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

IRS Use Only—Do not write or staple in this space.

Filing Status Check only			_	ed filing separately	•	_		,	. –	_			
one box.		ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	ched	cked the H	OH or Q	W box, ente	er the	child's	name if t	the qua	alifying
Your first name	and m	iddle initial	Last nar	me					,	four so	cial secur	rity num	nber
SUMIT			KUMA	R							16-027		
If joint return, s	pouse's	s first name and middle initial	Last nar	me						Spouse'	's social se	ecurity I	number
SAI			KAVY	Ā						125-	74-123	36	
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	F	Preside	ntial Elect	tion Car	mpaign
2854 JO	HN F	KENNEDY BLVD						905			here if you		
City, town, or p	ost offi	ce. If you have a foreign address, also	complete sp	paces below.	St	ate	ZIF	code		•	if filing joi this fund		
JERSEY	CITY				N	IJ	0	7306401			ow will no		
Foreign countr	y name		F	oreign province/state	e/cou	nty	Fo	reign postal c	ode)	our ta	x or refund	d.	
											You		Spouse
At any time du	uring 20	020, did you receive, sell, send, ex	change, o	r otherwise acquire	e any	/ financial i	nterest i	n any virtua	al curr	ency?	☐ Yes	X 1	No
Standard	_	neone can claim: You as a c	•				ent						
Deduction		Spouse itemizes on a separate ret	urn or you	were a dual-status	s alie	n							
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	oous	e: 🗌 Wa	s born b	efore Janua	ary 2,	1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4)	if qua	lifies fo	r (see instr	ructions'):
If more	(1) F	irst name Last name		number		to y	ou	Child t	ax cre	dit	Credit for o	other dep	endents
than four								[
dependents, see instruction	s ——												
and check													
here ►											<u> </u>		
•	_1_	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	1	L36,1	.94.
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable int	erest			2b	,		
required.	3a	Qualified dividends	3a		b	Ordinary d	ividends			3b	,		
	4a	IRA distributions	4a		b	Taxable an	nount .			4b	,		
	5a	Pensions and annuities	5a		b	Taxable an	nount .			5b	,		
Standard	6a	Social security benefits	6a			Taxable an				6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check he	ere .		▶ ∐	7			
Married filing separately,	8	Other income from Schedule 1, I								8			
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	', and 8. T	his is your total in	com	е			. ▶	9	$\frac{1}{1}$	L36,1	<u>.94.</u>
 Married filing jointly or 	10	Adjustments to income:					1 . 1						
Qualifying	а	,					10a			_			
widow(er), \$24,800	b	Charitable contributions if you tak					10b						
 Head of household, 	С	Add lines 10a and 10b. These ar	•	-					. ▶	100			
\$18,650	11	Subtract line 10c from line 9. Thi	•	-					. ▶	11		L36,1	
 If you checked any box under 	12	Standard deduction or itemize		,	,					12		24,8	<u> 300.</u>
Standard	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		24,8	
	15	Taxable income. Subtract line 1	4 from line	e 11. If zero or less	s, ent	er-0				15	, 1	L11,3	594.

Form 1040 (2020	0)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	16,087.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	16,087.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,087.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	16,087.
	25	Federal income tax withheld					1			
	а	Form(s) W-2				25a	16	,087		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	,							
	d	Add lines 25a through 25c							25d	16,087.
If you have a	26	2020 estimated tax payment							26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			<mark>No</mark> .	27				
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit		•		29				
see instructions.	30	Recovery rebate credit. See				30	1	,200		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	•							1,200.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. •		17,287.
Refund	34	If line 33 is more than line 24				•	=		34	1,200.
	35a	Amount of line 34 you want								1,200.
Direct deposit? See instructions.	►b	Routing number X X X			▶ c Type:			Saving	s	
See instructions.	►d	Account number X X X					X			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. •	37	
You Owe		Note: Schedule H and Sch	·	•		of the	taxes you o	owe fo	or	
For details on how to pay, see		2020. See Schedule 3, line 1	•			1	ı			
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another					□ v 0-			⊠ No
Designee		structions		Phone			☐ Yes. Co	•	ntification	
		ne ▶		no.				er (PIN		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying scl	nedules a	and statemen	ts, and	to the bes	st of my knowledge an
Here	bel	ief, they are true, correct, and com							ich prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation			lf '		nt you an Identity
					COETWADE	DATA TA	משתנ		otection P ee inst.) ▶	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, t	ooth must sign	Date	SOFTWARE Spouse's occupa		NEEK	`		nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return, i	John must sign.	Date	opouse's occupa	LIOIT				ection PIN, enter it her
your records.					HOME MAKE	R		(se	ee inst.) 🕨	
	Ph	one no. (636)375-219	4	Email address	SUMIT.ENGI	NEER@C	GMAIL.CO	М		
Poid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 09/3	16/2021	P020	82703	Self-employed
Preparer	Fir	m's name ► GLOBAL TAX	XES LLC					Pł	none no.	(678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			Fi	rm's EIN 🕨	> 30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (202

Form **8889**

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

SUMIT KUMAI

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 804-16-0277

Deloi	re you begin: Complete Form 6005, Archer MOAS and Long-Term Care insurance Contracts, in	requ	irea.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	Sel	f-only	⊠ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		7,100.
4 5	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4 5		0. 7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		7 100
8 9 10	Add lines 6 and 7	0		7,100.
11 12	Add lines 9 and 10	11 12		450. 6,650.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate F	HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с 15	Subtract line 14b from line 14a	14c		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21		



NJ-1040 2020

Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040MP01200

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 804160277} \end{array}$

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.)

KUMAR SUMIT & KAVYA SAI

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

Home Address (Number and Street, including apartment number)

125741236

2854 JOHN F KENNEDY BLVD APT 905

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1205 \end{array}$

City, Town, Post Office State ZIP Code

JERSEY CITY NJ 073064014

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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



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Name(s) as shown on Form NJ-1040

KUMAR SUMIT & KAVYA SAI

Your Social Security Number

804160277

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Part-year residents, provide mo	nths/days you were a New Jersey resident during 2020:	Fiscal year filers only:	
From:	To:	Enter month of your year end	2021
Filing Status			

2019

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

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	instruct	ions)					x \$1,000 =		
13.	Total Exemption Amount (Add totals	from th	e lines at	6 throug	gh 12)			13.	2000	

12.	Dependents Attending Coneges (See Instructions)		Α φ1,000	
13.	Total Exemption Amount (Add totals from the lines at 6 through 12)		13. 2	000 .
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.				



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Page 3



Name(s) as shown on Form NJ-1040

KUMAR SUMIT & KAVYA SAI

Your Social Security Number

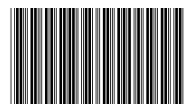
804160277

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15	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	139940	
15. 16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	132210	•
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.		
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		
24.	Net Gambling Winnings (See instructions)	24.		
25.	Alimony and Separate Maintenance Payments received	25.		
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	139940	
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.	139940	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000	
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.	2000	
38.	Taxable Income (Subtract line 37 from line 29)	38.	137940	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.		
39b.	Block .			
39b.	Lot .			
39b.	Qualifier Fill in if you comple	ted 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.		
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	137940	
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	4846	•
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.	4846	•
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.	4046	•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	4846	•
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			

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NJ-1040 2020 Page 4



Name(s) as shown on Form NJ-1040

KUMAR SUMIT & KAVYA SAI

Your Social Security Number

804160277

1555

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	e Schedule	HCC and fi	ill in 💙	<	53.	0	
54.	Total Tax Due (Add lines 50 through 53)					54.	4846	
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	7476	
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 ins	tructions)				59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instruct	ions)			60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-245	(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)						7476	
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.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract	et line 54 fro	om line 64	and enter tl	he overpayment	66.	2630	
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 7	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.	2630	

Under penalties of perjury, I declare that I have examin the best of my knowledge and belief, it is true, correct, based on all information of which the preparer has any	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					
Your Signature	Date	Spouse's/CU Pa	rtner's Signature (required if filing jointly) Date	Division of Taxation Revenue Processing Center - Payment PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or		
Paid Preparer's Signature			Federal Identification Number	money order payable to: State of New Jersey – TGI You can also make a payment on our website:		
SYAM PRIYA RAM SAGAR	GUPTA	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 PO Box 555		
GLOBAL TAXES LLC			30-1017196	Trenton, NJ 08647-0555		

Schedule **NJ-HCC**

2020

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, (Form NJ-1040) do not complete this schedule.

Name as Shown on Return	Social Security No.
KUMAR, SUMIT & KAVYA, SAI	804-16-0277
Part I	
Did you and, if applicable, all members of your tax household, have minimu coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Finclude only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval 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 hevery month each person had minimum essential health coverage or qualif (part-year residents include only months as a New Jersey resident). If an ir exemption, enter the exemption number. (See instructions for line 53, NJ-1 more than one exemption number, check the box. If you need more space, any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ried for an exemption adividual qualified for an 040.) If an individual has enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code			Check	box if t	his indi	vidual	has mo	re than	n one e	xempti	on nun	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code	 	_	Check Check								on nun	nber .	
Exemption Code		_	Check							xempti	on nun	nber .	
Exemption Code		_	Check							•	on nun	nber .	
Exemption Code		_	Check Check								on nun	nber .	
Exemption Code		_	Check						n one e	xempti	on nun	nber .	
Exemption Code	<u> </u>		Check Check						one e	xempti	on nun	nber .	
			Check										
Exemption Code		_	Check Check						one e	xempti	on nun	nber .	
Exemption Code		_	Check							xempti	on nun	nber .	
Exemption Code		_	Check Check									nber .	