Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
RAVI SATHISH KUMAR THANNEERU	720-76-7301
Spouse's name	**Spouse's social security number**
LAVANYA TALLAM	712-58-8983

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	156,215.
2	Total tax	2	18,782.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,214.
4	Amount you want refunded to you	4	39.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 6 7 3 0 1 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 8 8 9 8 3 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2020

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
RAVI SATHISH KUMAR	THANNEERU	720-76-7301
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
LAVANYA	TALLAM	712-58-8983

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
245 ROONEY CT	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
EAST BRUNSWICK	NJ	08816

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ 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): If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
CHARAN SAI YASHWIN	THANNEERU	947-94-3209	Son	☐	☒
SUSHEN GITANSH	THANNEERU	236-56-0528	Son	☒	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	166,298.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	-3,000.
8	Other income from Schedule 1, line 9			8	5,613.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶			9	168,911.
10	Adjustments to income:				
a	From Schedule 1, line 22	10a	12,396.		
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	12,696.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶			11	156,215.
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	131,415.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	20,491.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	20,491.
19	Child tax credit or credit for other dependents	19	2,500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	17,991.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	791.
24	Add lines 22 and 23. This is your **total tax** ▶	24	18,782.
25	Federal income tax withheld from:		
a	Form(s) W-2 — 25a: 13,214.		
b	Form(s) 1099 — 25b		
c	Other forms (see instructions) — 25c		
d	Add lines 25a through 25c	25d	13,214.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No — 27		
28	Additional child tax credit. Attach Schedule 8812 — 28		
29	American opportunity credit from Form 8863, line 8 — 29		
30	Recovery rebate credit. See instructions — 30: 3,834.		
31	Amount from Schedule 3, line 13 — 31: 1,773.		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶	32	5,607.
33	Add lines 25d, 26, and 32. These are your **total payments** ▶	33	18,821.

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

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** — 34: 39.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ — 35a: 39.

Direct deposit? See instructions.

▶ b Routing number 053000196 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 237030326501

36 Amount of line 34 you want **applied to your 2021 estimated tax** ▶ 36

Amount You Owe

For details on how to pay, see instructions.

37 Subtract line 33 from line 24. This is the **amount you owe now** ▶ 37

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

38 Estimated tax penalty (see instructions) ▶ 38

Third Party Designee

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		IT ANALYST	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
		IT ANALYST	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/15/2021	P02082703	☐ Self-employed

Firm's name ▶ GLOBAL TAXES LLC — Phone no. (678) 965-9522

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 — Firm's EIN ▶ 30-1017196

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* 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: RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM

Your social security number: 720-76-7301

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	5,598.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 15.	8	15.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	5,613.

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	396.
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	12,000.
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	12,396.

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	Your social security number
RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM	720-76-7301

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
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	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	791.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A [9]		
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	791.

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	Your social security number
RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM	720-76-7301

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 ☐ 3800 b ☐ 8801 c ☐			6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			7	

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	1,773.
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	1,773.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment Sequence No. **09**

Name of proprietor: LAVANYA TALLAM

Social security number (SSN): 712-58-8983

A Principal business or profession, including product or service (see instructions): TRENTECH LLC

B Enter code from instructions ▶ 5 1 9 1 0 0

C Business name. If no separate business name, leave blank.: TRENTECH LLC

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.) ▶ 245 ROONEY CT

City, town or post office, state, and ZIP code: EAST BRUNSWICK, NJ 08816

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . ☒ **Yes** ☐ **No**

H If you started or acquired this business during 2020, check here . . . ▶ ☐

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

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ ☐	1	40,202.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	40,202.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	40,202.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 . . . ▶	7	40,202.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	10.	18	Office expense (see instructions)	18	2,721.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	755.
12	Depletion	12		21	Repairs and maintenance	21	216.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	225.
15	Insurance (other than health)	15	585.	b	Deductible meals (see instructions)	24b	108.
16	Interest (see instructions):			25	Utilities	25	58.
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	31,090.
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . ▶	28	35,768.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	4,434.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	4,434.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

FURNITURE	1,054.
ENTERTAINMENT	200.
SOFTWARE	41.
POSTAGE	3.
PRINTING AND STATIONERY	11.
MEDICINES	4.
PROFESSIONAL UP KEEP	11.
MISCELLENOUS	10.
See Line 48 Other Expenses	29,756.
48 **Total other expenses.** Enter here and on line 27a . . . 48	31,090.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment Sequence No. **09**

Name of proprietor: LAVANYA TALLAM

Social security number (SSN): 712-58-8983

A Principal business or profession, including product or service (see instructions): HEGEMON FINANCIAL GROUP LLC

B Enter code from instructions ▶ 5 2 3 9 0 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 245 ROONEY CT

City, town or post office, state, and ZIP code: EAST BRUNSWICK, NJ 08816

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . [X] Yes [ ] No

H If you started or acquired this business during 2020, check here ▶ [ ]

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	1,164.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,164.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,164.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,164.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,164.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	1,164.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.

32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ ____________

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a	48

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return: RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM

Your social security number: 720-76-7301

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I **Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	56,206.	63,005.	57.	-6,742.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	-6,742.

Part II **Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	3.	2.		1.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	1.

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . 16 -6,741.

• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.

• If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.

• If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . ▶ 18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . ▶ 19

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

• The loss on line 16; or

• ($3,000), or if married filing separately, ($1,500) 21 (3,000.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to *www.irs.gov/Form8949* for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM	720-76-7301

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
APEX CLEARING	01/01/20	12/31/20	56,206.	63,005.	W	57.	-6,742.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶			56,206.	63,005.		57.	-6,742.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM

Social security number or taxpayer identification number: 720-76-7301

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
APEX CLEARING	01/01/20	12/31/20	3.	2.			1.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ►			3.	2.			1.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR): LAVANYA TALLAM

Social security number of person with **self-employment** income ▶ 712-58-8983

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . ▶ ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )
	Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	5,598.
3	Combine lines 1a, 1b, and 2	3	5,598.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	5,170.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue ▶	4c	5,170.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	5,170.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $137,700 or more, skip lines 8b through 10, and go to line 11 — 8a		
b	Unreported tips subject to social security tax from Form 4137, line 10 — 8b		
c	Wages subject to social security tax from Form 8919, line 10 — 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	137,700.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	641.
11	Multiply line 6 by 2.9% (0.029)	11	150.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	791.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** — 13: 396.		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $8,460, **or (b)** your net farm profits[2] were less than $6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,107 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.
[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	0.
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	

If line 5b is zero, skip line 22 and enter -0- on line 23.

22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	0.
24	Add lines 21 and 23	24	0.
25	Enter the smaller of line 9 or line 24	25	0.
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	0.

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
2020
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	**Taxpayer identification number**
RAVI SATHISH KUMAR THANNEERU & LAVANYA TALLAM	720-76-7301

Enter preparer's name and PTIN

SYAM PRIYA RAM SAGAR GUPTA TALLAM   P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).   ☐ EIC   ☒ CTC/ACTC/ODC   ☐ AOTC   ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI **Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a $540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Additional information from your 2020 Federal Tax Return

Schedule C (TRENTECH LLC): Profit or Loss from Business
Ln 24b: 50% limit — **Itemization Statement**

Description	Amount
FOOD	215.94
Total	**216.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Ln 1a: Other receipts — **Itemization Statement**

Description	Amount
VST CONSULTING	40,202.
Total	**40,202.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Line 18 — **Itemization Statement**

Description	Amount
OFFICE MAINETANNCE	2,537.96
TELEPHONE EXPENSES	183.52
Total	**2,721.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Line 20b — **Itemization Statement**

Description	Amount
RENT	755.17
Total	**755.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Line 21 — **Itemization Statement**

Description	Amount
REPAIRS & MAINTENANCE	215.78
Total	**216.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Line 24a — **Itemization Statement**

Description	Amount
TRAVEL	50.
PETROL/GAS	175.21
Total	**225.**

Schedule C (TRENTECH LLC): Profit or Loss from Business
Line 25 — **Itemization Statement**

Description	Amount
INTERNET	19.99

Schedule C (TRENTECH LLC): Profit or Loss from Business

Line 25 **Itemization Statement**

Description	Amount
UTILITY	37.81
Total	**58.**

Schedule C (TRENTECH LLC): Profit or Loss from Business

Line 48 Other Expenses **Continuation Statement**

Description	Amount
BACK OFFICE OPERATION EXPENSES	18,056.
EXPENSES REIMBURSMENT	11,700.
Total	29,756.

NEW YORK STATE 2021

Department of Taxation and Finance

Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

For assistance, see Form IT-21 I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for* ***Individuals.***

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- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank**.

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?

Visit our website at ***www.tax.ny.gov***
- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status:	518-457-514
Personal Income Tax Information Center:	518-457
To order forms and publications:	518-457-543
Text Telephone (TTY) or TDD equipment users	al 7-1-1 for the New York Relay Service

◄ Detach (cut) here ►

NEW YORK STATE 2021

Department of Taxation and Finance

REV 03/02/21 PRO

Estimated Tax Payment Voucher for Individuals

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2021 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number: 720767301

Enter your **2-character special condition code if applicable** *(see instr.)* .....

Taxpayer's first name and middle initial: RAVI SATHISH KUMAR

Taxpayer's last name: THANNEERU

Mailing address *(number and street or PO box; see instructions)*: 245 ROONEY CT

Apartment number:

City, village, or post office: EAST BRUNSWICK

State: NJ

ZIP code: 08816

Taxpayer's email address: RAVISATHISHKUMAR1983@GMAIL.COM

Estimated tax amounts

	Dollars	Cents
New York State	169	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00
Total payment	169	. 00

STOP: Pay this electronically on our website

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NEW YORK STATE
2021

Department of Taxation and Finance

Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

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Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-543
Text Telephone (TTY) or TDD equipment users	al 7-1-1 for the New York Relay Service

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NEW YORK STATE
2021

Department of Taxation and Finance

REV 03/02/21 PRO

Estimated Tax Payment Voucher for Individuals

IT-2105

New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number: 720767301

Enter your **2-character special condition code if applicable** *(see instr.)* ...

Taxpayer's first name and middle initial	Taxpayer's last name
RAVI SATHISH KUMAR	THANNEERU

Mailing address *(number and street or PO box; see instructions)*: 245 ROONEY CT
Apartment number:

City, village, or post office	State	ZIP code
EAST BRUNSWICK	NJ	08816

Taxpayer's email address: RAVISATHISHKUMAR1983@GMAIL.COM

Estimated tax amounts

	Dollars	Cents
New York State	169	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	169	00

STOP: Pay this electronically on our website

0601213555 720767301 3

2021 NEW YORK STATE

Department of Taxation and Finance

Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

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Telephone assistance

Automated income tax refund status:	518-457-514
Personal Income Tax Information Center:	518-457-
To order forms and publications:	518-457-54
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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2021 NEW YORK STATE

Department of Taxation and Finance

REV 03/02/21 PRO

IT-2105

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2021 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number	720767301
Enter your **2-character special condition code if applicable** *(see instr.)*	
Taxpayer's first name and middle initial	RAVI SATHISH KUMAR
Taxpayer's last name	THANNEERU
Mailing address *(number and street or PO box; see instructions)*	245 ROONEY CT
Apartment number	
City, village, or post office	EAST BRUNSWICK
State	NJ
ZIP code	08816
Taxpayer's email address	RAVISATHISHKUMAR1983@GMAIL.COM

Estimated tax amounts

	Dollars	Cents
New York State	169	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	169	00

STOP: Pay this electronically on our website

0601213555 720767301 3

NEW YORK STATE
2021

Department of Taxation and Finance

Tips for Estimated Tax

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- check for new online services and features

Telephone assistance

Automated income tax refund status:	518-457-5
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

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NEW YORK STATE
2021

Department of Taxation and Finance

REV 03/02/21 PRO

Estimated Tax Payment Voucher for Individuals

IT-2105

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2021 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number: 720767301

Enter your **2-character special condition code if applicable** *(see instr.)* .....

Taxpayer's first name and middle initial	Taxpayer's last name
RAVI SATHISH KUMAR	THANNEERU

Mailing address *(number and street or PO box; see instructions)*: 245 ROONEY CT

Apartment number:

City, village, or post office	State	ZIP code
EAST BRUNSWICK	NJ	08816

Taxpayer's email address: RAVISATHISHKUMAR1983@GMAIL.COM

Estimated tax amounts

	Dollars	Cents
New York State	168	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	168	00

STOP: Pay this electronically on our website

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Department of Taxation and Finance

Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V
(12/20)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit *www.tax.ny.gov*.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to ***New York State Income Tax***.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and ***Income Tax*** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the *City* box, and the **full** country name in the *Country* box. Enter the postal code, if any, in the *ZIP code* box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

⚠ You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◄ Cut here ►

REV 03/02/21 PRO

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns

IT-201-V
(12/20)

Tax year *(yyyy)*: 2020

Make your check or money order payable in U.S. funds to ***New York State Income Tax***. Write on your check or money order the last four digits of your SSN, the tax year, and ***Income Tax***.

Your first name and middle initial: RAVI SATHISH KUMAR	Your last name *(for a **joint return**, enter spouse's name on line below)*: THANNEERU	Your **full** SSN: 720767301
Spouse's first name and middle initial: LAVANYA	Spouse's last name: TALLAM	Spouse's **full** SSN *(only if filing a joint return)*: 712588983
Mailing address: 245 ROONEY CT	Apartment number:	Country *(if not United States)*:
City, village or post office: EAST BRUNSWICK	State: NJ	ZIP code: 08816

Email: RAVISATHISHKUMAR1983@GMAIL.COM

040001203555

	Dollars	Cents
Payment amount	33	. 00

For office use only

0401203555 720767301 3

Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2020

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name *(jointly filed return only)*
RAVI SATHISH KUMAR THANNEERU	LAVANYA TALLAM

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return,* IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return,* IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit,* or NYC-210, *Claim for New York City School Tax Credit.* Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals.* See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105*.

Part A – Tax return information

1	Federal adjusted gross income *(from applicable line)*	**1.**	156215.
2	Refund	**2.**	
3	Amount you owe	**3.**	33.
4	Financial institution routing number	**4.**	
5	Financial institution account number	**5.**	

6 Account type: ☐ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature *(jointly filed return only)*	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	ate
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date

REV 03/02/21 PRO

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

NEW YORK STATE 2020

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning 20

and ending ....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial: RAVI SATHISH KUMAR	Your last name *(for a **joint return**, enter spouse's name on line below)*: THANNEERU	Your date of birth *(mmddyyyy)*: 04161984	Your Social Security number: 720767301
Spouse's first name and middle initial: LAVANYA	Spouse's last name: TALLAM	Spouse's date of birth *(mmddyyyy)*: 08241985	Spouse's Social Security number: 712588983
Mailing address **(see instructions, page 14)** *(number and street or PO box)*: 245 ROONEY CT		Apartment number:	New York State county of residence: NR
City, village, or post office: EAST BRUNSWICK	State: NJ / ZIP code: 08816	Country *(if not United States)*:	School district name: NR
Taxpayer's permanent home address ***(see instr., pg. 14)*** *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number:
State / ZIP code / Country *(if not United States)*		Decedent information — Taxpayer's date of death:	Spouse's date of death:

A Filing status *(mark an **X** in one box)*:

① ☐ Single

② ☒ Married filing joint return *(ent r both spouses' Social Security numbers above)*

③ ☐ Married filing separate return *(en r both spouses' Social Security numbers above)*

④ ☐ Head of household *(with qualifying person)*

⑤ ☐ Qualifying widow(er)

B **Did you itemize** your deductions on your 202 federal income tax return? .... es ☐ No ☒

C **Can you be claimed** as a dependent on another taxpayer's federal return? .... Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? *(see page 15)* .... Yes ☐ No ☒

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? *(see page 15)* .... es ☐ No ☒

E **New York City part-year residents only** *(see page 15)*

(1) Number of months **you** lived in NY City in 2020 ..... ☐

(2) Number of months **your spouse** lived in NY City in 2020 .... ☐

F Enter your **2-character special condition code(s) if applicable** *(see page 15)* .... ☐ ☐

G **New York State part-year residents** *(see page 16)*

Enter the date you moved into or out of NYS *(mmddyyyy)* .... ☐

On the last day of the tax year *(mark an **X** in one box)*:

1) Lived in NYS .... ☐

2) Lived outside NYS; received income from NYS sources during nonresident period .... ☐

3) Lived outside NYS; received no income from NYS sources during nonresident period .... ☐

H **New York State nonresidents** *(see page 16)*

Did you or your spouse maintain living quarters in NYS in 2020? .... es ☐ No ☒

(if Yes, complete Form IT-203-B)

I Dependent information *(see page 16)*

First name and middle initial	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*
CHARAN SAI YASHWI	THANNEERU	SON	947943209	08192010
SUSHEN GITANSH	THANNEERU	SON	236560528	05012016

If more than 6 dependents, mark an ***X*** in the box. ☐

203001203555

For office use only

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Enter your Social Security number: 720767301

REV 03/02/21 PRO

Federal income and adjustments (see page 18)

Line	Description	Federal amount (Whole dollars only)	New York State amount (Whole dollars only)
1	Wages, salaries, tips, etc.	166298.00	120298.00
2	Taxable interest income	.00	.00
3	Ordinary dividends	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	.00	.00
5	Alimony received	.00	.00
6	Business income or loss *(submit a copy of federal Sch. C, Form 1040)*	5598.00	.00
7	Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	-3000.00	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	.00	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark *X* in box ☐	.00	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark *X* in box ☐	.00	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	.00	.00
12	Rental real estate included in line 11 *(federal amount)* 12. .00		
13	Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	.00	.00
14	Unemployment compensation	.00	.00
15	Taxable amount of Social Security benefits *(also enter on line 26)*	.00	.00
16	Other income *(see page 24)* Identify: 1099-MISC BOX 3	15.00	.00
17	Add lines **1 through 11** and **13 through 16**	168911.00	120298.00
18	Total federal adjustments to income *(see page 24)* Identify: See Federal Adj Stmt	12696.00	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	156215.00	120298.00
19a	**Recomputed federal adjusted gross income** *(see page 25, Line 19a worksheet)*	156515.00	120298.00

New York additions (see page 26)

		Federal amount	New York State amount
20	Interest income on state and local bonds and obligations *(but not those of New York State or its localities)*	.00	.00
21	Public employee 414(h) retirement contributions	.00	.00
22	Other *(Form IT-225, line 9)*	.00	.00
2	Add lines **19a** through **22**	156515.00	120298.00

New York subtractions (see page 27)

		Federal amount	New York State amount
2	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	.00	.00
25	Pensions of NYS and local governments and the federal government *(see page 27)*	.00	.00
2	Taxable amount of Social Security benefits *(from line 15)*	.00	.00
27	Interest income on U.S. government bonds	.00	.00
28	Pension and annuity income exclusion	.00	.00
29	Other *(Form IT-225, line 18)*	.00	.00
30	Ad lines 24 through 29	.00	.00
31	**New York adjusted gross income** *(subtract line **30** from line **23**)*	156515.00	120298.00

32 Enter the amount from line 31, ***Federal amount*** column → 32 156515.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002203555

Name(s) as shown on page 1	Enter your Social Security number
R THANNEERU AND L TALLAM	720767301

Standard deduction or itemized deduction *(see page 29)*

33	Enter your **standard deduction** *(table on page 29)* **or** your **itemized deduction** *(from Form IT-196)*. Mark an ***X*** in the appropriate box: ☐ **Standard** – or – ☒ **Itemized**	33	17082.00
34	Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	139433.00
35	Dependent exemptions *(enter the number of dependents listed in Item I; see page 29)*	35	2 000.00
36	**New York taxable income** *(subtract line 35 from line 34)*	36	137433.00

Tax computation, credits, and other taxes

37	**New York taxable income** *(from line 36)*	37	137433.00
38	New York State tax on line 37 amount *(see page 30)*	38	8358.00
39	New York State household credit *(page 30, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	8358.00
41	New York State child and dependent care credit *(see page 31)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	8358.00
43	New York State earned income credit *(see page 31)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	8358.00

45 Income percentage *(see page 31)*: New York State amount from line 31 120298.00 ÷ Federal amount from line 31 156515.00 = **45** 0.7686 (Round result to 4 decimal places)

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	6424.00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	6424.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	6424.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a	Subtract line 52 from 51	52a	.00
52b	MCTMT net earnings base	52b	.00
52c	MCTMT	52c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00
55	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 52a, and 52c through 54)*	55	.00
56	**Sales or use tax** *(See the instructions on page 33. **Do not leave line 56 blank.**)*	56	0.00
57	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	57	.00
58	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines **50**, **55**, **56**, and **57**)*	58	6424.00

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 Enter your Social Security number 720767301 REV 03/02/21 PRO

59 Enter amount from line 58 .... 59 6424.00

Payments and refundable credits *(see page 34)*

60	Part-year NYC school tax credit (fixed amount) *(also complete* **E** *on front)*	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits *(Form IT-203-ATT, line 17)*	61	.00
62	Total **New York State** tax withheld	62	6391.00
63	Total **New York City** tax withheld	63	.00
64	Total **Yonkers** tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return *(see pages 12 and 13)*.

Do not send federal Form W-2 with your return.

66 **Total payments and refundable credits** *(add lines 60 through 65)* 66 6391.00

Your refund, amount you owe, and account information *(see pages 36 through 38)*

67	**Amount overpaid** *(if line 66 is* ***more than*** *line 59, subtract line 59 from line 66; see page 36)*	67	.00
68	Amount of line 67 **available for refund** *(subtract line 69 from line 67)*	68	.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)*	68a	.00
68b	Total refund after NYS 529 account deposit *(subtract line 68a from line 68)*	68b	.00

Mark one refund choice: ☐ **direct deposit** to checking or savings account *(fill in line 73)* - or - ☐ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 37 for payment options.

69 Amount of line 67 that you want applied to your 2021 estimated tax *(see instructions)* .... 69 .00

70 Amount you **owe** *(if line 66 is* ***less than*** *line 59, subtract line 66 from line 59)*. To pay by electronic funds withdrawal, mark an ***X*** in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. 70 33.00

7 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 37)* .... 71 .00

72 Other penalties and interest *(see page 37)* .... 72 .00

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see page 38)*.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see pg. 38)* ☐

7 a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number ________ 73c Account number ________

74 Electronic funds withdrawal *(see page 38)* .... ate ________ Amount .00

Third-party designee? *(see instr.)*	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes ☐ No ☒	Email:	( )	

▼ Paid preparer must complete ▼ *(see instructions)*

Preparer's NYTPRIN	NYTPRIN excl. code 0 9
Preparer's signature: SYAM PRIYA RAM SAGAR GUP	Preparer's printed name: SYAM PRIYA RAM SAGAR GUP
Firm's name *(or yours, if self-employed)*: GLOBAL TAXES LLC	Preparer's PTIN or SSN: P02082703
Address: 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number: 301017196
	Date: 03152021
Email: SYAM@GTAXFILE.COM	

▼ Taxpayer(s) must sign here ▼

Your signature	
Your occupation: IT ANALYST	
Spouse's signature and occupation *(if joint return)*: IT ANALYST	
Date	Daytime phone number ( )
Email: RAVISATHISHKUMAR1983@GMAIL.COM	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004203555

NEW YORK STATE 2020

Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

REV 03/02/21 PRO

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	our Social Security number
R THANNEERU AND L TALLAM	720767301

Medical and dental expens *(see instructions)*

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00		
2 Enter amount from Form IT-201 or IT-203, line 19a	2	.00		
3 Multiply line 2 by 10% (0.10)	3	.00		
4 Subtract line 3 from line 1 *(if line 3 is more than line 1, leave blank)*			4	.00

Taxes you paid *(see instructions)*

5 State and local *(Mark an **X** in only one box)* a [X] Income taxes - or - b [ ] General sales tax	5	8903.00		
6 State and local real estate taxes	6	7210.00		
7 State and local personal property taxes	7	.00		
8 Other taxes. List type and amount	8	.00		
9 Add lines 5 through 8			9	16113.00

Interest you paid *(see instructions)*

10 Home mortgage interest and points reported to you on federal Form 1098	10	9572.00		
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address	11	.00		
12 Points not reported to you on federal Form 1098	12	.00		
13 Mortgage insurance premiums	13	.00		
14 Investment interest	14	.00		
15 Add lines 10 through 14			15	9572.00

Gifts to charity *(see instructions)*

16 Gifts by cash or check	16	300.00		
16a Qualified contributions included in line 16 .... 16a .00				
17 Other than by cash or check	17	.00		
18 Carryover from prior year	18	.00		
19 Add lines 16, 17, and 18			19	300.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196001203555

Your Social Security number: 720767301

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses *(see instructions)*	**20**		.00

Job expenses and certain miscellaneous deductions *(see instructions)*

21 Unreimbursed employee expenses – job travel, union dues, etc.	**21**	.00	
22 Job related education expenses	**22**	.00	
23 Tax preparation fees	**23**	.00	
24 Other expenses – investment, safe deposit box, etc. List type and amount ______	**24**	.00	
25 Add lines 21 through 24	**25**	.00	
26 Enter amount from Form IT-201 or IT-203, line 19a	**26**	.00	
27 Multiply line 26 by 2% (0.02)	**27**	.00	
28 Subtract line 27 from line 25 *(if line 27 is more than line 25, leave blank)*	**28**		.00

Other miscellaneous deductions

29 Gambling losses *(see instructions)*	**29**	.00	
30 Casualty and theft losses of income-producing property *(see instructions)*	**30**	.00	
31 Federal estate tax on income in respect of a decedent *(see instructions)*	**31**	.00	
32 Deduction for amortizable bond premiums *(see instructions)*	**32**	.00	
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	**33**	.00	
34 Deduction for repayment of amounts under a claim of right if over $3000 *(see instructions)*	**34**	.00	
35 Certain unrecovered investments in a pension *(see instructions)*	**35**	.00	
36 Impairment-related work expenses of a disabled person *(see instructions)*	**36**	.00	
37 Federal qualified disaster loss *(see instructions)*	**37**	.00	
38 Reserved	**38**		
39 Add lines 29 through 37	**39**		.00

Total itemized deductions *(see instructions)*

Is Form IT-201 or IT-203, line 19a, over $167,000? *(Mark an **X** in the appropriate box)*

☒ If ***No***, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

☐ If ***Yes***, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet,* in the instructions to compute the amount to enter on line 40.

40	**40**	25985.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196002203555

Adjustments *(see instructions)*

41	State, local, and foreign income taxes *(or general sales tax, if applicable)*, and other subtraction adjustments *(see instructions)*	41	8903.00
42	Subtract line 41 from line 40 *(see instructions)*	42	17082.00
43	College tuition itemized deduction *(Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)*	43	.00
44	Addition adjustments *(see instructions)*	44	.00
45	Add lines 42, 43, and 44	45	17082.00
46	Itemized deduction adjustment *(see instructions)*	46	.00
47	Subtract line 46 from line 45 *(see instructions)*	47	17082.00
48	College tuition itemized deduction *(Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272,* Claim for College Tuition Credit or Itemized Deduction) *(see instructions)*	48	.00
49	**New York State itemized deduction** *(add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)*	49	17082.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003203555

REV 03/02/21 PRO

NEW YORK STATE 2020

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 720767301

Box b Employer identification number (EIN): 541816287

Box c Employer's information

Employer's name	MARLABS INCORPORATED
Employer's address *(number and street)*	ONE CORPORATE PLACE S
City	PISCATAWAY
State	NJ
ZIP code	08854
Country *(if not United States)*	

Box	Amount	Box	Amount	Code	Box	Amount	Description
Box 1 Wages, tips, other compensation	120298.00	**Box 12a**	5860.00	D D	**Box 14a**	22.00	SDI
Box 8 Allocated tips	.00	**Box 12b**	.00		**Box 14b**	197.00	NY PFL
Box 10 Dependent care benefits	.00	**Box 12c**	.00		**Box 14c**	.00	
Box 11 Nonqualified plans	.00	**Box 12d**	.00		**Box 14d**	.00	

Box 1 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State	N Y	**Box 16a** NYS wages, tips, etc.: 120298.00	**Box 17a** NYS income tax withheld: 6391.00
Other state information: **Box 15b** other state		**Box 16b** Other state wages, tips, etc.: .00	**Box 17b** Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

Do n t detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record: 720767301

Box b Employer identification number (EIN): 223852161

Box c Employer's information

Employer's name	VST CONSULTING INC
Employer's address *(number and street)*	200 MIDDLESEX-ESSEX TPK
City	ISELIN
State	NJ
ZIP code	08830
Country *(if not United States)*	

Box	Amount	Box	Amount	Code	Box	Amount	Description
Box 1 Wages, tips, other compensation	46000.00	**Box 12a**	.00		**Box 14a**	148.00	UI/WF/SWF
Box 8 Allocated tips	.00	**Box 12b**	.00		**Box 14b**	60.00	NJ DI
Box 10 Dependent care benefits	.00	**Box 12c**	.00		**Box 14c**	29.00	FLI
Box 11 Nonqualified plans	.00	**Box 12d**	.00		**Box 14d**	.00	

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State	N Y	**Box 16a** NYS wages, tips, etc.: .00	**Box 17a** NYS income tax withheld: .00
Other state information: **Box 15b** other state	N J	**Box 16b** Other state wages, tips, etc.: 46000.00	**Box 17b** Other state income tax withheld: 2253.00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 2** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

NO HANDWRITTEN ENTRIES ON THIS FORM

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REV 03/02/21 PRO

NEW YORK STATE 2020

Department of Taxation and Finance

New York State Adjustments due to Decoupling from the IRC

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-558

Name(s) as shown on return	Identifying number as shown on return
R THANNEERU AND L TALLAM	720767301

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an ***X*** in the box identifying the return you are filing: IT-201 ☐ IT-203 ☒ IT-204 ☐ IT-205 ☐

Schedule A – New York State addition adjustments to recompute federal amounts *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 0 0 3	300 .00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total *(add column **A**, lines 1a through 1g)*	**2**	300 .00
3 Total of Schedule A, Part 1, column **A** amounts from additional Form(s) IT-558, if any	**3**	0 .00
4 Add lines 2 and 3	**4**	300 .00

Part 2 – Partners, shareholders, and beneficiaries

5 New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total *(add column **A**, lines 5a through 5g)*	**6**	.00
7 Total of Schedule A, Part 2, column **A** amounts from additional Form(s) IT-558, if any	**7**	0 .00
8 Add lines 6 and 7	**8**	0 .00
9 **Total additions** *(add lines 4 and 8; see instructions)*	**9**	300 .00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

Schedule B – New York State subtraction adjustments to recompute federal amounts *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Numbe	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total *(add column A, lines 10a through 10g)*	11	.00
12	Total of Schedule B, Part 1, column **A** amounts from additional Form(s) IT-558, if any	12	0 .00
13	Add lines 11 and 12	13	0 .00

Part 2 – Partners, shareholders, and beneficiaries

14 New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total *(add column A, lines 14a through 14g)*	15	.00
16	Total of Schedule B, Part 2, column **A** amounts from additional Form(s) IT-558, if any	16	0 .00
17	Add lines 15 and 16	17	0 .00
18	**Total subtractions** *(add lines 13 and 17; see instructions)*	18	0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

Additional information from your 2020 New York Tax Return

IT-203: Nonresident/Part Year Income Tax Return

Federal Adj Stmt **Continuation Statement**

Adjustment Description	Adjustment Amount
SE TAX DEDUCTION	396
IRA DEDUCTION	12000
CHARITABLE CONTRIBUTIONS	300
Total	12696

040MP01200

2020 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)
720767301

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.)
THANNEERU RAVI SATHISH KUMAR & TALLAM LAVANYA

Spouse's/CU Partner's SSN (if filing jointly)
712588983

Home Address (Number and Street, including apartment number)
245 ROONEY CT

County/Municipality Code (See Table page 50)
1204

City, Town, Post Office	State	ZIP Code
EAST BRUNSWICK	NJ	08816

Driver's License Number (Voluntary) (See instructions)
T31966420004841

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.	053000196
dd5.	Account number	dd5.	237030326501

NJ-1040
2020
Page 2

040MP02200

Name(s) as shown on Form NJ-1040
THANNEERU RAVI SATHISH KUMAR & TALLAM LA

Your Social Security Number
720767301 1555

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

Fiscal year filers only:
Enter month of your year end 2021

Filing Status
Fill in only one.

1. Single
2. X 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	X Self	X 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				2	x $1,500 =	3000
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.	5000 .

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.	THANNEERU, CHARAN SAI YASHWIN	947943209	2010	
b.	THANNEERU, SUSHEN GITANSH	236560528	2016	
c.				
d.				

040MP03200

Name(s) as shown on Form NJ-1040
THANNEERU RAVI SATHISH KUMAR & TALLAM LAV

Your Social Security Number
720767301 1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	166298 .
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.	5490 .
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.	15 .
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	171803 .
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.	171803 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
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.	5000 .
38.	Taxable Income (Subtract line 37 from line 29)	38.	166803 .
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	11530 .
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.	11530 .
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	155273 .
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	5848 .
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	4095 .
	Enter Code		32
44.	Balance of Tax (Subtract line 43 from line 42)	44.	1753 .
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.	1753 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	.
	Fill in if Form NJ-2210 is enclosed		

NJ-1040
2020
Page 4

040MP04200

Name(s) as shown on Form NJ-1040
THANNEERU RAVI SATHISH KUMAR & TALLAM LAV

Your Social Security Number
720767301 1555

53.	Shared Responsibility Payment (See instructions) **REQUIRED** Enclose Schedule HCC and fill in X	53.	0 .
54.	Total Tax Due (Add lines 50 through 53)	54.	1753 .
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	2253 .
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 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.	2253 .
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	65.	.
	If you owe tax, you can still make a donation on lines 68 through 75.		
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	500 .
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.	500 .

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
SYAM PRIYA RAM SAGAR GUPTA TALLAM

Federal Identification Number
P02082703

Firm's Name
GLOBAL TAXES LLC

Firm's Federal Employer Identification Number
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

Division Use: 1 ______ 2 ______ 3 ______ 4 ______ 5 ______ 6 ______ 7 ______

Name(s) as shown on Form NJ-1040	Social Security Number
THANNEERU, RAVI SATHISH KUMAR & TALLAM, LAVANYA	720-76-7301

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	APEX CLEARING	01/01/2020	12/31/2020	56,206.	62,948.	-6,742.	
	APEX CLEARING	01/01/2020	12/31/2020	3.	2.	1.	
2.	Capital Gains Distributions						
3.	Other Net Gains						
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.)					0.	

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2020

Did you provide care for a relative who was a qualifying armed services member (see instructions)? ○ Yes ○ No

If "**Yes**," enter the name and Social Security number of the qualifying service member.

Last Name, First Name, Initial

Social Security number - -

Enter your relationship to the qualifying service member.

If "**No**," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.

1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? ○ Yes ○ No If "**No**," enter your share (percentage) of the total care expenses for the year.	4.	%	
5.	If you answered "**Yes**" at line 4, enter the amount from line 3 here and on line 62, NJ-1040. If you answered "**No**" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040	Social Security Number
THANNEERU, RAVI SATHISH KUMAR & TALLAM, LAVANYA	720-76-7301

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.	TRENTECH LLC	712588983	4,326.
2.	HEGEMON FINANCIAL GROUP LLC	712588983	1,164.
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.	5,490.

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.				
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

Name(s) as shown on Form NJ-1040	Social Security Number
THANNEERU, RAVI SATHISH KUMAR & TALLAM, LAVANYA	720-76-7301

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

PART I Income (Loss)			Column A Reportable Regular Business Income		Column B Alternative Business Income (Loss)
1.	Net Profits From Business	1a.	5,490.	1b.	5,490.
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.	0.
5.	Loss Carryforward From Tax Year 2019			5b.	( )
6.	Totals	6a.	5,490.	6b.	5,490.

PART II Adjustment Calculation

7.	Total Regular Business Income	7.	5,490.
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	5,490.
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.	( )

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.

Keep a copy of this schedule for your records

Other Income Statement 2019

Name	Social Security No.
THANNEERU, RAVI SATHISH KUMAR & TALLAM, LAVANYA	720-76-7301

		Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
1	Prizes and awards (enter source):		
2	Income in respect of a decedent (Enter name and social security number of the deceased):		
3	Income from estates and trusts:		
4	Scholarships and fellowships (Enter name and identification number of grantor):		
5	Alternative Trade Adjustment Assistance payments:		
6	Residential rental value or allowance paid by employer (enter name and identification number):		
7	Jury duty pay		
8	Bartering income		
9	Reserved		
10	Substitute payments		
11	Income from REMICS		
12	Reimbursement for deducted medical expenses		
13	Recoveries of bad debts		
14	Income from the rental of personal property		
15	Income from "not for profit" activities (hobbies):		
16	Other:		
	APEX CLEARING	15.	
17	**Total**	15.	

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Schedule
NJ-HCC
(Form NJ-1040)

New Jersey
Health Care Coverage

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

2020

Name as Shown on Return	Social Security No.
THANNEERU, RAVI SATHISH KUMAR & TALLAM, LAVANYA	720-76-7301

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.

- [X] 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
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											
Exemption Code . .		Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18											

Additional information from your 2020 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other **Continuation Statement**

NatureOfPrizeSource	Amount
APEX CLEARING	15