

Filing Status

Single Married filing separately (MFS)(formerly Married) Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including name (SUSRITHA GADE), identifying number (234-99-3195), address (220 LITTLETON RD, PARSIPPANY, NJ 07054), and marital status (Individual).

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

Table for Dependents with columns for First name, Last name, Identifying number, Relationship, Child tax credit, and Credit for other dependents.

Main income tax calculation table with rows 1a through 15, including categories like Wages, Scholarships, Dividends, Adjustments to income, and Taxable income.

<b>16</b>	Tax (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>	1,564												
<b>17</b>	Amount from Schedule 2 (Form 1040), line 3	<b>17</b>													
<b>18</b>	Add lines 16 and 17	<b>18</b>	1,564												
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>													
<b>20</b>	Amount from Schedule 3 (Form 1040), 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>	1,564												
<b>23 a</b>	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	<b>23a</b>													
<b>b</b>	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	<b>23b</b>													
<b>c</b>	Transportation tax (see instructions)	<b>23c</b>													
<b>d</b>	Add lines 23a through 23c	<b>23d</b>													
<b>24</b>	Add lines 22 and 23d. This is your <b>total tax</b>	<b>24</b>	1,564												
<b>25</b>	Federal income tax withheld from:														
<b>a</b>	Form(s) W-2	<b>25a</b>	1,707												
<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>	1,707												
<b>e</b>	Form(s) 8805	<b>25e</b>													
<b>f</b>	Form(s) 8288-A	<b>25f</b>													
<b>g</b>	Form(s) 1042-S	<b>25g</b>													
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>													
<b>27</b>	Reserved for future use	<b>27</b>													
<b>28</b>	Additional child tax credit. Attach Schedule 8812 (Form 1040)	<b>28</b>													
<b>29</b>	Credit for amount paid with Form 1040-C	<b>29</b>													
<b>30</b>	Reserved for future use	<b>30</b>													
<b>31</b>	Amount from Schedule 3 (Form 1040), line 13	<b>31</b>													
<b>32</b>	Add lines 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	0												
<b>33</b>	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b>	<b>33</b>	1,707												
<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>	143												
	<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>	143												
Direct deposit? See instructions.	<b>b</b> Routing number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>8</td><td>7</td></tr></table> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	0	1	0	0	0	1	8	7					
1	0	1	0	0	0	1	8	7							
	<b>d</b> Account number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>1</td><td>4</td><td>5</td><td>5</td><td>7</td><td>4</td><td>3</td><td>1</td><td>8</td><td>9</td><td>1</td><td>4</td></tr></table>	1	4	5	5	7	4	3	1	8	9	1	4		
1	4	5	5	7	4	3	1	8	9	1	4				
	<b>e</b> If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.														
	<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> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>													
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>													
<b>Third Party Designee</b> (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No														
	Designee's name	Phone no.	Personal identification number (PIN)												
<b>Sign Here</b>	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>00068</b>	05-03-2021	STUDENT												
	Phone no.	Email address													
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date												
	THIRUPATHI MARAM		05-03-2021												
	Firm's name	PTIN	Check if:												
	ONLINE TAX AND ACCOUNTING SOLUTIONS	P02056693	<input type="checkbox"/> Self-employed												
	Firm's address	Phone no.													
	340 S lemon ave WALNUT, CA 91789	616-219-1040													
	Firm's EIN														

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service (99)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

Answer all questions.

OMB No. 1545-0074

2020

Attachment Sequence No. 7C

Name shown on Form 1040-NR

Your identifying number

SUSRITHA GADE

234-99-3195

A Of what country or countries were you a citizen or national during the tax year? INDIA

B In what country did you claim residence for tax purposes during the tax year? INDIA

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

D Were you ever:

1. A U.S. citizen? Yes No

2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 OPT

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No

If you answered "Yes," indicate the date and nature of the change.

G List all dates you entered and left the United States during 2020. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 4 columns: Date entered United States, Date departed United States, Date entered United States, Date departed United States. Includes checkboxes for Canada and Mexico.

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018, 2019, and 2020 366

I Did you file a U.S. income tax return for any prior year? Yes No. If "Yes," give the latest year and form number you filed FORM 1040NR

J Are you filing a return for a trust? Yes No. If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No. If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt From Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year.

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b.

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

NJ-1040NR  
2020  
Page 1



2020 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2020 - December 31, 2020 or Other Tax Year  
Beginning \_\_\_\_\_, 2020 Ending \_\_\_\_\_, 2021

1024

Your Social Security Number  
234993195

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
TX

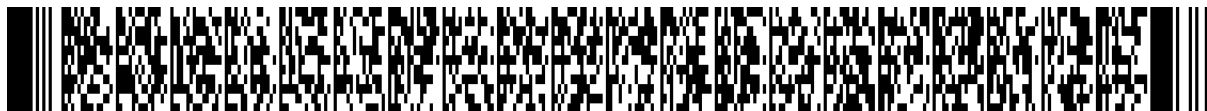
Home Address (Number and Street, incl. apt. # or rural route)  
220 LITTLETON RD APT A2

Driver's License # (Voluntary) State City, Town, Post Office State ZIP Code  
PARSIPPANY NJ 07054

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 wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish 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





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

Your Social Security Number  
**234993195**

1024

**Filing Status**

(Check only ONE box)

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

\_\_\_\_\_  
Name and SSN of Spouse/CU Partner

**Exemptions**

- |   |                                     |      |                   |                  |      |          |           |
|---|-------------------------------------|------|-------------------|------------------|------|----------|-----------|
| 6. Regular  | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 6.   | <u>1</u> |           |
| 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.<br>For line 13c – Enter amount from line 9. |                                     |      |                   |                  | 13a. | <u>1</u> | 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 66 through 72	15.	27058	.	15.	8968	.
16. Interest	16.		.	16.		.
17. Dividends	17.		.	17.		.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.		.	19.		.
20. Net gains or income from rents, royalties, patents, and copyrights (Sch. NJ-BUS-1, Part II, line 4)	20.		.	20.		.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Pensions, Annuities, and IRA 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.	27058	.	27.	8968	.
28a. Pension 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.	27058	.	29.	8968	.
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.		.			.



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

GADE SUSRITHA

Your Social Security Number

234993195

1024

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.	26058	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	386	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>33.14</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		128 .
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.		128 .
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.		128 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	146	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		146 .
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		.
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		18 .
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.		.
(B) N.J. Endangered Wildlife Fund	59B.		.
(C) N.J. Children's Trust Fund	59C.		.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.		.
(E) N.J. Breast Cancer Research Fund	59E.		.
(F) U.S.S. N.J. Educational Museum Fund	59F.		.
(G) Designated Contribution Code	59G.		.
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		18 .

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 line 59A, B, C, D, E, F, or G 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.

Pay amount on line 57 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 may also pay by e-check or credit card.

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

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

Paid Preparer's Signature

Federal Identification Number

P02056693

Firm's Name

Firm's Federal Employer Identification Number

ONLINE TAX AND ACCOUNTING S

NJ-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return SUSRITHA GADE				Taxpayer ID Number 234-99-3195
<b>[State] Income Tax Return</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Difference 2019-2020</b>
Filing Status . . . . .			S	
Gross Income . . . . .			8,968	8,968
Standard Deduction . . . . .				
Itemized Deduction . . . . .				
Deductions . . . . .				
Taxable Income . . . . .			26,058	26,058
Actual State Income . . . . .			8,636	8,636
State Income Tax . . . . .			128	128
Local Taxes . . . . .				
Use Tax . . . . .				
Contributions . . . . .				
Income Tax Withheld . . . . .			146	146
Estimates and Extension payments . . . . .				
Underpayment Penalty . . . . .				
Overpayment Applied to Next Year . . . . .				
Refund . . . . .			18	18
Balance Due . . . . .				
Marginal tax rate . . . . .			1.750000	1.750000
Effective tax rate . . . . .			1.480000	1.480000