

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SAGAR BARRA	Social security number 606-95-8041
Spouse's name SHRUTHI KOSANAM	Spouse's social security number APPLIED FOR

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (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	120,741.
2	Total tax	2	10,166.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,211.
4	Amount you want refunded to you	4	9,445.
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 to enter or generate my PIN 

5	8	0	4	1
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 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 to enter or generate my PIN 

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 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**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Form fields for personal information: Your first name and middle initial (SAGAR), Last name (BARRA), Your social security number (606-95-8041), Spouse's social security number (APPLIED FOR), Home address (6356 BAYBERRY CT), City, town, or post office (ELKRIDGE), State (MD), ZIP code (21075), Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] 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, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income and deduction table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with sub-rows 2a-2c, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12a-12c, 13, 14, 15.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	12,166.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	12,166.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	2,000.
<b>21</b>	Add lines 19 and 20	<b>21</b>	2,000.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	10,166.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	10,166.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	18,211.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	18,211.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,400.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,611.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	9,445.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	9,445.
Direct deposit? See instructions.	<b>b</b> Routing number 0 2 1 2 0 2 3 3 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 6 6 1 3 9 9 6 9 6		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (404) 626-7443 Email address SAGARBAIREDDY@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/22/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAGAR BARRA & SHRUTHI KOSANAM

Your social security number  
606-95-8041

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	2,000.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	2,000.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://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.**

Name(s) shown on return  
**SAGAR BARRA & SHRUTHI KOSANAM**

Your social security number  
**606-95-8041**

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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,920.	3,390.	14.	544.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 544.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	6,034.	729.		5,305.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 5,305.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	5,849.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://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.

Name(s) shown on return

Social security number or taxpayer identification number

SAGAR BARRA & SHRUTHI KOSANAM

606-95-8041

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 <b>Note</b> below and see <i>Column (e)</i> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/21	12/31/21	3,920.	3,390.	W	14.	544.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				3,920.	3,390.		14.	544.

**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

Social security number or taxpayer identification number

SAGAR BARRA & SHRUTHI KOSANAM

606-95-8041

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 <b>Note</b> below and see <i>Column (e)</i> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/20	12/31/21	6,034.	729.			5,305.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶			6,034.	729.			5,305.

**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.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

SAGAR BARRA & SHRUTHI KOSANAM

Your social security number

606-95-8041



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	12,850.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	180,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	120,741.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	59,259.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	2,000.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	2,000.

Name(s) shown on return SAGAR BARRA & SHRUTHI KOSANAM	Your social security number 606-95-8041
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) SAGAR BARRA	<b>21</b> Student social security number (as shown on page 1 of your tax return)  606-95-8041
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<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  61-0470593	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2021? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	12,850.
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## Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**  
▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_  
SAGAR BARRA 606-95-8041
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different ▶	<b>1a</b> First name SHRUTHI	Middle name	Last name KOSANAM
	<b>1b</b> First name	Middle name	Last name

<b>Applicant's Mailing Address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 6356 BAYBERRY CT
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. ELKRIDGE MD USA 21075

<b>Foreign (non-U.S.) Address</b> (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>
	City or town, state or province, and country. Include postal code where appropriate.

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 07/08/1995	Country of birth INDIA	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			
	Issued by: INDIA No.: N6177360 Exp. date: 12/28/2025 Date of entry into the United States (MM/DD/YYYY): _____			
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
<b>6f</b> Enter ITIN and/or IRSN ▶ <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ▶ _____ First name Middle name Last name				
<b>6g</b> Name of college/university or company (see instructions) ▶ _____ City and state ▶ _____ Length of stay ▶ _____				

**Sign Here**  
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

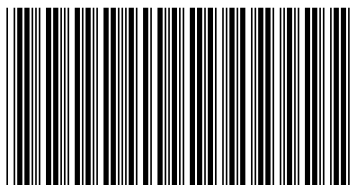
<b>Sign Here</b> Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

<b>Acceptance Agent's Use ONLY</b>	Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	Name of company	EIN Office code

2021 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2021  
Page 1



040NV01210

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year  
Beginning \_\_\_\_\_, 2021 Ending \_\_\_\_\_, 2022

1555

Your Social Security Number  
606958041

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
BARRA SAGAR & KOSANAM SHRUTHI

Spouse's/CU Partner's Social Security Number  
APPLIED FOR

State of Residency (outside NJ)  
Maryland

Home Address (Number and Street, incl. apt. # or rural route)  
6356 BAYBERRY CT

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
B-600758007599	MD	ELKRIDGE	MD	21075

This is an amended return

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

The address above is a foreign address

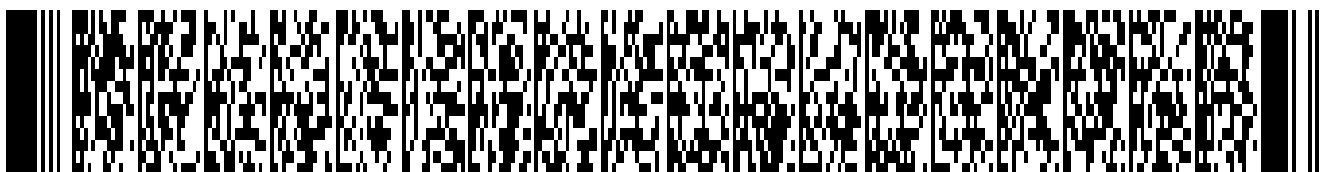
Your address has changed

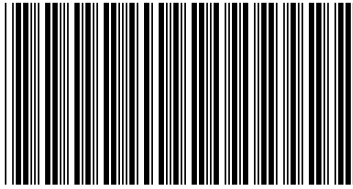
Death certificate for deceased taxpayer is attached (See instructions page 9)

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

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02210

Name(s) as shown on Form NJ-1040NR

BARRA SAGAR & KOSANAM SHRUTHI

Your Social Security Number

606958041

1555

**Filing Status**

(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return \_\_\_\_\_
- 4. Head of Household Name and SSN of Spouse/CU Partner \_\_\_\_\_
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

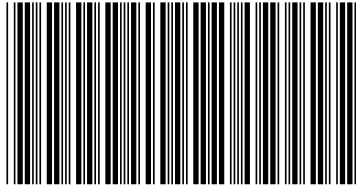
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15.	114881	.	15.	34328	.
16. Interest	16.		.	16.		.
17. Dividends	17.	11	.	17.	0	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.	5849	.	19.	0	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.		.	20.		.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.		.	22.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.	25.		.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	120741	.	27.	34328	.
28a. Pension/Retirement Exclusion (See Instructions)	28a.		.	28a.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		.	28b.		.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.		.	28c.		.
29. Gross Income (Subtract line 28c from line 27)	29.	120741	.	29.	34328	.
30. Total Exemption Amount (See Instructions)	30.	2000	.			.
31. Medical Expenses (See Worksheet and Instructions)	31.		.			.
32. Alimony and separate maintenance payments	32.		.			.
33. Qualified Conservation Contribution	33.		.			.
34. Health Enterprise Zone Deduction	34.		.			.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.			.



040NV03210

Name(s) as shown on Form NJ-1040NR  
BARRA SAGAR & KOSANAM SHRUTHI

Your Social Security Number  
606958041 1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	.
38. <b>Taxable Income</b> (Subtract line 37 from line 29, column A)	38.	118741	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	3785	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>28.43</u> %			
41. <b>New Jersey Tax</b> (Multiply amount from line 39 by income percentage from line 40)	41.		1076 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total Credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		1076 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		1076 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	1630	.
50. New Jersey Estimated Tax Payments/Credit from 2020 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		1630 .
57. If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.		.
58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.		554 .
59. Amount from line 58 you want to credit to your 2022 tax	59.		.
60. Amount you want to credit to:			
(A) N.J. Endangered Wildlife Fund	60A.		.
(B) N.J. Children's Trust Fund	60B.		.
(C) N.J. Vietnam Veterans' Memorial Fund	60C.		.
(D) N.J. Breast Cancer Research Fund	60D.		.
(E) U.S.S. N.J. Educational Museum Fund	60E.		.
(F) Designated Contribution Code	60F.		.
61. Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.		.
62. Balance due (If line 57 is more than zero, add line 57 and 61)	62.		.
63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.		554 .

Also enter on line 50:  
 • Payments made in connection with sale of NJ real property  
 • Payments by S corporation for nonresident shareholder

NOTE:  
 An entry on lines 59 through 60F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
 Your Signature Date

> \_\_\_\_\_  
 Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Name

Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC**

**30-1017196**

Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
 Division of Taxation  
 Revenue Processing Center  
 PO Box 244  
 Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

Name(s) as shown on Form NJ-1040NR: **BARRA SAGAR & KOSANAM SHRUTHI**  
 Your Social Security Number: **606958041**

**Part I Net Gains or Income From Disposition of Property** 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 as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
64. Robinhood Securiti	01/01/2021	12/31/2021	3920	3376	544
Robinhood Securiti	01/01/2020	12/31/2021	6034	729	5305
65. Capital Gains Distribution .....					65.
66. Other Net Gains .....					66.
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero) .....					67. 5849

**Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

68. Amount reported on line 15 in column A required to be allocated .....	68.	
69. Total days in taxable year .....	69.	
70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	70.	
71. Total days worked in taxable year (subtract line 70 from line 69) .....	71.	
72. Deduct days worked outside New Jersey .....	72.	
73. Days worked in New Jersey (subtract line 72 from line 71) .....	73.	

74. Allocation Formula \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 68) (Salary earned inside N.J.)

**Part III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_



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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2021**

		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
<b>Part I</b> Income (Loss)							
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2020				5b.	( 6,850.	)
6.	Totals	6a.	0.		6b.	-6,850.	
<b>Part II</b> Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
<b>Part III</b> Loss Carryforward to Tax Year 2022							
12.	Loss Carryforward to Tax Year 2022	12.			( 6,850.	)	

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

606958041

Your Social Security Number

000000000

If Joint Return, Spouse's Social Security Number



SAGAR

Your First Name

MI

BARRA

Your Last name

SHRUTHI

If Joint Return, Spouse's First Name

KOSANAM

Spouse's Last Name

6356 BAYBERRY CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELKRIDGE

City or Town

MD

State

21075

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars	Cents
520	00

Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

606958041

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000000000

If Joint Return, Spouse's Social Security Number



SAGAR

Your First Name

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BARRA

Your Last name

SHRUTHI

If Joint Return, Spouse's First Name

KOSANAM

Spouse's Last Name

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ELKRIDGE

City or Town

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- 4.  Payment with nonresident return (505) Tax Year:

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Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars	Cents
520	00

Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



21PTPV013

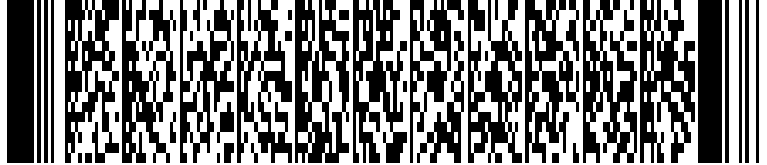
Print Using Blue or Black Ink Only. Use only one PV per payment type.

606958041

Your Social Security Number

000000000

If Joint Return, Spouse's Social Security Number



SAGAR

Your First Name

MI

BARRA

Your Last name

SHRUTHI

If Joint Return, Spouse's First Name

KOSANAM

Spouse's Last Name

6356 BAYBERRY CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELKRIDGE

City or Town

MD

State

21075

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

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Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars	Cents
520	00

Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

606958041

Your Social Security Number

000000000

If Joint Return, Spouse's Social Security Number



SAGAR

Your First Name

MI

BARRA

Your Last name

SHRUTHI

If Joint Return, Spouse's First Name

KOSANAM

Spouse's Last Name

6356 BAYBERRY CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELKRIDGE

City or Town

MD

State

21075

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars	Cents
520	00

Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



211010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SAGAR BARRA 606958041
First Name MI Last Name SSN/Taxpayer Identification Number
SHRUTHI KOSANAM APPLIED FOR
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2022 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2022. See instructions.) 3. 1365

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 58041 as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 58727861989

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 03222022

DO NOT MAIL



215020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2021, ENDING \_\_\_\_\_

606958041 APPLIED FOR  
Your Social Security Number Spouse's Social Security Number

SAGAR  
Your First Name

MI

BARRA  
Your Last Name

SHRUTHI  
Spouse's First Name

MI

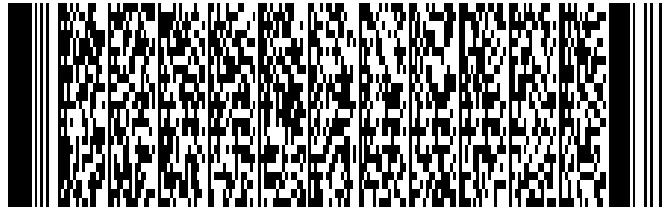
KOSANAM  
Spouse's Last Name

6356 BAYBERRY CT  
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

\_\_\_\_\_ ELKRIDGE \_\_\_\_\_ MD 21075  
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name \_\_\_\_\_ Foreign Province/State/County \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_



Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov).

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

**REQUIRED:** Maryland Physical address of taxing area as of December 31, 2021 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

1400 \_\_\_\_\_ HOWARD  
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

6356 BAYBERRY CT  
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

\_\_\_\_\_   
Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ELKRIDGE \_\_\_\_\_ MD 21075 \_\_\_\_\_ HOWARD  
City State ZIP Code + 4 Maryland County

**FILING STATUS**

**CHECK ONE BOX ▶**

See Instruction 1 if you are required to file.

1.  Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2.  Married filing joint return or spouse had no income
3.  Married filing separately, Spouse SSN ▶ \_\_\_\_\_
4.  Head of household
5.  Qualifying widow(er) with dependent child
6.  Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR RESIDENT**

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM \_\_\_\_\_ TO \_\_\_\_\_**

Other state of residence: \_\_\_\_\_

If you began or ended legal residence in Maryland in 2021 place a **P** in the box. . . . . ▶

**MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box. . . . . ▶

Enter **Military Income** amount here: \_\_\_\_\_



215020113

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A.  Yourself  Spouse . . . . . Enter number checked  See Instruction 10 **A. \$** 6400

B.  65 or over  65 or over

Blind  Blind . . . . . Enter number checked  X \$1,000 . . . . . **B. \$** \_\_\_\_\_

C.  Enter number from line 3 of Dependent Form 502B . . . . . See Instruction 10 **C. \$** \_\_\_\_\_

**D. Enter Total Exemptions (Add A, B and C.)** . . . . .  **Total Amount. . . . . D. \$** 6400

**MARYLAND HEALTH CARE COVERAGE**

See Instruction 3.

Check here  If you do not have health care coverage DOB (mm/dd/yyyy)

Check here  If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

**INCOME**

See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . **1.** 120741

**1a.** Wages, salaries and/or tips . . . . . **1a.** 114881

**1b.** Earned income . . . . . **1b.** \_\_\_\_\_

**1c.** Capital Gain or (loss) . . . . . **1c.** 5849

**1d.** Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** \_\_\_\_\_

**1e.** Place a "Y" in this box if the amount of your investment income is more than \$10,000.

**ADDITIONS TO MARYLAND INCOME**

See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . **2.** \_\_\_\_\_

**3.** State retirement pickup. . . . . **3.** \_\_\_\_\_

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . **4.** \_\_\_\_\_

**5.** Other additions (Enter code letter(s) from Instruction 12.)  **5.** \_\_\_\_\_

**6.** Total additions (Add lines 2 through 5.) . . . . . **6.** \_\_\_\_\_

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** 120741

**SUBTRACTIONS FROM MARYLAND INCOME**

See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . **8.** \_\_\_\_\_

**9.** Child and dependent care expenses . . . . . **9.** \_\_\_\_\_

**10a.** Pension exclusion from worksheet (13A) . . . . . Yourself  Spouse  **10a.** \_\_\_\_\_

**10b.** Pension exclusion from worksheet (13E) . . . . . Yourself  Spouse  **10b.** \_\_\_\_\_

**11.** Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . **11.** \_\_\_\_\_

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . **12.** \_\_\_\_\_

**13.** Subtractions from attached Form 502SU . . . . . **13.** \_\_\_\_\_

**14.** Two-income subtraction from worksheet in Instruction 13. . . . . **14.** \_\_\_\_\_

**15.** Total subtractions (Add lines 8 through 14.) . . . . . **15.** \_\_\_\_\_

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 120741

**DEDUCTION METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

**STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) **17a.** \_\_\_\_\_

**17b.** State and local income taxes (See Instruction 14.) **17b.** \_\_\_\_\_

Subtract line 17b from line 17a and enter amount on line 17.

**17.** Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . **17.** 4700

**18.** Net income (Subtract line 17 from line 16.) . . . . . **18.** 116041

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 6400

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 109641





215020213

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	5155
	<b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .	22.	
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.		
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.		
	<b>23. Poverty level credit</b> (See Instruction 18.) . . . . .	23.	
	<b>24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.)</b> 24.		1076
	<b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>		
	<b>26. Total credits</b> (Add lines 22 through 25.) . . . . .	26.	1076
<b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	27.	4079	
<b>LOCAL TAX COMPUTATION</b>	<b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	28.	3509
	<b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.	
	<b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.	
	<b>31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)</b> . . . . .	31.	0
	<b>32. Total credits</b> (Add lines 29 through 31.) . . . . .	32.	0
	<b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	3509
	<b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .	34.	7588
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .	35.	
	<b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .	36.	
	<b>37. Contribution to Maryland Cancer Fund.</b> . . . . .	37.	
	<b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .	38.	
<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	7588	
	<b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	40.	6268
	<b>41. 2021 estimated tax payments, amount applied from 2020 return, payment made with an extension request, and Form MW506NRS</b> . . . . .	41.	
	<b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .	42.	
	<b>43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 21.)</b> . . . . .	43.	
	<b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .	44.	6268
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	45.	1320
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	46.	
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX.</b> . . . . .	47.	
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	48.	
	<b>49. Check here <input checked="" type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, 45 or for late filing _____ or homebuyer withdrawal penalty _____</b> . . . . .	49.	45
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .	50.	1365



215020313

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box  or if you authorize the State of Maryland to direct deposit your refund, check this box  and complete the following information clearly and legibly.

**51a.** Type of account:  Checking  Savings **51b.** Routing Number (9-digits)

**51c.** Account Number

**51d.** Name(s) as it appears on the bank account

4046267443        
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here  if you authorize your paid preparer not to file electronically. Check here  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Spouse's signature Date

2530 PEBBLE CREEK LN  
Street address of preparer or Firm's address

CUMMING GA 30041  
City, State, ZIP Code + 4

6789659522  P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



21502C013

Print Using Blue or Black Ink Only

▶ 606958041  
Your Social Security Number

▶ APPLIED FOR  
Spouse's Social Security Number



SAGAR  
Your First Name MI

BARRA  
Your Last Name

SHRUTHI  
Spouse's First Name MI

KOSANAM  
Spouse's Last Name

**Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.**

**PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES**

**If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.**

**If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.**

- |            |   |            |               |  |
|------------|---|------------|---------------|--|
| <b>1.</b>  | Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). . . . .  | <b>1.</b>  | <u>109641</u> |  |
| <b>2.</b>  | Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. <b>NOTE:</b> When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states. . . . .   | <b>2.</b>  | <u>33758</u>  |  |
| <b>3.</b>  | Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. . . . .  | <b>3.</b>  | <u>75883</u>  |  |
| <b>4.</b>  | Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year. . . . .   | <b>4.</b>  | <u>5155</u>   |  |
| <b>5.</b>  | Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. <b>Do not include the local income tax</b> . . . . .   | <b>5.</b>  | <u>3552</u>   |  |
| <b>6.</b>  | Tentative <b>State</b> tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. . . . .   | <b>6.</b>  | <u>1603</u>   |  |
| <b>7.</b>  | Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. . . . .   | <b>7.</b>  | <u>3509</u>   |  |
| <b>8.</b>  | Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate <u>.0320</u> . . . . .  | <b>8.</b>  | <u>2428</u>   |  |
| <b>9.</b>  | Tentative <b>Local</b> tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. . . . .   | <b>9.</b>  | <u>1081</u>   |  |
| <b>10.</b> | Tentative <b>Total</b> tax credit (Add line 6 and line 9.) . . . . .  | <b>10.</b> | <u>2684</u>   |  |
| <b>11.</b> | Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) ▶ <u>NJ</u> Enter the amount of your 2021 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. <b>It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return</b> . . . . . | <b>11.</b> | <u>1076</u>   |  |
| <b>12.</b> | Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. . . . .  | <b>12.</b> | <u>1076</u>   |  |

**State and Local Credits Allowed**

- |            |  |            |             |  |
|------------|--|------------|-------------|--|
| <b>13.</b> | State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. . . . ▶ | <b>13.</b> | <u>1076</u> |  |
| <b>14.</b> | Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB . . ▶  | <b>14.</b> | <u>0</u>    |  |



21502C113

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

**PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES**

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515. . . . . 1. \_\_\_\_\_
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 . . . . . 2. \_\_\_\_\_
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 . . . . . 3. \_\_\_\_\_
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2. . . . . 4. \_\_\_\_\_

**PART C - QUALITY TEACHER INCENTIVE CREDIT**

Enter the Name of Qualified Employer

- |  | Taxpayer A | Taxpayer B |
|--|------------|------------|
| 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach . . . . . 1. | _____      | _____      |
| 2. Enter amount of tuition paid to: _____ . . . . . 2.   | _____      | _____      |
| Name of Institution(s)   |            |            |
| 3. Enter amount of tuition reimbursement . . . . . 3.  | _____      | _____      |
| 4. Subtract line 3 from line 2 . . . . . 4.  | _____      | _____      |
| 5. Maximum credit. . . . . 5.  | 1500.00    | 1500.00    |
| 6. Enter the lesser of line 4 or line 5 here. . . . . 6.   | _____      | _____      |
| 7. Total (Add amounts from line 6, for Taxpayers A and B) Enter here and on Part AA, line 3 . . . . . 7.   | _____      | _____      |

**PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS**

1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions. . . . . 1. \_\_\_\_\_

**PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)**

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1** - Did the insured individual have long-term care insurance prior to July 1, 2000? . . . . .  Yes  No
- Question 2** - Is the credit being claimed for the insured individual in this year by any other taxpayer? . . . . .  Yes  No
- Question 3** - Has credit been claimed **by anyone** for the insured individual in any other tax year? . . . . .  Yes  No
- Question 4** - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? . . . . .  Yes  No

**If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.**

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$450 for those insured who are 40 or less, as of 12/31/21
- \$500 for those insured who are over age 40, as of 12/31/21.

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

Column A Name of Qualifying Insured Individual	Age	Column B Social Security No. of Insured	Column C Relationship to Taxpayer	Column D Amount of Premium Paid	Column E Credit Amount
1. _____	▶ _____	▶ _____	_____	▶ _____	1. _____
2. _____	▶ _____	▶ _____	_____	▶ _____	2. _____
3. _____	▶ _____	▶ _____	_____	▶ _____	3. _____
4. _____	▶ _____	▶ _____	_____	▶ _____	4. _____
				<b>TOTAL</b>	5. _____

**PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS**

PTE members may not use the Form 502CR to claim this credit.

Taxpayer A

Taxpayer B

- |   |       |       |
|---|-------|-------|
| 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer . . . . . 1.                    | _____ | _____ |
| 2. Enter the amount of any payment received for the easement by each taxpayer during 2021. . . . . 2.   | _____ | _____ |
| 3. Subtract line 2 from line 1 . . . . . 3.   | _____ | _____ |
| 4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions . . . 4. | _____ | _____ |
| 5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.) . . . . . 5.  | _____ | _____ |
| 6. Total (Add amounts from line 5 for Taxpayers A and B) Enter here and on Part AA, line 6 . . . . . 6.   | _____ | _____ |
| 7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B. . . . . 7.   | _____ | _____ |



21502C213

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

- 1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions. Number of antlerless deer donated

PART H - COMMUNITY INVESTMENT TAX CREDIT \*\* must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

- 1. Enter the amount of Excess CITC Carryover from 2020.
2. Amount of approved contributions.
3. Enter 50% of line 2.
4. Enter the amount from line 3 or \$250,000, whichever is less.
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8.

PART I - ENDOW MARYLAND TAX CREDIT \*\*must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

- 1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2020
2. Amount of approved donation to a qualified permanent endowment fund
3. Enter 25% of line 2
4. Enter the amount from line 3 or \$50,000, whichever is less
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9.

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT \*\* must attach required certification

- 1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10.

PART K - INDEPENDENT LIVING TAX CREDIT \*\* must attach required certification

- 1. Credit (certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11.

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT \*\* must attach required certification

- 1. Credit (certified by the Maryland Comptroller Office). Enter here and on Part AA line 12.

PART AA - INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1076
2. Enter the amount from Part B, line 4
3. Enter the amount from Part C, line 7
4. Enter the amount from Part D, line 1
5. Enter the amount from Part E, line 5
6. Enter the amount from Part F, line 6
7. Enter the amount from Part G, line 1
8. Enter the amount from Part H, line 5
9. Enter the amount from Part I, line 5
10. Enter the amount from Part J, line 4
11. Enter the amount from Part K, line 1
12. Enter the amount from Part L, line 1
13. Total (Add lines 1 through 12.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515 1076



21502C313

NAME SAGAR BARRA & SHRUTHI KOSANAM SSN 606958041

**PART BB – LOCAL INCOME TAX CREDIT SUMMARY**

1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) . . . . . 1. \_\_\_\_\_ 0 . \_\_\_\_  
Enter this amount on line 31 of Form 502; line 19 of Form 504.

**PART CC- REFUNDABLE INCOME TAX CREDITS**

1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. . . . . ▶ 1. \_\_\_\_\_ . \_\_\_\_  
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s).. . . . ▶ 2. \_\_\_\_\_ . \_\_\_\_  
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to**

**claim a business income tax credit.**

4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. \_\_\_\_\_ . \_\_\_\_  
5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit  
(See Instructions for required attachments) . . . . . ▶ 5. \_\_\_\_\_ . \_\_\_\_  
6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) . . . . . ▶ 6. \_\_\_\_\_ . \_\_\_\_  
7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) . . . . . ▶ 7. \_\_\_\_\_ . \_\_\_\_  
8. Refundable credit for Child with disability (See worksheet 21C Instructions) . . . . . ▶ 8. \_\_\_\_\_ . \_\_\_\_  
9. PTE Tax paid on members' distributive or pro rata shares of income . . . . . ▶ 9. \_\_\_\_\_ . \_\_\_\_  
10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505  
or line 51 of Form 515. . . . . 10. \_\_\_\_\_ . \_\_\_\_



21502U013

ATTACH THIS FORM TO FORM 502, 505 or 515.

IMPORTANT: REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEE SPECIAL INSTRUCTIONS FOR FARMERS AND FISHERMEN OR IF YOUR INCOME IS TAXABLE BY ANOTHER STATE.

SAGAR \_\_\_\_\_ MI \_\_\_\_\_ BARRA \_\_\_\_\_ 606958041  
First Name Last Name Social Security Number

SHRUTHI \_\_\_\_\_ MI \_\_\_\_\_ KOSANAM \_\_\_\_\_ APPLIED FOR  
Spouse's First Name Spouse's Last Name Spouse's Social Security Number

**EXCEPTIONS WHICH AVOID THE UNDERPAYMENT INTEREST**

No interest is due and this form should not be filed if:

- A. The tax liability on gross income after deducting Maryland withholding is \$500 or less, or,
- B. You have made four quarterly payments as required, each equal to or more than one-fourth of 110% of last year's taxes.

**COMPUTATION OF UNDERPAYMENT - LINES 1 THROUGH 15**

- 1. Total Maryland income (from line 16 of Form 502 or line 8 of Form 505NR) . . . . . **1.** 120741
- 2. 2021 Maryland and local tax (from line 34 of Form 502 or line 37 of Form 505) . . . . . **2.** 7588
- 3. Refundable earned income credit (from line 42 of Form 502) . . . . . **3.** \_\_\_\_\_
- 4. Refundable income tax credits  
(from line 43 of Form 502 or line 46 of Form 505) . . . . . **4.** \_\_\_\_\_
- 5. Total tax developed on tax preference items . . . . . **5.** \_\_\_\_\_
- 6. Total (Add lines 3, 4 and 5.) . . . . . **6.** \_\_\_\_\_
- 7. Balance (Subtract line 6 from line 2.) . . . . . **7.** 7588
- 8. Multiply line 7 by 90% (.90) . . . . . **8.** 6829
- 9. **a.** 2020 tax: Enter line 34 of 2020 Form 502 or line 37  
(reduced by any credits on line 46) of 2020 Form 505. . . . . **9a.** 6911
- b.** Multiply line 9a by 110% (1.10) . . . . . **9b.** 7602
- 10. Minimum withholding and/or estimated tax required (Enter the lesser of line 8 or 9b.  
If first-time filer, enter line 8.) . . . . . **10.** 6829

DUE DATES OF INSTALLMENTS INSTALLMENT PERIODS	1st Period April 15, 2021 Jan 1 to Mar 31	2nd Period June 15, 2021 Jan 1 to May 31	3rd Period Sept 15, 2021 Jan 1 to Aug 31	4th Period Jan 15, 2022 Jan 1 to Dec 31
<b>11.</b> Divide total Maryland income on line 1 into earnings per period (See instructions.) . . . . . <b>11.</b>	<u>30185</u>	<u>60371</u>	<u>90556</u>	<u>120741</u>
<b>12.</b> Divide earnings per period on line 11 by the amount on line 1 to determine the percent per period. If less than zero, enter zero. . . . . <b>12.</b>	<u>25.00</u>	<u>50.00</u>	<u>75.00</u>	<u>100.00</u>
<b>13.</b> Payments required. Multiply the amount on line 10 by the percent on line 12 for each period. . . . . <b>13.</b>	<u>1707</u>	<u>3414</u>	<u>5121</u>	<u>6829</u>
<b>14.</b> Estimated tax paid and tax withheld per period (See instructions.) . . . . . <b>14.</b>	<u>1567</u>	<u>3134</u>	<u>4701</u>	<u>6268</u>
<b>15.</b> Underpayment per period (line 13 less line 14) If less than zero, enter zero . . . . . <b>15.</b>	<u>140</u>	<u>280</u>	<u>420</u>	<u>561</u>
<b>COMPUTATION OF INTEREST</b>				
<b>16.</b> Interest factor . . . . . <b>16.</b>	<u>.0000</u>	<u>.0170</u>	<u>.0332</u>	<u>.0471</u>
<b>17.</b> Multiply underpayment on line 15 by the factor on line 16 for each period . . . . . <b>17.</b>	<u>0</u>	<u>5</u>	<u>14</u>	<u>26</u>
<b>18.</b> Interest. Add amounts on line 17. Place total in appropriate box on line 49 of Form 502 or line 52 of Form 505 and include amount in your total payment with return . . . . . <b>18.</b>				<u>45</u>



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

606958041

Your Social Security Number

APPLIED FOR

If Joint Return, Spouse's Social Security Number



SAGAR

Your First Name

MI

BARRA

Your Last name

SHRUTHI

If Joint Return, Spouse's First Name

KOSANAM

MI Spouse's Last Name

6356 BAYBERRY CT

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

ELKRIDGE

City or Town

MD

State

21075

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year:
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year: 2021
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

1365 00

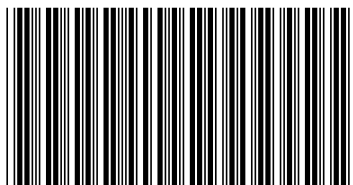
Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



2021 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2021  
Page 1



040NV01210

For Taxable Year January 1, 2021 – December 31, 2021 or Other Tax Year  
Beginning \_\_\_\_\_, 2021 Ending \_\_\_\_\_, 2022

1555

Your Social Security Number  
606958041

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
BARRA SAGAR & KOSANAM SHRUTHI

Spouse's/CU Partner's Social Security Number  
APPLIED FOR

State of Residency (outside NJ)  
Maryland

Home Address (Number and Street, incl. apt. # or rural route)  
6356 BAYBERRY CT

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
B-600758007599	MD	ELKRIDGE	MD	21075

This is an amended return

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

The address above is a foreign address

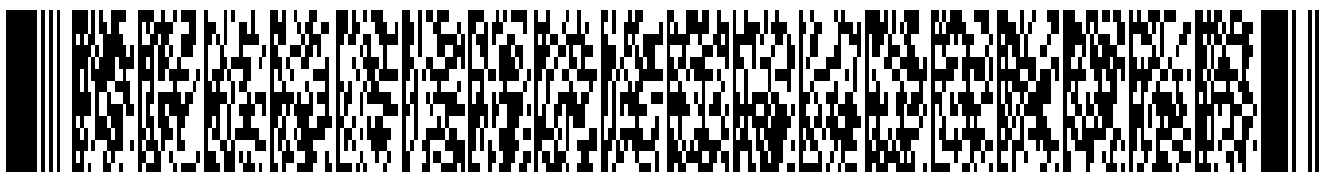
Your address has changed

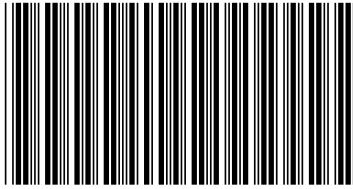
Death certificate for deceased taxpayer is attached (See instructions page 9)

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

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02210

Name(s) as shown on Form NJ-1040NR

BARRA SAGAR & KOSANAM SHRUTHI

Your Social Security Number

606958041

1555

**Filing Status**

(Check only ONE box)

- 1. Single
  - 2.  Married/CU Couple, filing joint return
  - 3. Married/CU Partner, filing separate return
  - 4. Head of Household
  - 5. Qualifying Widow(er)/Surviving CU Partner
- \_\_\_\_\_ Name and SSN of Spouse/CU Partner

**Exemptions**

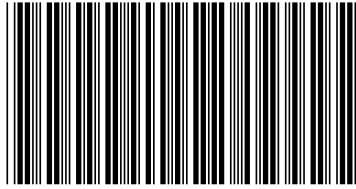
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 68 through 74	15.	114881 .	15.	34328 .
16. Interest	16.	.	16.	.
17. Dividends	17.	11 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 65)	19.	5849 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	.
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	120741 .	27.	34328 .
28a. Pension/Retirement Exclusion (See Instructions)	28a.	.		
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.	.
29. Gross Income (Subtract line 28c from line 27)	29.	120741 .	29.	34328 .
30. Total Exemption Amount (See Instructions)	30.	2000 .		
31. Medical Expenses (See Worksheet and Instructions)	31.	.		
32. Alimony and separate maintenance payments	32.	.		
33. Qualified Conservation Contribution	33.	.		
34. Health Enterprise Zone Deduction	34.	.		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .		



040NV03210

Name(s) as shown on Form NJ-1040NR  
BARRA SAGAR & KOSANAM SHRUTHI

Your Social Security Number  
606958041 1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	.
38. <b>Taxable Income</b> (Subtract line 37 from line 29, column A)	38.	118741	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	3785	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>28.43</u> %			
41. <b>New Jersey Tax</b> (Multiply amount from line 39 by income percentage from line 40)	41.		1076 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total Credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		1076 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		1076 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	1630	.
50. New Jersey Estimated Tax Payments/Credit from 2020 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		1630 .
57. If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.		.
58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.		554 .
59. Amount from line 58 you want to credit to your 2022 tax	59.		.
60. Amount you want to credit to:			
(A) N.J. Endangered Wildlife Fund	60A.		.
(B) N.J. Children's Trust Fund	60B.		.
(C) N.J. Vietnam Veterans' Memorial Fund	60C.		.
(D) N.J. Breast Cancer Research Fund	60D.		.
(E) U.S.S. N.J. Educational Museum Fund	60E.		.
(F) Designated Contribution Code	60F.		.
61. Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.		.
62. Balance due (If line 57 is more than zero, add line 57 and 61)	62.		.
63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.		554 .

Also enter on line 50:  
• Payments made in connection with sale of NJ real property  
• Payments by S corporation for nonresident shareholder

NOTE:  
An entry on lines 59 through 60F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_ Date  
Your Signature

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Name

Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC**

**30-1017196**

Pay amount on line 62 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

Name(s) as shown on Form NJ-1040NR: **BARRA SAGAR & KOSANAM SHRUTHI**  
 Your Social Security Number: **606958041**

**Part I Net Gains or Income From Disposition of Property** 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 as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
64. Robinhood Securiti	01/01/2021	12/31/2021	3920	3376	544
Robinhood Securiti	01/01/2020	12/31/2021	6034	729	5305
65. Capital Gains Distribution .....					65.
66. Other Net Gains .....					66.
67. Net Gains (Add lines 64, 65, and 66) (Enter here and on line 19) (If loss, enter zero) .....					67. 5849

**Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

68. Amount reported on line 15 in column A required to be allocated .....	68.	
69. Total days in taxable year .....	69.	
70. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	70.	
71. Total days worked in taxable year (subtract line 70 from line 69) .....	71.	
72. Deduct days worked outside New Jersey .....	72.	
73. Days worked in New Jersey (subtract line 72 from line 71) .....	73.	

74. Allocation Formula \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 68) (Salary earned inside N.J.)

**Part III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2021**

		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
<b>Part I</b> Income (Loss)							
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2020				5b.	( 6,850.	)
6.	Totals	6a.	0.		6b.	-6,850.	
<b>Part II</b> Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
<b>Part III</b> Loss Carryforward to Tax Year 2022							
12.	Loss Carryforward to Tax Year 2022	12.			( 6,850.	)	

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**