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**YOUR TAX PROFESSIONAL TODAY:**

Karen Williams  
413-584-3155  
243 King St Ste 107  
Northampton, MA, 01060

**WE'RE OPEN YEAR-ROUND:**

Call 413-584-3155  
Visit [hrblock.com/myblock](http://hrblock.com/myblock).  
Download the MyBlock App.

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**HOW WE MAXIMIZED YOUR REFUND:**

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**YOUR TAX PREPARATION AND RELATED FEES:**

Tax Preparation:	\$199.00
Coupons and Prior Payments:	(\$239.00)
Other Fee(s):	\$40.00
<b>Total:</b>	<b>\$0.00</b>

**WHAT YOU CAN EXPECT:**

Federal Refund :	\$5,037.00
Connecticut State Refund:	\$603.00
Massachusetts State Refund:	\$437.00

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**WHAT YOU NEED TO KNOW:**

**To check the status of your return, visit [hrblock.com/myreturnstatus](http://hrblock.com/myreturnstatus) or call 866-761-1040. You'll need your Social Security number and date of birth.**

**Refund:** Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

**Balance Due:** If you have a Federal balance due and did not make arrangements today to pay the full amount, go to DirectPay at [IRS.gov](http://IRS.gov) or mail-in a check to pay the remaining balance by May 17. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit [IRS.gov](http://IRS.gov) to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

**Bank Account Information:** The bank account that will be used for your federal refund and/or balance due is:  
Routing Transit Number (RTN):021001088 Deposit Account Number (DAN):XXXXX1568

**Extension:** If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by May 17 to avoid penalties/interest.

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**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](http://hrblock.com) to schedule an appointment.**

**FEDERAL TAX RETURN SUMMARY 2020**

	Year 2020	Year 2019	Change(\$)
<b>Income</b>			
Wages, salaries, tips, etc.:	\$25,667	\$0	\$0
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$0	\$0	\$0
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
<b>Total income:</b>	<b>\$25,667</b>	<b>\$0</b>	<b>\$0</b>
<b>Adjustments</b>			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Charitable contributions if taking standard deduction:	\$0	N/A	\$0
<b>Total Adjustments:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Adjusted Gross Income (AGI)</b>			
This is your total income less total adjustments:	\$25,667	\$0	\$0
<b>Deductions</b>			
Itemized/Standard Deductions:	\$24,800	\$0	\$0
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$1,776	\$0	\$0
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Qualified business income deduction:	\$0	\$0	\$0
<b>Tax Computation</b>			
Tax:	\$86	\$0	\$0
Alternative minimum tax:	\$0	\$0	\$0
Excess Advance Premium Tax Credit Repayment:	\$0	\$0	\$0
<b>Other Taxes</b>			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
<b>Total Taxes:</b>	<b>\$86</b>	<b>\$0</b>	<b>\$0</b>

**Credits**

**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](http://hrblock.com) to schedule an appointment.**



Child and other dependents tax credit:	\$0	\$0	\$0
Foreign tax credit:	\$0	\$0	\$0
Child Care Credit:	\$0	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$0	\$0	\$0

### Payments

Federal income tax withheld:	\$3,323	\$0	\$0
Estimated payments:	\$0	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Recovery rebate credit:	\$1,800	N/A	\$0
Qualified sick and family leave credit:	\$0	N/A	\$0
Deferral for certain Schedule H or Schedule SE filers:	\$0	N/A	\$0
Other Payments:	\$0	\$0	\$0
Total Payments:	\$5,123	\$0	\$0

### Refund

Amount overpaid:	\$5,037	\$0	\$0
Overpayment applied to next year:	\$0	\$0	\$0
Refund:	\$5,037	\$0	\$0
Amount Due:	\$0	\$0	\$0
Penalty:	\$0	\$0	\$0

### Other Computations

Marginal tax bracket:	10%
Filing Status:	MFJ

Married Filing Jointly	Tax Bracket
\$0 - \$19,750	10%
\$19,750 - \$80,250	12%
\$80,250 - \$171,050	22%
\$171,050 - \$326,600	24%
\$326,600 - \$414,700	32%
\$414,700 - \$622,050	35%
\$622,050 or greater	37%

--\$867 of your income was taxed at 10%



Your effective tax rate is 0%  
You paid \$86 in federal income taxes

**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit [hrblock.com](http://hrblock.com) to schedule an appointment.**

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

# We stand behind our work.

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## Maximum Refund Guarantee<sup>1</sup>

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



## 100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



## Tax Notice Services<sup>2</sup>

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

## 24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card®
- Go paperless with digital docs

[hrblock.com/myblock](https://hrblock.com/myblock)

## We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK  
(800-472-5625) or visit  
[hrblock.com](https://hrblock.com) to schedule  
an appointment.

<sup>1</sup> Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

<sup>2</sup> H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

# Sourav and Sanchaita!

Here are your personalized tax tips to consider:

## Claim tax benefits for qualifying relatives

If you are providing significant financial supports for parents or other relatives who qualify as dependents, you may deduct qualified medical expenses you pay on their behalf. If your employer offers dependent care benefits you may be able to pay for up to \$5,000 of care expenses for your dependent while you're at work with wages that are not subject to tax.

## Get paid to save for retirement with the Saver's Credit

Eligible taxpayers may claim up to a \$1,000 Saver's Credit. Retirement contributions up to \$2,000 can be considered for the credit. The credit is either 50%, 20%, or 10% of your retirement contributions. To qualify, simply make a contribution to a retirement plan such as a 401(k), a traditional IRA or a Roth IRA. The credit reduces your tax liability dollar for dollar.



**Secure access to your tax documents, Emerald Card™, and much more...**

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.

IRS - ITIN OPERATION  
PO BOX 149342  
AUSTIN, TX 78714-9342

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Fold here for #10 envelope

IRS - ITIN OPERATION  
PO BOX 149342  
AUSTIN, TX 78714-9342

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**2021 INCOME TAX ESTIMATOR/PLANNER**

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
Filing status .....	MFJ		MFJ
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....	25,667		25,667
Interest income .....			
Ordinary dividend income (excluding Qualified Dividends) ....			
IRA distributions and pension income .....			
Taxable social security income .....			
Capital gain or (loss) (Schedule D) (including Qual Dividends)			
<b>Schedule 1 Income</b>			
Refunds of state and local taxes .....			
Alimony received from divorces finalized before 1/1/2020 ....			
Business income or (loss) (Schedule C) .....			
Other gains or (losses) (Form 4797) .....			
Rental real estate, partnerships, estates, etc. (Schedule E) ....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....			
Other income .....			
<b>Total income</b> .....	25,667		25,667
<b>ADJUSTMENTS:</b>			
<b>Schedule 1 Adjustments</b>			
Educator expenses .....			
Certain business expenses of reservists, performing artist, and fee-basis government officials .....			
Health savings account deduction (Form 8889) .....			
Qualified moving expenses .....			
Deductible part of self-employment tax (Schedule SE) .....			
Self-employed SEP, SIMPLE and qualified plans deduction ..			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid on divorces finalized before 1/1/2020 .....			
IRA deduction .....			
Student loan interest deduction .....			
Other adjustments .....			
<b>Total adjustments</b> .....			
<b>ADJUSTED GROSS INCOME:</b> .....	25,667		25,667
<b>DEDUCTIONS:</b>			
Standard deduction .....	24800	300	25,100
Itemized deductions:			
Medical and dental expenses .....			
Sales, income, and other taxes paid .....	1,776		1,776
Interest paid .....			
Gifts to charity .....			
Casualty and theft losses .....			
Other miscellaneous deductions .....			
<b>Total itemized deductions</b> .....	1,776		1,776
Deduction actually claimed .....	24,800	300	25,100
Qualified business income deduction .....			

**2021 INCOME TAX ESTIMATOR/PLANNER**

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Taxable income .....	867	-300	567
Tax .....	86	-30	56
<b>Schedule 2 - Taxes</b>			
Alternative minimum tax .....			
Excess advance premium tax credit repayment .....			
Tax rate .....	10%		10%
<b>CREDITS:</b>			
Child and other dependents tax credit .....			
<b>Schedule 3 - Nonrefundable Credits</b>			
Foreign tax credit .....			
Child care credit .....			
Education credit .....			
Retirement savings contribution credit .....			
Other credits .....			
<b>Total credits</b> .....			
<b>OTHER TAXES:</b>			
<b>Schedule 2 - Other Taxes</b>			
Self-employment tax .....			
Additional tax on IRAs .....			
Health Care (Individual Responsibility) (repealed after 2018) .....			<b>Not Applicable</b>
Other taxes .....			
<b>Total other taxes</b> .....			
<b>PAYMENTS:</b>			
Federal income tax withheld .....	3,323		3,323
Earned income credit .....			
Additional child tax credit .....			
<b>Schedule 3 - Refundable Credits and Payments</b>			
Estimated payments .....			
American opportunity credit .....			
ACA premium tax credit .....			
Other payments .....	1,800	-1,800	
<b>Total payments</b> .....	5,123	-1,800	3,323
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....	5,037	-1,770	3,267
Overpayment applied to next year .....			
<b>Refund</b> .....	5,037	-1,770	3,267
<b>Amount due</b> .....			

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2020 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2020 tax return prepared using the actual 2020 tax forms issued by the Internal Revenue Service and your actual 2020 source documents.

**ADDITIONAL DISCLOSURES:**

# SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2020 WITHHOLDING IS BEING USED TO CALCULATE THE 2021 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2021 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.



HRB TAX GROUP INC  
243 KING ST STE 107  
NORTHAMPTON MA 01060  
4135843155

06-05-2021

SOURAV BHATTACHARYA  
SANCHAITA BHATTACHARYA

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INSTRUCTIONS FOR FILING 2020 FEDERAL FORM W-7

- .You will receive a refund of \$5,037.00.
  - .You & your spouse must sign FORM 1040/1040-SR, page 2.
  - .Mail your return on or before 05-17-2021 to:
    - IRS - ITIN OPERATION
    - PO BOX 149342
    - AUSTIN, TX 78714-9342
- 

INSTRUCTIONS FOR FILING 2020 MASSACHUSETTS FORM 1-NR/PY

- .You will receive a refund of \$437.00.
  - .Mail your return on or before 05-17-2021 to:
    - MASS DEPT OF REVENUE
    - P.O. BOX 7000
    - BOSTON, MA 02204
- 

INSTRUCTIONS FOR FILING 2020 CONNECTICUT FORM CT-1040NR/PY

- .You will receive a refund of \$603.00.
- .Mail your return on or before 05-17-2021 to:
  - DEPARTMENT OF REVENUE SERVICES
  - PO BOX 2976
  - HARTFORD, CT 06104-2976

## Application for IRS Individual Taxpayer Identification Number

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

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

Application type (check one box):

- Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

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

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

- a** Nonresident alien required to get ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien ▶ If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e** Spouse of U.S. citizen/resident alien ▶ If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SOURAV BHATTACHARYA 093-59-4938
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ N/A

Additional information for **a** and **f**: Enter treaty country ▶ N/A and treaty article number ▶ N/A

<b>Name</b> (see instructions)	<b>1a</b> First name SANCHAITA	Middle name N/A	Last name BHATTACHARYA
Name at birth if different . . . . . ▶	<b>1b</b> First name N/A	Middle name N/A	Last name N/A
<b>Applicant's Mailing Address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 7 SUMMER CT City or town, state or province, and country. Include ZIP code or postal code where appropriate. EAST WINDSOR CT 06088		
<b>Foreign (non-U.S.) Address</b> (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b> N/A City or town, state or province, and country. Include postal code where appropriate. N/A		
<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year) 01/06/1990	Country of birth INDIA	City and state or province (optional) <b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HOWRAH WEST BENGAL
<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any) N/A	<b>6c</b> Type of U.S. visa (if any), number, and expiration date H4 P4580849 06-15-2021
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: INDIA No.: R0676923 Exp. date: 06/01/2027 (MM/DD/YYYY): 09/25/2020		
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
<b>6f</b> Enter ITIN and/or IRSN ▶ <b>ITIN</b> <u>N/A</u> <b>IRSN</b> <u>N/A</u> and name under which it was issued ▶ <u>N/A</u> <u>N/A</u> <u>N/A</u> First name Middle name Last name			
<b>6g</b> Name of college/university or company (see inst.) <u>N/A</u> City and state <u>N/A</u> Length of stay <u>N/A</u>			
<b>Sign Here</b>	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.		
	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number 413-326-6327
Keep a copy for your records.	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant ▶ <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney	
	Signature	Date (month / day / year)	Phone 413-584-3155 Fax 413-584-2790
<b>Acceptance Agent's Use ONLY</b>	Name and title (type or print) <u>PREPARE</u>	Name of company <u>HRB TAX GRO</u>	EIN <u>431871840</u> PTIN <u>P00710241</u> Office code <u>00042801</u>

**Certificate of Accuracy for IRS Individual  
Taxpayer Identification Number**

▶ See Publication 4520

▶ Form use only by IRS Certifying Acceptance Agents when submitting Form W-7

**Certificate of Accuracy**

The undersigned KAREN WILLIAMS is an authorized representative of HRB TAX GROUP INC, a Certifying Acceptance Agent under an agreement entered into with (CAA business name)

the Internal Revenue Service dated 12/11/2019. The undersigned certifies with regard to Form W-7 submitted for SANCHAITA BHATTACHARYA, that the applicant is not eligible for a SSN and has (Form W-7 Applicant's Name)

provided the documentation checked below that sufficiently supports the applicant's identity, foreign status and, if applicable, residency.

**REMINDER:** A passport is the only stand-alone document that proves both "foreign status" and "identity". If a passport is not provided, a combination of two or more documents must be provided to meet the documentation requirements. **Note:** Additional original documentation requirements may apply for some dependents. See Supporting Documentation in this form's instructions.

**Check the box under each category (Identity, Foreign Status) that corresponds to the documents reviewed by you.**

Supporting Documentation	Identity	Foreign Status
Passport (Stand Alone Document)*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
National Identification Card (must be current and contain name, photograph, address, date of birth and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
United States Drivers License	<input type="checkbox"/>	<input type="checkbox"/>
Civil Birth Certificate (Required for applicants under 18 if passport is not provided)	<input type="checkbox"/>	<input type="checkbox"/> **
Medical Records (valid only for dependents under age 6)	<input type="checkbox"/>	<input type="checkbox"/> **
Foreign Drivers License	<input type="checkbox"/>	<input type="checkbox"/>
United States State Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Voters Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
United States Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
School Records (valid only for dependents under age 14 (under age 18 if a student))	<input type="checkbox"/>	<input type="checkbox"/> **
Visa issued by United States Department of State	<input type="checkbox"/>	<input type="checkbox"/>
United States Citizenship and Immigration Services (USCIS) Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>

\*Passport must have a date of entry for dependents, unless they are a dependent of U.S. military personnel stationed overseas.

\*\*May be used to establish "foreign status" only if the documents are foreign.

**Check and complete the following paragraph only if the applicant is applying for an ITIN under "Exception 1(a) -- Partnership Interest".**

The undersigned further certifies that the Applicant has provided a copy of the relevant pages of the Partnership Agreement of \_\_\_\_\_ and \_\_\_\_\_ (Name of Partnership) EIN \_\_\_\_\_ as documentation in support of meeting the requirements for Exception 1(a).

The undersigned further certifies that the documentation was reviewed in accordance with the procedures set forth in the Acceptance Agent Agreement and is authentic, complete, and accurate based on the information and documentation submitted by the applicant.

The Certifying Acceptance Agent shall retain copies of all relevant documents including signed copies of the Forms W-7 submitted to the IRS on behalf of the applicant upon which the Certifying Acceptance Agent has relied upon to certify the applicant's foreign status and identity.

(Signature of Authorized Representative)

(Date signed)

431871840

00042801

P00710241

Acceptance Agent EIN

Acceptance Agent office code

Acceptance Agent PTIN

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only  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  
 one box.  qualifying person is a child but not your dependent ▶

Your first name and middle initial SOURAV		Last name BHATTACHARYA	Your social security number 093-59-4938
If joint return, spouse's first name and middle initial SANCHAITA		Last name BHATTACHARYA	Spouse's social security number 976-97-0307
Home address (number and street). If you have a P.O. box, see instructions. 7 SUMMER CT		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. EAST WINDSOR		State CT	
Foreign country name		Foreign province/state/county	
		ZIP code 06088	
		Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents

If more than four dependents, see instructions and check here

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		25,667
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest	<b>2a</b>	
	<b>3a</b>	Qualified dividends	<b>3a</b>	
	<b>4a</b>	IRA distributions	<b>4a</b>	
<b>Standard Deduction for-</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<b>5a</b>	Pensions and annuities	<b>5a</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here		
	<b>8</b>	Other income from Schedule 1, line 9		
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		25,667
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b>	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>		25,667
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)		24,800
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A		
	<b>14</b>	Add lines 12 and 13		24,800
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		867

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	86
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	86
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	86
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> .	<b>24</b>	86
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	3,323
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	3,323
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,123
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	5,037
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	5,037
Direct deposit? See instructions.	<b>b</b> Routing number <u>021001088</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number <u>460041568</u>		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b> . <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>	
For details on how to pay, see instructions.	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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

**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 **HRB TAX GROUP INC** Phone no. **413-584-3155** Personal identification number (PIN) **20656**

**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 <b>SOFTWARE</b>	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 <b>HOMEMAKER</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. <b>413-326-6327</b>	Email address <b>BHSOURAV17@GMAIL.COM</b>		

**Paid Preparer Use Only**

Preparer's name <b>KAREN WILLIAMS</b>	Preparer's signature	Date <b>06-05-2021</b>	PTIN <b>P00710241</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>HRB TAX GROUP INC</b>	Firm's address <b>243 KING ST STE 107 NORTHAMPTON MA 01060</b>			Phone no. <b>413-584-3155</b>
				Firm's EIN <b>431871840</b>

## 2020 WAGES AND SALARIES SUMMARY ATTACHMENT

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
COGNIZANT TECHNOLOGY	13-3924155	T	25,667	3,323	1,591	CT	25,405	603	
						MA	25,405	1,173	
TOTAL			25,667	3,323	1,591		50,810	1,776	

**2020 FEDERAL TAX WITHHOLDINGS ATTACHMENT**

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

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W-2	COGNIZANT TECHNOLOGY	3,323
TOTAL TO FORM 1040/1040-SR LINE 25D		3,323

## 2020 RECOVERY REBATE CREDIT WORKSHEET – LINE 30

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

**Before you begin:** ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.  
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.  
 Don't include on line 16 or 19 any amount you received but later returned to the IRS.

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.  
 **No.** Go to line 2.  
 **Yes.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2020 return include a valid social security number (defined under Valid social security number in the instructions) for you and, if filing a joint return, your spouse?  
 **Yes.** Skip lines 3 and 4, and go to line 5.  
 **No.** If you are filing a joint return, go to line 3. If you aren't filing a joint return, **STOP** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number in the instructions)?  
 **Yes.** Your credit is not limited. Go to line 5.  
 **No.** Go to line 4.
4. Does one of you have a valid social security number (defined under Valid social security number in the instructions)?  
 **Yes.** Your credit is limited. Go to line 5.  
 **No.** **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
  - \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
  - \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3

	5. <u>1,200</u>
--	-----------------
6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
7. Add lines 5 and 6

	6. _____
	7. <u>1,200</u>

8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
  - \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
  - \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3

	8. <u>600</u>
--	---------------
9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number
10. Add lines 8 and 9

	9. _____
	10. <u>600</u>
	11. <u>25,667</u>

11. Enter the amount from line 11 of Form 1040 or 1040-SR
12. Enter the amount shown below for your filing status:
 

<ul style="list-style-type: none"> <li>• \$150,000 if married filing jointly or qualifying widower</li> <li>• \$112,500 if head of household</li> <li>• \$75,000 if single or married filing separately</li> </ul>	12. <u>150,000</u>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------
13. Is the amount on line 11 more than the amount on line 12?  
 **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.  
 **Yes.** Subtract line 12 from line 11
14. Multiply line 13 by 5% (0.05)
15. Subtract line 14 from line 7. If zero or less, enter -0-

	15. <u>1,200</u>
--	------------------

16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference

	17. <u>1,200</u>
--	------------------

18. Subtract line 14 from line 10. If zero or less, enter -0-

	18. <u>600</u>
--	----------------

19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference

	20. <u>600</u>
--	----------------

21. **Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

	21. <u>1,800</u>
--	------------------



**2021 CARRYFORWARD INFORMATION**

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

**Keep for Your Records**

Itemized Returns Only – 2020 state and local tax refund (this amount may not be taxable in 2021) .....	_____
Charitable contributions carryover to 2021 .....	_____
Estimated short-term capital loss carryover .....	_____
Estimated long-term capital loss carryover .....	_____
2020 tax liability (for 2021 Form 2210 purposes) .....	86
Form 8839: 2020 carryover of unqualified expenses .....	_____
Refund amount applied to 2021 .....	_____
Disallowed investment interest in 2020 .....	_____
Additional state taxes paid .....	_____
Form 8396: Mortgage interest credit from 2018 .....	_____
Mortgage interest credit from 2019 .....	_____
Mortgage interest credit from 2020 .....	_____
Form 8801: Minimum tax credit carryforward .....	_____
Potential 2021 IRA contribution from 2020 tax refund .....	_____

NOL carryforward:		<b>Regular Tax</b>		<b>AMT Tax</b>			
from 2000	_____	from 2010	_____	from 2000	_____	from 2010	_____
from 2001	_____	from 2011	_____	from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____	from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____	from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____	from 2009	_____	from 2019	_____
Gross NOL generated in 2020 .....	_____	Gross AMT NOL generated in 2020 .....	_____				
To be absorbed in carryback period .....	_____	To be absorbed in carryback period .....	_____				
Net carryforward from 2020 .....	_____	Net carryforward from 2020 .....	_____				
Total carryforward to 2021 .....	_____	Total carryforward to 2021 .....	_____				

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2021 .....
- General Business Credit carryforward to 2021 .....
- First-Time Homebuyer Credit Repayment carryforward to 2021 .....
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2021.

MA 2020 TAX FOR 2021 UNDERPAYMENT PENALTY FORM.....	736
2020 MA TAX REFUND.....	437

**2020 MASSACHUSETTS TWO YEAR COMPARISON**

SOURAV AND SANCHAITA BHATTACHARYA  
093-59-4938

Keep for Your Records

	<b>2020</b>	<b>2019</b>	<b>Difference</b>
Filing status .....	MFJ	_____	
Residency status .....	NONRESIDENT	_____	
Number of exemptions claimed .....	2	_____	
State Base Form Filed .....	MA1NR/PY	_____	
<b>INCOME, DEDUCTIONS AND ADJUSTMENTS:</b>			
Massachusetts Income .....	25,405	_____	25,405
Itemized/Standard Deduction .....	1,963	_____	1,963
Exemption Amount (Allowance) / Personal Exemptions .....	8,710	_____	8,710
Taxable Income .....	14,732	_____	14,732
<b>TAX, CREDIT AND PAYMENTS:</b>			
Massachusetts Tax .....	736	_____	736
Credit for Taxes Paid to Another State .....	_____	_____	
Other Credits .....	_____	_____	
Net Tax .....	736	_____	736
Income Tax Withheld .....	1,173	_____	1,173
Estimated Tax Payments .....	_____	_____	
Amount Paid with Extension .....	_____	_____	
Other payments including refundable credits .....	_____	_____	
Total Payments .....	1,173	_____	1,173
<b>REFUND OR BALANCE DUE</b>			
Balance Due .....	_____	_____	
Underpayment Penalty .....	_____	_____	
Other Penalties and Interests .....	_____	_____	
Amount You Owe .....	_____	_____	
Overpayment .....	437	_____	437
Overpayment Applied to Estimated Payments .....	_____	_____	
Amount to be Refunded .....	437	_____	437

MASS DEPT OF REVENUE  
P.O. BOX 7000  
BOSTON, MA 02204

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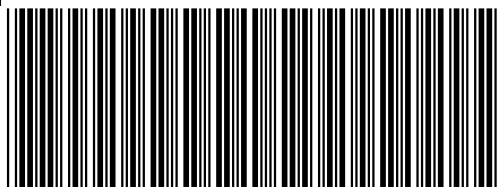
MASS DEPT OF REVENUE  
P.O. BOX 7000  
BOSTON, MA 02204

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Fold here for #10 envelope



# 2020 Form 1-NR/PY

MA20006012029

## Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2020 or other taxable

Year beginning Ending

SOURAV	BHATTACHARYA	093-59-4938
SANCHAITA	BHATTACHARYA	976-97-0307
7 SUMMER CT	EAST WINDSOR	CT 06088

Fill in if:  Original return     Amended return     Amended return due to federal change    Apt. no.

### State Election Campaign Fund:

\$1 You    \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle  
or Sinai Peninsula

You    Spouse

Taxpayer deceased

You    Spouse

Fill in if under age 18

You    Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income    25667

b. Federal adjusted gross income    25667

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident + 365 = 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge & belief this return & encl. are true, correct & complete.**

Your signature

Date

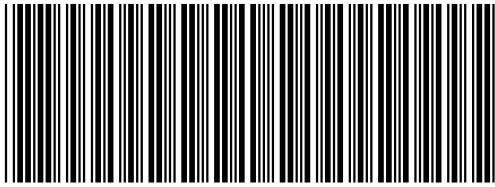
Spouse's signature

Date

BHSOURAV17@GMAIL.COM

4133266327

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



**2020 Form 1-NR/PY, pg. 2**

MA20006022029

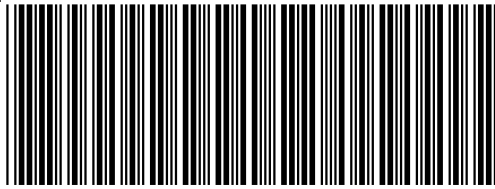
**Massachusetts Nonresident/**

**Part-Year Resident Income Tax Return**

093-59-4938

<b>4. Exemptions:</b>			
a. Personal exemptions		<b>4a</b>	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	0	x \$1,000 = <b>4b</b>	
c. Age 65 or over before 2021    You +    Spouse =		x \$700 = <b>4c</b>	
d. Blindness                            You +    Spouse =		x \$2,200 = <b>4d</b>	
e. Medical/dental		<b>4e</b>	
f. Adoption		<b>4f</b>	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	8800
<b>5. Wages, salaries, tips</b>		<b>5</b>	25405
<b>6. Taxable pensions and annuities</b>		<b>6</b>	
<b>7. Mass. bank interest: a.</b>	<b>-b. exemption</b>	<b>= 7</b>	
<b>8. Business/profession income/loss a.</b>	<b>+b. Farming income/loss</b>	<b>= 8</b>	
<b>9. Rental, royalty and REMIC, partnership, S corp., trust income/loss</b>		<b>9</b>	
<b>10a. Unemployment</b>		<b>10a</b>	
<b>10b. Mass. lottery winnings</b>		<b>10b</b>	
<b>11. Other income</b>		<b>11</b>	
<b>12. TOTAL 5.0% INCOME</b>		<b>12</b>	25405
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: <input checked="" type="checkbox"/> working days    miles    sales    other:			
Working days (or other basis) outside Massachusetts		<b>13a</b>	
Working days (or other basis) inside Massachusetts		<b>13b</b>	
Total working days		<b>13c</b>	
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	
Massachusetts ratio		<b>13e</b>	0.000
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	
Massachusetts income		<b>13g</b>	

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



# 2020 Form 1-NR/PY, pg. 3

MA20006032029

Massachusetts Nonresident/  
Part-Year Resident Income Tax Return

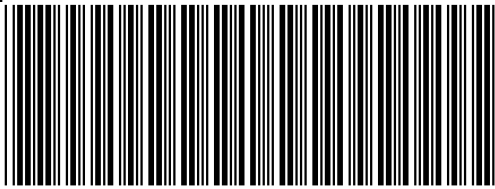
SOURAV

BHATTACHARYA

093-59-4938

<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.0% income	<b>14a</b>	25405
b. Interest income	<b>14b</b>	
c. Total capital gain income	<b>14c</b>	
d. Total income this return	<b>14d</b>	25405
e. Non-Massachusetts source income. <b>Not less than "0"</b>	<b>14e</b>	262
f. Total income	<b>14f</b>	25667
g. Deduction and exemption ratio	<b>14g</b>	0.9898
<b>15a.</b> Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	<b>15a</b>	1963
<b>15b.</b> Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	<b>15b</b>	
<b>16.</b> Child under age 13, or disabled dependent/spouse care expenses	<b>16</b>	
<b>17.</b> Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a. x \$3,600 = b. Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	<b>17</b>	
<b>18.</b> Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	<b>18</b>	
<b>19.</b> Other deductions from Schedule Y, line 19	<b>19</b>	
<b>20. Total deductions.</b> Add lines 15 through 19	<b>20</b>	1963
<b>21. 5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	<b>21</b>	23442
<b>22.</b> Exemption amount. a. 8800	<b>22</b>	8710
<b>23. 5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	<b>23</b>	14732
<b>24. INTEREST AND DIVIDEND INCOME</b>	<b>24</b>	0
<b>25. TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	<b>25</b>	14732
<b>26. TAX ON 5.0% INCOME.</b> Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Sch. D, line 21 by .0585	<b>26</b>	736

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 4**

MA20006042029

**Massachusetts Nonresident/**

**Part-Year Resident Income Tax Return**

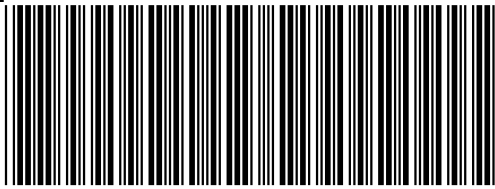
093-59-4938

<b>27. 12% INCOME.</b> Not less than "0." a.	0.00	x .12 =27	0
<b>28. TAX ON LONG-TERM CAP. GAINS.</b> Not less than "0." Fill in if filing Sch. D-IS		28	0
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
<b>29.</b> Credit recapture amount (from Credit Recapture Schedule)		29	
<b>30.</b> Additional tax on installment sale		30	
<b>31.</b> If you qualify for No Tax Status, fill in and enter "0" on line 32			
<b>32. TOTAL INCOME TAX.</b> Add lines 26 through 30.		32	736
<b>33.</b> Limited Income Credit		33	
<b>34.</b> Income tax due to another state or jurisdiction		34	
<b>35.</b> Other credits (from Credit Manager Schedule)		35	
<b>36. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	736
<b>37. Voluntary Contributions</b>			
a. Endangered Wildlife Conservation		37a	
b. Organ Transplant Fund		37b	
c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
d. Massachusetts U.S. Olympic Fund		37d	
e. Massachusetts Military Family Relief Fund		37e	
f. Homeless Animal Prevention and Care		37f	
Total. Add lines 37a through 37f		37	
<b>38.</b> Use tax due on Internet, mail order and other out-of-state purchases		38	
<b>39.</b> Health care penalty a. You + b. Spouse		39	
<b>40. Amended return only.</b> Overpayment from original return		40	
<b>41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40		41	736

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**







**2020 Schedule INC**

MA20INC012029

SOURAV

BHATTACHARYA

093-59-4938

**Form W-2 and 1099 Information**

A. FEDERAL ID NO.	B. STATE TAX WITHHELD	C. STATE WAGES/ INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
13-3924155	1173	25405	1963		W2

TOTALS	1173	25405	1963		
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### 2020 Schedule NTS-L-NRPY

MA20021012029

### No Tax Status and Limited Income Credit

093-59-4938

### Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	25405
2. Adjustments to income	2	
3. Adjusted 5.0 % income. Subtract line 2 from line 1. Do not enter if less than "0"	3	25405
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	262
8. Total income. Combine lines 3 through 7	8	25667
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	25667
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	16400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	28700
13. No Tax Status threshold	13	16400
14. Income for Limited Income Credit	14	9267
15. Tax before adjustments	15	736
16. Tax for Limited Income Credit	16	927
17. Limited Income Credit	17	0

DEPARTMENT OF REVENUE SERVICES  
PO BOX 2976  
HARTFORD, CT 06104-2976

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Fold here for #10 envelope

DEPARTMENT OF REVENUE SERVICES  
PO BOX 2976  
HARTFORD, CT 06104-2976

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## Do not send this sheet with your return.

### Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040NR/PY, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:  
For all tax returns with payment:  
Department of Revenue Services  
PO Box 2977  
Hartford CT 06104-2977  
  
For refunds and tax returns without payment:  
Department of Revenue Services  
PO Box 2976  
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

**Do not send this sheet with your return.**

Revised: 11/05/2020



Form CT-1040NR/PY - 2020
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QW
093 - 59 - 4938 976 - 97 - 0307

SOURAV BHATTACHARYA N Dec. Y P
SANCHAITA BHATTACHARYA N Dec. N N

7 SUMMER CT N CT-8379 N CT-2210

N CT-1040 CRC N Federal Form 1310

EAST WINDSOR CT 06088 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing income, deductions, and taxes.

2029 20 CTNRPY1 BWF 1040 Form Software Copyright 1996 - 2021 HRB Tax Group, Inc.



Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.

NRPY1220V022029



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19. Amount from Line 18

19. ●

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	13 - 3924155	● 25405	●	603
20b.	-	● 0	●	0
20c.	-	● 0	●	0
20d.	-	● 0	●	0
20e.	-	● 0	●	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 603

21. All 2020 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 603

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 603

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25. Amount of Line 24 you want applied to your 2021 estimated tax 25. 0

26. Reserved for future use 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 603

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 021001088 27c. Acct. # 460041568

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210). 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
●	●	4133266327
Spouse's signature (if joint return)	Date	Daytime telephone number
●	●	● 4133266327
Paid preparer's signature	Date	Telephone number
●	● 0605202	● 4135843155
Paid preparer's name		Paid Preparer's PTIN
KAREN WILLIAMS		P00710241
Firm's name, address and ZIP code		FEIN
● 243 KING ST STE 107 NORTHAMPT MA 01060 -		431871840
		Self-employed
		<input type="checkbox"/>

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
● HRB TAX GROUP INC	● 4135843155	● 20656

Sign Here  
Keep a copy for your records.

NRPY1220V032029



093594938

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify ●	39.	0
<b>40. Total additions:</b> Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years.	50a.	
50b. 28% of pension or annuity income.	50b.	
51. Other - specify ●	51.	0
<b>52. Total subtractions:</b> Add Lines 41 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	25405
2029 20 CTNRPY3 BWF 1040 Form Software Copyright 1996 - 2021 HRB Tax Group, Inc.		
	<b>Col. A</b>	<b>Col. B</b>
54. Qualifying jurisdiction's name and two-letter code	54. ● MASSACHUSETT ● MA	
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	25405
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	1.0000
57. Apportioned income tax	57.	12
58. Line 56 multiplied by Line 57	58.	12
59. Allowable income tax paid to a qualifying jurisdiction	59.	1173
60. Lesser of Line 58 or Line 59	60.	12
61. Total credit: Add Line 60, all columns.	61.	12

■ NRPY1220V042029



● 093594938 ■

**Schedule 3 - Individual Use Tax**

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, and 62c, and 62d.	62. ●	0

**Schedule 4 - Contributions to Designated Charities**

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

Taxpayer email

BHSOURAV17@GMAIL.COM



# Schedule CT-SI

# 2020

## Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SOURAV	Last name BHATTACHARYA	Your Social Security Number 093-59-4938
If joint return, spouse's first name and middle initial SANCHAITA	Last name BHATTACHARYA	Spouse's Social Security Number 976-97-0307

See 2020 Connecticut Nonresident and Part-Year Resident Income Tax Return Instructions online before completing this schedule.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW**, Part-Year Resident Income Allocation. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. . . . .	▶ 1.	25,405	
2. Taxable interest . . . . .	▶ 2.		
3. Ordinary dividends . . . . .	▶ 3.		
4. Alimony received . . . . .	▶ 4.		
5. Business income or (loss) . . . . .	▶ 5.		
6. Capital gain or (loss) . . . . .	▶ 6.		
7. Other gains or (losses) . . . . .	▶ 7.		
8. Taxable amount of IRA distributions . . . . .	▶ 8.		
9. Taxable amounts of pension and annuities . . . . .	▶ 9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	▶ 10.		
11. Farm income or (loss) . . . . .	▶ 11.		
12. Unemployment compensation . . . . .	▶ 12.		
13. Taxable amount of social security benefits . . . . .	▶ 13.		
14. Other income: See instructions. . . . .	▶ 14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14. . . . .	▶ 15.	25,405	

**Part 2 - Adjustments to Connecticut Income -** Enter adjustments **directly** related to income reported above.

16. Educator expenses . . . . .	▶ 16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .	▶ 17.		
18. Health savings account deduction . . . . .	▶ 18.		
19. Moving expenses for members of the armed forces . . . . .	▶ 19.		
20. Deductible part of self-employment tax . . . . .	▶ 20.		
21. Self-employed SEP, SIMPLE, and qualified plans . . . . .	▶ 21.		
22. Self-employed health insurance deduction . . . . .	▶ 22.		
23. Penalty on early withdrawal of savings . . . . .	▶ 23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ . . . . .	▶ 24.		
25. IRA deduction . . . . .	▶ 25.		
26. Student loan interest deduction . . . . .	▶ 26.		
27. Tuition and fees . . . . .	▶ 27.		
28. Reserved for future use . . . . .	▶ 28.		
29. Total adjustments: Add Lines 16 through 27. . . . .	▶ 29.		
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. . . . .	▶ 30.	25,405	

**Employee Apportionment Worksheet -** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut . . . . .	A	
B. Working days (or other basis) inside Connecticut . . . . .	B	
C. Total working days: Add Line A and Line B. . . . .	C	
D. Nonworking days (Holidays, weekends, etc.) . . . . .	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. . . . .	E	
F. Total income being apportioned . . . . .	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G	

## Schedule CT-1040AW Part-Year Resident Income Allocation

# 2020

(Rev. 12/20)

**Part-year residents** must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial <b>SOURAV</b>	Last name <b>BHATTACHARYA</b>	Your Social Security Number <b>093-59-4938</b>
If joint return, spouse's first name and middle initial <b>SANCHAITA</b>	Last name <b>BHATTACHARYA</b>	Spouse's Social Security Number <b>976-97-0307</b>

		Federal Income as Modified <small>See instructions.</small>		Connecticut Resident Period		Connecticut Nonresident Period	
		Column A Income from federal return	Column B Income from Column A for this period	Column C Income from Column A for this period	Column D Income from Column C from Connecticut sources		
1. Wages, salaries, tips, etc . . . . .	1.	25,667	25,405	262			
2. Taxable interest . . . . .	2.						
3. Ordinary dividends . . . . .	3.						
4. Alimony received . . . . .	4.						
5. Business income or (loss) . . . . .	5.						
6. Capital gain or (loss) . . . . .	6.						
7. Other gains or (losses) . . . . .	7.						
8. Taxable amount of IRA distributions . . . . .	8.						
9. Taxable amounts of pension and annuities . . . . .	9.						
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . .	10.						
11. Farm income or (loss) . . . . .	11.						
12. Unemployment compensation . . . . .	12.						
13. Taxable amount of social security benefits . . . . .	13.						
14. Other income: See instructions. . . . .	14.						
15. Add Lines 1 through 14. . . . . ▶	15.	25,667 00	25,405 00	262 00	0 00		

### Part 2 – Adjustments to Income

16. Educator expenses . . . . .	16.						
17. Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .	17.						
18. Health savings account deduction . . . . .	18.						
19. Moving expenses for members of the armed forces . . . . .	19.						
20. Deductible part of self-employment tax . . . . .	20.						
21. Self-employed SEP, SIMPLE, and qualified plans. . . . .	21.						
22. Self-employed health insurance deduction . . . . .	22.						
23. Penalty on early withdrawal of savings . . . . .	23.						
24. Alimony paid . . . . .	24.						
25. IRA deduction . . . . .	25.						
26. Student loan interest deduction . . . . .	26.						
27. Tuition and fees . . . . .	27.						
28. Reserved for future use . . . . .	28.						
29. Total adjustments: Add Lines 16 through 27. . . . .	29.	0	0	0	0		
30. Subtract Line 29 from Line 15. . . . . ▶	30.	25,667 00	25,405 00	262 00	0 00		

**Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.**

**Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.**

### Part 3 – Part-Year Resident Information

#### Moved Into Connecticut

- Date **you** moved into Connecticut 09-26-2020 and state of **prior** residence: ID
- Date **your spouse** moved into Connecticut 09-26-2020 and state of **prior** residence: ID

#### Moved Out of Connecticut

- Date **you** moved out of Connecticut \_\_\_\_\_ and state of **new** residence:
- Date **your spouse** moved out of Connecticut \_\_\_\_\_ and state of **new** residence:

#### Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period?  Yes  No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period?  Yes  No

IT1220V012029



**Schedule CT-IT Credit**  
**Income Tax Credit Summary**  
 (Rev. 12/20)

Taxpayer's name (if individual)

Your Social Security Number (SSN)

Spouse's name (if joint return)

Spouse's SSN (if joint return)

Taxpayer's name (if trust or estate)

Federal Employer Identification Number

<b>Part I - Tax Credits Applied to Income Tax Liability</b>	<b>Column A Tax Credit Limitation</b>	<b>Column B Carryforward From Previous Income Years</b>	<b>Column C 2020 Amount Earned</b>	<b>Column D Amount Applied to 2020 Income Tax Liability</b>	<b>Column E Carryforward Amount to 2021</b>
1. <b>Income tax liability</b> - Amount from Form CT-1040, Line 12; Form CT-1040NR/PY, Line 14; Form CT-1040X, Line 16; or Form CT-1041, Line 7.		0			
2. Reserved for future use.					
3. Reserved for future use.					
4. Reserved for future use.					
5. Reserved for future use.					
6. <b>Angel Investor Tax Credit</b>			0	0 ▶	0
7. <b>Balance of income tax liability</b> - Line 6, Column D, subtracted from Line 1, Column A. If less than zero, amount is "0."		0			
8. <b>Insurance Reinvestment Fund Tax Credit from Form CT-IRF</b> - Column D is the lesser of the total of Line 8, Column B and Column C, or Line 7, Column A.			0	0 ▶	0
9. <b>Balance of income tax liability</b> - Line 8, Column D, subtracted from Line 7, Column A. If less than zero, amount is "0."		0			
10. <b>Prior year Connecticut minimum tax</b> - Column B is the amount from your 2019 Schedule CT-IT Credit, Line 10, Column E. Column D is the lesser of your 2020 Form CT-8801, Part II, Line 30, or Schedule CT-IT Credit, Line 9, Column A.			0	0 ▶	0
11. <b>Total allowable credits</b> - Column D adds Lines 6, 8, and 10. Enter this amount on Form CT-1040, Line 13; Form CT-1040NR/PY, Line 15; Form CT-1040X, Line 17; or Form CT-1041, Line 8.				0	



IT1220V012029

## 2020 CONNECTICUT TWO YEAR COMPARISON

Taxpayer's Last and First Name  
**SOURAV AND SANCHAITA BHATTACHARYA**

Taxpayer's SSN  
**093-59-4938**

	Tax Year 2020	Tax Year 2019	Difference
Filing status . . . . .	MFJ		
Residency status . . . . .	PT-YR RES		
State Base Form Filed . . . . .	CT1040NR/PY		

**INCOME, DEDUCTIONS AND ADJUSTMENTS:**

Federal Adjusted Gross Income . . . . .	25,667		25,667
Additions to Federal Income . . . . .			
Deductions from Federal Income . . . . .			
Connecticut Taxable Income . . . . .	25,667		25,667

**TAX, CREDIT AND PAYMENTS:**

CT Tax . . . . .	12		12
Credit for Taxes Paid to Another State . . . . .	12		12
CT Credits . . . . .			
Net Tax . . . . .			
Income Tax Withheld . . . . .	603		603
Estimated Tax Payments . . . . .			
Amount Paid with Extension . . . . .			
Total Payments . . . . .	603		603

**REFUND OR BALANCE DUE**

Tax Due . . . . .			
Underpayment Penalty . . . . .			
Other Penalties and Interests . . . . .			
Amount You Owe . . . . .			
Overpayment . . . . .	603		603
Overpayment Applied to Estimated Payments . . . . .			
Amount to be Refunded . . . . .	603		603