

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VISHAL BABU HINGE	Social security number 201-55-4525
Spouse's name	Spouse's social security number

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	127,846.
2 Total tax	2	21,620.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,804.
4 Amount you want refunded to you	4	184.
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	4	5	2	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: VISHAL BABU
Last name: HINGE
Your social security number: 201-55-4525
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 122 EAST HUNT AVE
Apt. no.: A
City, town, or post office: WARRENSBURG
State: MO
ZIP code: 64093
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 127,846. Taxable income: 114,996.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	21,620.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	21,620.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,620.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	21,620.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	21,804.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	21,804.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	21,804.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	184.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	184.
Direct deposit? See instructions.	b Routing number 0 2 1 2 0 0 3 3 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 8 1 0 3 8 4 4 2 2 4 9		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (732) 781-8684 Email address VISHALBABU@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 03/16/2022	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 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
201-55-4525

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-25,620.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-25,620.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor VISHAL BABU HINGE		Social security number (SSN) 201-55-4525
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions ▶ 5 | 6 | 1 | 4 | 9 | 0	
C Business name. If no separate business name, leave blank. SOFTWARE SERVICES	D Employer ID number (EIN) (see instr.) | | | | | | | | | |	
E Business address (including suite or room no.) ▶ 122 EAST HUNT AVE, Apt. A City, town or post office, state, and ZIP code WARRENSBURG, MO 64093		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

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

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	10,640.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	7,000.
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	22	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23	
15 Insurance (other than health)	15		23 Taxes and licenses	24	
16 Interest (see instructions):	16a		24 Travel and meals:	24a	
a Mortgage (paid to banks, etc.)	16b		a Travel	24b	7,200.
b Other	17		b Deductible meals (see instructions)	25	780.
17 Legal and professional services	17		25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	27a	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-25,620.	27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	31	-25,620.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32				

Additional information from your 2021 Federal Tax Return**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
INTERNET(12M*\$65P.M)	780.
Total	780.

Instructions for the Individual/Fiduciary (525-TV) Payment Voucher

- For faster and more accurate posting to your account, use a payment voucher with a **valid scanline** from the Georgia Department of Revenue's website dor.georgia.gov or one produced by an approved software company listed at dor.georgia.gov/approved-software-vendors.
- Only complete this voucher if you owe taxes.
- Complete the name and address field located on the upper right side of the voucher.
- Please write your SSN or FEIN on your check or money order.
- Remove your check stub to keep with your records.
- If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- If you are **filing electronically**, mail only your voucher and payment to:

**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**

- If you are filing a paper return; mail your return, 525-TV payment voucher and your payment to the address that appears on the return.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only your voucher and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.**

----- Cut along dotted line -----

525-TV (Rev. 04/01/21)

Individual and Fiduciary Payment Voucher

2021



2252511511

Individual or Fiduciary Name and Address:

VISHAL BABU HINGE
122 EAST HUNT AVE
APT NO A
WARRENSBURG MO 64093

Amended Return Paper Return Electronically Filed TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN (if joint or combined return)	Tax Year	Daytime Telephone Number	Vendor Code
201-55-4525		2021	732-781-8684	115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740323
ATLANTA GA 30374-0323

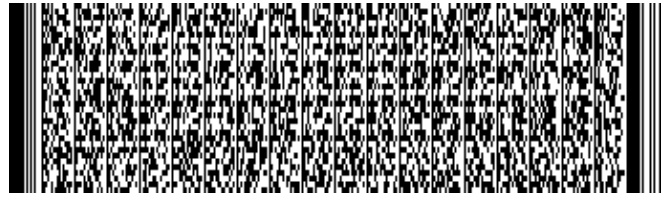
Amount Paid \$ 81.00

52500201554525121092120000000000000011500000081000

REV 02/16/22 PRO



2200411513



Georgia Form **500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE NJ
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

H44877720002942

YOUR FIRST NAME
1. VISHAL BABU

MI YOUR SOCIAL SECURITY NUMBER
201-55-4525

LAST NAME (For Name Change See IT-511 Tax Booklet)
HINGE

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 122 EAST HUNT AVE

APT NO A

CITY (Please insert a space if the city has multiple names)
3. WARRENSBURG

STATE ZIP CODE
MO 64093

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.



2200411523

YOUR SOCIAL SECURITY NUMBER
 201-55-4525

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	127846
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? Blind? Total x 1,300=.....	11b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	



2200411533

YOUR SOCIAL SECURITY NUMBER
 201-55-4525

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	77574
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	77574
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4288
17. Low Income Credit	17a.	17b.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4288

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN			
800096826											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3034774ST											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
82272											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
4207											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 02/16/22 PRO



YOUR SOCIAL SECURITY NUMBER
 201-55-4525

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s (Enter Tax Withheld Only and include W-2s and/or 1099s)	23.	4207
24. Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	24.	
25. Estimated Tax paid for 2021 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits..... (Cannot be claimed unless filed electronically)	26.	
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	4207
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	81
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	
30. Amount to be credited to 2022 ESTIMATED TAX	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program (No gift of less than \$1.00)	38.	



2207411513

YOUR SOCIAL SECURITY NUMBER

201-55-4525

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 153466	1. WAGES, SALARIES, TIPS, etc 71194	1. WAGES, SALARIES, TIPS, etc 82272
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) -25620	3. BUSINESS INCOME OR (LOSS) -25620	3. BUSINESS INCOME OR (LOSS) 0
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS) 0	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 127846	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 45574	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 82272
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 127846	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 45574	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 82272
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....		9. 64.35 % Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)		10a. 4600
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=		10b.
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....		11a. 2700
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..		11b.
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b		12. 7300
13. Multiply Line 12 by Ratio on Line 9 and enter result.....		13. 4698
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....		14. 77574

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

Your first name and middle initial: VISHAL BABU
Last name: HINGE
Your social security number: 201-55-4525
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 122 EAST HUNT AVE
Apt. no.: A
City, town, or post office: WARRENSBURG
State: MO
ZIP code: 64093
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 114,996.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	21,620.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	21,620.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,620.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	21,620.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	21,804.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	21,804.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	21,804.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	184.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	184.
Direct deposit? See instructions.	b Routing number 0 2 1 2 0 0 3 3 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 8 1 0 3 8 4 4 2 2 4 9		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (732) 781-8684 Email address VISHALBABU@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 03/16/2022	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 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
201-55-4525

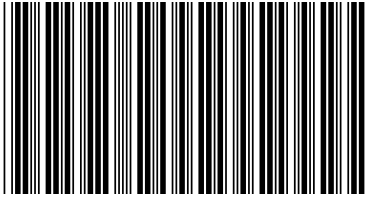
Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-25,620.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-25,620.

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

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	



0130201010

2021 NJ-1040NR-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division’s website at nj.gov/taxation.

Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division’s Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division’s Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2021 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2021 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2022, use separate checks or money orders for each payment. Send your 2022 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040NR-V

201-55-4525 HING
HINGE, VISHAL BABU
122 EAST HUNT AVE, Apt. A
WARRENSBURG, MO 64093

1555 2021

Make your check payable to “State of New Jersey – TGI”.
Write your Social Security number and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

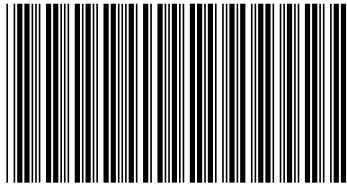
140.00



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
201554525

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
HINGE VISHAL BABU

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Missouri

Home Address (Number and Street, incl. apt. # or rural route)
122 EAST HUNT AVE, Apt. A

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
H44877720002942	NJ	WARRENSBURG	MO	64093

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

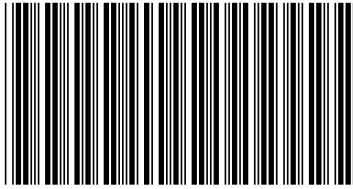
Death certificate for deceased taxpayer is attached (See instructions page 9)

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:

Gubernatorial Elections Fund	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

HINGE VISHAL BABU

Your Social Security Number

201554525

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

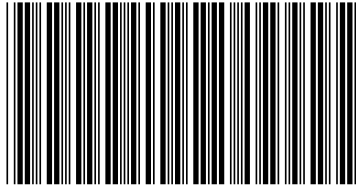
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						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.	1	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.	153466	.	15.	71194	.
16. Interest	16.	.	.	16.	.	.
17. Dividends	17.	.	.	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0	.	18.	0	.
19. Net gains or income from disposition of property (From line 65)	19.	.	.	19.	.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	0	.
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.	153466	.	27.	71194	.
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.	153466	.	29.	71194	.
30. Total Exemption Amount (See Instructions)	30.	1000	.		.	.
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
HINGE VISHAL BABU

Your Social Security Number
201554525

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38.	Taxable Income (Subtract line 37 from line 29, column A)	38.	152466	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	7586	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>46.39</u> %			
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.	3519	.
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.	3519	.
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.	3519	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	3262	.
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.	117	.
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.	3379	.
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.	140	.
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.	.	.
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.	140	.
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.	.	.

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

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

Your Social Security Number
201554525

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.					
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.

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 _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR HINGE, VISHAL BABU	Social Security Number 201-55-4525
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Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	SOFTWARE SERVICES	201554525	-32,820.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4. -32,820.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)		5.	

Name(s) as shown on Form NJ-1040NR HINGE, VISHAL BABU	Social Security Number 201-55-4525
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Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2021

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	-32,820.
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.	Totals	6a.	0.	6b.	-32,820.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (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.		
Part III Loss Carryforward to Tax Year 2022					
12.	Loss Carryforward to Tax Year 2022	12.		(	32,820.

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

Name(s) as shown on Form NJ-1040

Social Security Number

Form NJ-2450

**Employee's Claim for Credit For Excess UI/WF/SWF,
Disability Insurance, and/or Family Leave
Insurance Contributions for Calendar Year 2021**

2021

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: HINGE, VISHAL BABU Claimant SSN: 201-55-4525

Address: 122 EAST HUNT AVE, Apt. A

City: WARRENSBURG State: MO ZIP Code: 64093

Take All Information From Your W-2 Forms. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		Column A UI/WF/SWF Deducted	Column B Disability Insurance Deducted	Column C Family Leave Insurance Deducted
1A.	Employer's Name: <u>ELITE INNOVATIVE SOLUTIONS INC</u> Fed. Emp. I.D.#: <u>20-5825818</u> Private Plan#: _____ Wages: <u>43,418.</u>	153.00	204.00	122.00
B.	Employer's Name: <u>PEGASYA SYSTEMS TECH INC</u> Fed. Emp. I.D.#: <u>06-1651746</u> Private Plan#: _____ Wages: <u>27,776.</u>	118.00	131.00	
C.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	271.00	335.00	122.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	153.85	649.54	386.96
4.	Subtract line 3 column A from line 2 column A. Enter on line 58 of the NJ-1040.	117.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 59 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 60 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$153.85 for NJ UI/WF/SWF and/or in excess of \$649.54 for NJ Disability Insurance and/or in excess of \$386.96 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor VISHAL BABU HINGE		Social security number (SSN) 201-55-4525
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions ▶ 5 | 6 | 1 | 4 | 9 | 0	
C Business name. If no separate business name, leave blank. SOFTWARE SERVICES	D Employer ID number (EIN) (see instr.) | | | | | | | | | |	
E Business address (including suite or room no.) ▶ 122 EAST HUNT AVE, Apt. A City, town or post office, state, and ZIP code WARRENSBURG, MO 64093		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

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

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	10,640.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	7,000.
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:	24a	
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	7,200.
b Other	16b		b Deductible meals (see instructions)	25	780.
17 Legal and professional services	17		25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	27a	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	25,620.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-25,620.
			31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-25,620.
			32a <input checked="" type="checkbox"/> All investment is at risk.	32a	
			32b <input type="checkbox"/> Some investment is not at risk.	32b	

Additional information from your 2021 Federal Tax Return**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
INTERNET(12M*\$65P.M)	780.
Total	780.

Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	127846 .00	1S	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2.	3Y	127846 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	127846 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	127846 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8	.00
9. Tax from federal return	9	21620 .00
10. Other tax from federal return.	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	21620 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	0.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8	14	12550 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction.	16	.00
17. Active Duty Military income deduction	17	.00
18. Inactive Duty Military income deduction	18	.00
19. Bring jobs home deduction	19	.00
20. Transportation facilities deduction	20	.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction. A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 100px;" type="text"/>	.00		
22. Long Term Dignity Savings Account Deduction.....						
		22	<input style="width: 100px;" type="text"/>	.00		
23. Total deductions - Add Lines 8 and 13 through 22.....						
		23	12550	.00		
24. Subtotal - Subtract Line 23 from Line 6.....						
		24	115296	.00		
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....						
	25Y	115296	.00	25S	<input style="width: 100px;" type="text"/>	.00
26. Enterprise zone or rural empowerment zone income modification.....						
	26Y	<input style="width: 100px;" type="text"/>	.00	26S	<input style="width: 100px;" type="text"/>	.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.....						
	27Y	115296	.00	27S	<input style="width: 100px;" type="text"/>	.00
28. Tax (see tax chart on page 26 of the instructions),.....						
	28Y	6039	.00	28S	<input style="width: 100px;" type="text"/>	.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).....						
	29Y	6039	.00	29S	<input style="width: 100px;" type="text"/>	.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%.....						
	30Y	100	%	30S	<input style="width: 100px;" type="text"/>	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....						
	31Y	0	.00	31S	<input style="width: 100px;" type="text"/>	.00
32. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)						
	32Y	<input style="width: 100px;" type="text"/>	.00	32S	<input style="width: 100px;" type="text"/>	.00
33. Subtotal - Add Lines 31 and 32.....						
	33Y	0	.00	33S	<input style="width: 100px;" type="text"/>	.00
34. Total Tax - Add Lines 33Y and 33S.....						
				34	0	.00

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....						
				35	<input style="width: 100px;" type="text"/>	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....						
				36	<input style="width: 100px;" type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP						
				37	<input style="width: 100px;" type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT						
				38	<input style="width: 100px;" type="text"/>	.00
39. Amount paid with Missouri extension of time to file (Form MO-60).....						
				39	<input style="width: 100px;" type="text"/>	.00
40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC.....						
				40	<input style="width: 100px;" type="text"/>	.00
41. Property tax credit - Attach Form MO-PTS						
				41	<input style="width: 100px;" type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41.....						
				42	<input style="width: 100px;" type="text"/>	.00



21322031555

Skip Lines 43 through 45 if you are not filing an amended return.

43. Amount paid on original return. 43 . 00

44. Overpayment as shown (or adjusted) on original return 44 . 00

Indicate Reason for Amending

Amended Return

A. Federal audit. Enter date of IRS report (MM/DD/YY)

B. Net Operating Loss carryback Enter year of loss (YY)

C. Investment tax credit carryback Enter year of credit (YY)

D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

45. Amended return total payments and credits - Add Lines 42 and 43; subtract Line 44.
 Enter on Line 45. 45 . 00

46. If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference.
 Amount of OVERPAYMENT 46 . 00

47. Amount of Line 46 to be applied to your 2022 estimated tax 47 . 00

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

48a. Children's Trust Fund . 00 48b. Veterans Trust Fund . 00 48c. Elderly Home Delivered Meals Trust Fund . 00 48d. Missouri National Guard Trust Fund . 00

48e. Workers' Memorial Fund . 00 48f. Childhood Lead Testing Fund . 00 48g. Missouri Military Family Relief Fund . 00 48h. General Revenue Fund . 00

48i. Organ Donor Program Fund . 00 48j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 48k. Soldiers Memorial Military Museum in St. Louis Fund . 00

48l. Additional Fund Code Additional Fund Amount . 00 48m. Additional Fund Code Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 48a through 48m and enter here 48 . 00

49. Amount of Line 46 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. 49 . 00

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50 . 00

Reserved



Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT 51

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 52

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53

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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="7327818684"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="03"/>	<input type="text" value="16"/>	<input type="text" value="22"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="30-1017196"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>			State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="30041"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

A FA E10 DE F

Form MO-1040 (Revised 12-2021)

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 329
 Jefferson City, MO 65105-0329

Phone: (573) 751-7200



Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 500
 Jefferson City, MO 65105-0500

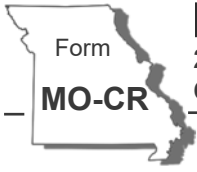
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



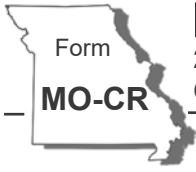
MISSOURI DEPARTMENT OF
REVENUE
 2021 Credit for Income Taxes Paid To
 Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
VISHAL BABU HINGE	201 - 55 - 4525
Spouse's Name	Spouse's Social Security Number

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	127846 .00	1S	.00
2. Claimant's Missouri income tax (Form MO-1040, Line 28Y and 28S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	6039 .00	2S	.00
		State of: GA		State of: _____
3. Wages and commissions.	3Y	82272 .00	3S	.00
4. Other income (Describe nature _____)	4Y	0 .00	4S	.00
5. Total - Add Lines 3 and 4.	5Y	82272 .00	5S	.00
6. Less, related adjustments (Federal Form 1040 or 1040-SR, . . . Line 10).	6Y	.00	6S	.00
7. Net amounts - Subtract Line 6 from Line 5	7Y	82272 .00	7S	0 .00
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	64. %	8S	0. %
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	3865 .00	9S	.00
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y	4288 .00	10S	0 .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 29Y or Line 29S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	3865 .00	11S	0 .00



MISSOURI DEPARTMENT OF
REVENUE
 2021 Credit for Income Taxes Paid To
 Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

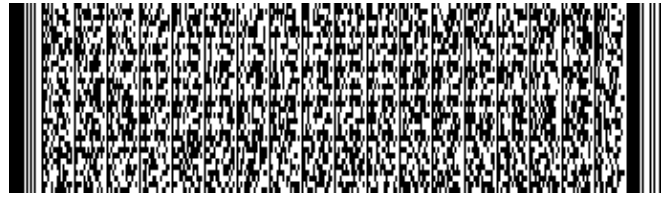
Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
VISHAL BABU HINGE	201 - 55 - 4525
Spouse's Name	Spouse's Social Security Number

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	127846 .00	1S	.00
2. Claimant's Missouri income tax (Form MO-1040, Line 28Y and 28S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	6039 .00	2S	.00
		State of: NJ		State of: _____
3. Wages and commissions.	3Y	71194 .00	3S	.00
4. Other income (Describe nature _____)	4Y	0 .00	4S	.00
5. Total - Add Lines 3 and 4.	5Y	71194 .00	5S	.00
6. Less, related adjustments (Federal Form 1040 or 1040-SR, . . . Line 10).	6Y	.00	6S	.00
7. Net amounts - Subtract Line 6 from Line 5	7Y	71194 .00	7S	.00
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	56. %	8S	0. %
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	3382 .00	9S	.00
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y	3519 .00	10S	0 .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 29Y or Line 29S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	3382 .00	11S	0 .00



2200411513



Georgia Form **500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE NJ
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

H44877720002942

YOUR FIRST NAME
1. VISHAL BABU

MI YOUR SOCIAL SECURITY NUMBER
201-55-4525

LAST NAME (For Name Change See IT-511 Tax Booklet)
HINGE

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 122 EAST HUNT AVE

APT NO A

CITY (Please insert a space if the city has multiple names)
3. WARRENSBURG

STATE ZIP CODE
MO 64093

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.



YOUR SOCIAL SECURITY NUMBER
 201-55-4525

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	127846
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? Blind? Total x 1,300=.....	11b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	



2200411533

YOUR SOCIAL SECURITY NUMBER
201-55-4525

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.		
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.		
14c. Add Lines 14a. and 14b. Enter total	14c.		
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	77574	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).....	15b.		
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	77574	
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4288	
17. Low Income Credit	17a.	17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.		
19. Credits used from IND-CR Summary Worksheet	19.		
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.		0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.		4288

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
800096826											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3034774ST											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
82272											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
4207											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 02/16/22 PRO



YOUR SOCIAL SECURITY NUMBER
 201-55-4525

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	4207
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2021 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	4207
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	81
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	
30. Amount to be credited to 2022 ESTIMATED TAX	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00)	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	36.	
37. Saving the Cure Fund (No gift of less than \$1.00)	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
<small>(No gift of less than \$1.00)</small>		



2200411553

YOUR SOCIAL SECURITY NUMBER
201-55-4525

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
41. (If you owe) Add Lines 28, 31 thru 40 41. 81
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42.
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking	Routing Number
Savings	Account Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
732-781-8684

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522

Preparer's FEIN
30-1017196

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703



2207411513

YOUR SOCIAL SECURITY NUMBER

201-55-4525

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

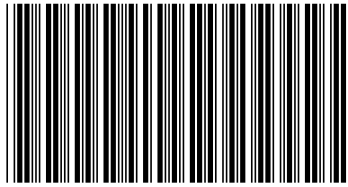
Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 153466	1. WAGES, SALARIES, TIPS, etc 71194	1. WAGES, SALARIES, TIPS, etc 82272
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) -25620	3. BUSINESS INCOME OR (LOSS) -25620	3. BUSINESS INCOME OR (LOSS) 0
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS) 0	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 127846	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 45574	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 82272
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 127846	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 45574	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 82272
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 64.35	% Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a. 4600	
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a. 2700	
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12. 7300	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....	13. 4698	
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14. 77574	

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
201554525

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
HINGE VISHAL BABU

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Missouri

Home Address (Number and Street, incl. apt. # or rural route)
122 EAST HUNT AVE, Apt. A

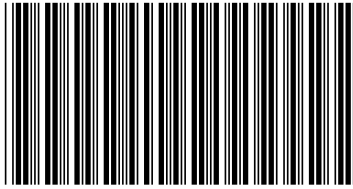
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
H44877720002942	NJ	WARRENSBURG	MO	64093

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:

Gubernatorial Elections Fund	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

HINGE VISHAL BABU

Your Social Security Number

201554525

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

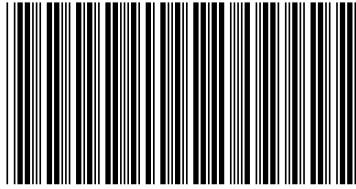
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents 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. 1 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.	153466	.	15.	71194	.
16. Interest	16.		.	16.		.
17. Dividends	17.		.	17.		.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0	.	18.	0	.
19. Net gains or income from disposition of property (From line 65)	19.		.	19.		.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.		.	20.	0	.
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.	153466	.	27.	71194	.
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.	153466	.	29.	71194	.
30. Total Exemption Amount (See Instructions)	30.	1000	.			.
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
HINGE VISHAL BABU

Your Social Security Number
201554525

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. Taxable Income (Subtract line 37 from line 29, column A)	38.	152466	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	7586	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>46.39</u> %			
41. New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.		3519 .
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.		3519 .
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.		3519 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	3262	.
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.	117	.
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.		3379 .
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.		140 .
58. If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.		.
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.		140 .
63. Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.		.

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

Name(s) as shown on Form NJ-1040NR HINGE VISHAL BABU	Your Social Security Number 201554525
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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.
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(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.					
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.

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.)
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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 _____% = \$ _____

Name(s) as shown on Form NJ-1040NR HINGE, VISHAL BABU	Social Security Number 201-55-4525
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Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2021

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	SOFTWARE SERVICES	201554525	-32,820.
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4. -32,820.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 55.)		5.	

Name(s) as shown on Form NJ-1040NR HINGE, VISHAL BABU	Social Security Number 201-55-4525
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Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2021

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	-32,820.
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.	Totals	6a.	0.	6b.	-32,820.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (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.		
Part III Loss Carryforward to Tax Year 2022					
12.	Loss Carryforward to Tax Year 2022	12.		(	32,820.

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

Name(s) as shown on Form NJ-1040

Social Security Number

Form NJ-2450

**Employee's Claim for Credit For Excess UI/WF/SWF,
Disability Insurance, and/or Family Leave
Insurance Contributions for Calendar Year 2021**

2021

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: HINGE, VISHAL BABU Claimant SSN: 201-55-4525

Address: 122 EAST HUNT AVE, Apt. A

City: WARRENSBURG State: MO ZIP Code: 64093

Take All Information From Your W-2 Forms. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		Column A UI/WF/SWF Deducted	Column B Disability Insurance Deducted	Column C Family Leave Insurance Deducted
1A.	Employer's Name: <u>ELITE INNOVATIVE SOLUTIONS INC</u> Fed. Emp. I.D.#: <u>20-5825818</u> Private Plan#: _____ Wages: <u>43,418.</u>	153.00	204.00	122.00
B.	Employer's Name: <u>PEGASYA SYSTEMS TECH INC</u> Fed. Emp. I.D.#: <u>06-1651746</u> Private Plan#: _____ Wages: <u>27,776.</u>	118.00	131.00	
C.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	271.00	335.00	122.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	153.85	649.54	386.96
4.	Subtract line 3 column A from line 2 column A. Enter on line 58 of the NJ-1040.	117.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 59 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 60 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$153.85 for NJ UI/WF/SWF and/or in excess of \$649.54 for NJ Disability Insurance and/or in excess of \$386.96 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____