act Notification, See Instructions

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

County/Municipality Code (See Table page 50)
1010

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.

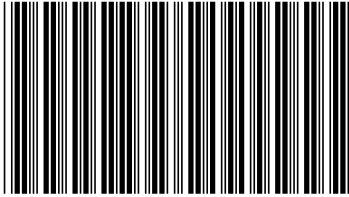
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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.		021200339
dd5. Account number	dd5.		381037937797





040MP02200

Name(s) as shown on Form NJ-1040

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

Your Social Security Number

325916929

1555

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

From: 010120 To: 043020

Fiscal year filers only:

Enter month of your year end 2 0 2 1

Filing Status

Fill in only one.

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

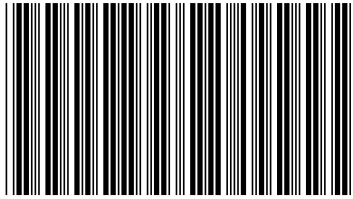
Exemptions

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

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1955 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>2000</u> . |

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

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



040MP03200

Name(s) as shown on Form NJ-1040

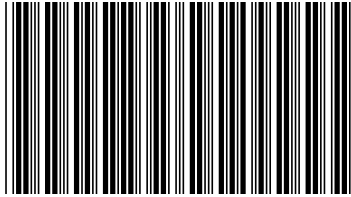
NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

Your Social Security Number

325916929

1555

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.	.	.
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 NJ-K-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	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 completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	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			



040MP04200

Name(s) as shown on Form NJ-1040

NAGAPURI RANJITH KUMAR & MANTRI SAHITHI

Your Social Security Number

325916929

1555

53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill 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) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	3166	.
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	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.

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

Paid Preparer's Signature Federal Identification Number

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

GLOBAL TAXES LLC 30-1017196

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

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

Name(s) as shown on Form NJ-1040 NAGAPURI, RANJITH KUMAR & MANTRI, SAHITHI	Social Security Number 325-91-6929
---	---------------------------------------

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

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

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

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	PRAKASH NAGAR, BEGUMPET	325916929	1	-2,813.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

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

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	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.	
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus line 8)	9.	0.				
10.	Adjustment Percentage	10.		0.50			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2021							
12.	Loss Carryforward to Tax Year 2021				12.	(2,813.)

Instructions

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

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

Name as Shown on Return NAGAPURI, RANJITH KUMAR & MANTRI, SAHITHI	Social Security No. 325-91-6929
--	------------------------------------

Part I

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

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

Part II

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

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

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