



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2021

**Massachusetts
Department of
Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2021.

Your first name and initial TUSHAR TYAGRAJ RAO	Last name	Your Social Security number 866901534
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 41 AUCKLAND ST APT NO 1		
City/Town/Post Office DORCHESTER	State MA	Zip 02125
Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1	Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	4251
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	129
5	Refund amount (from Form 1, line 52, or Form 1-NR/PY, line 56)	5	129
6	Tax due (from Form 1, line 53, or Form 1-NR/PY, line 57)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2021 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature <i>Tushar Rao</i>	Date 4/14/2022	Spouse's signature (if joint return, both must sign)	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

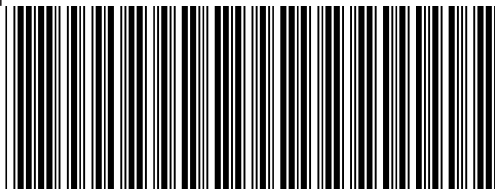
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date 04142022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date 04142022	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	



2021 Form 1

MA21001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2021 or other taxable

Year beginning

Ending

TUSHAR TYAGRAJ

RAO

866901534

41 AUCKLAND ST

DORCHESTER

MA 02125

1

Fill in if: Amended return Other jurisdiction change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Fill in if name change

Taxpayer deceased

Fill in if under age 18

a. Total federal income 4251

b. Federal adjusted gross income 4251

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return

Head of household

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

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

2. Exemptions

a. Personal exemptions

2a

4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

x \$1,000 = 2b

c. Age 65 or over before 2022 You + Spouse =

x \$700 = 2c

d. Blindness You + Spouse =

x \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

2g

4400

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

Your signature

Tushar Rao

Date

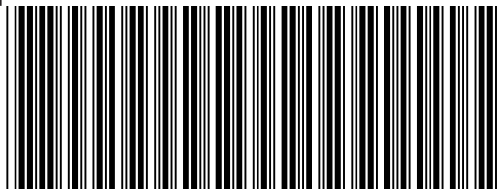
4/14/2022

Spouse's signature

Date

857-472-3993

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



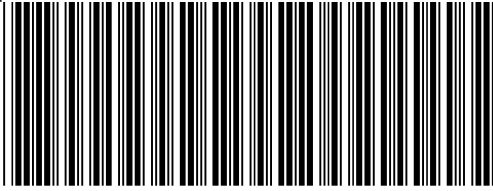
2021 Form 1, pg. 2

MA21001021555

Massachusetts Resident Income Tax Return
866901534

3.	Wages, salaries, tips	3	4251
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a.	= 5	
	- b. exemption		
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 6	9	
10.	TOTAL 5.0% INCOME	10	4251
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	128
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	128
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	4123
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

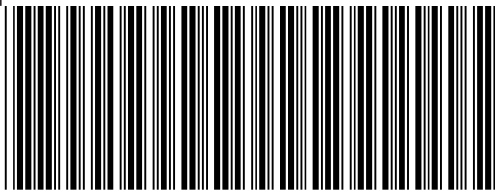


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MA21001031555

Massachusetts Resident Income Tax Return
866901534

22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22
23. 12% INCOME. Not less than "0" a.	23
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24
25. Credit recapture amount (from Credit Recapture Schedule)	25
26. Additional tax on installment sale	26
27. If you qualify for No Tax Status, fill in and enter "0" on line 28	X
28. TOTAL INCOME TAX. Add lines 22 through 26	28
29. Limited Income Credit	29
30. Income tax due to another state or jurisdiction	30
31. Other credits from Credit Manager Schedule	31
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32
33. Voluntary Contributions	
a. Endangered Wildlife Conservation	33a
b. Organ Transplant Fund	33b
c. Massachusetts Public Health HIV and Hepatitis Fund	33c
d. Massachusetts U.S. Olympic Fund	33d
e. Massachusetts Military Family Relief Fund	33e
f. Homeless Animal Prevention and Care	33f
Total. Add lines 33a through 33f	33
34. Use tax due on Internet, mail order and other out-of-state purchases	34
35. Health care penalty a. You + b. Spouse	35
36. Amended return only. Overpayment from original return	36
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37



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MA21001041555

Massachusetts Resident Income Tax Return
866901534

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-52 with various tax items and their corresponding amounts.

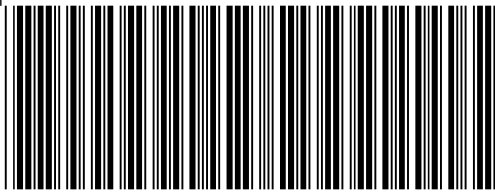
Direct deposit of refund. Type of account X checking
savings
RTN # 011000138 account # 466007165003

Table with 3 columns: Line number, Description, and Amount. Includes line 53 for tax due and EX enclose Form M-2210.

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically (this may delay your refund)
Print paid preparer's name Date Check if self-employed SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 04142022 P02082703
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 678-965-9522 30-1017196

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2021 Schedule INC

MA21INC011555

TUSHAR TYAGRAJ

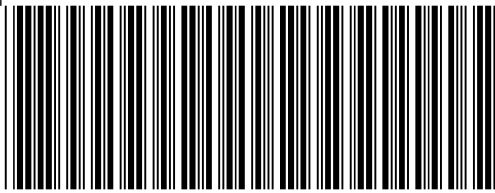
RAO

866901534

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
041679980	129	2571			W2

TOTALS	129	2571			
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2021 Schedule HC

MA21029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

TUSHAR TYAGRAJ

RAO

866901534

1a. Date of birth 03271997 1b. Spouse's date of birth 1c. Family size 1

2. Federal adjusted gross income 2 4251

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2021, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

3a You:	<input checked="" type="checkbox"/>	Full-year MCC	Part-year MCC	No MCC/None
3a Spouse:		Full-year MCC	Part-year MCC	No MCC/None

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2021, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

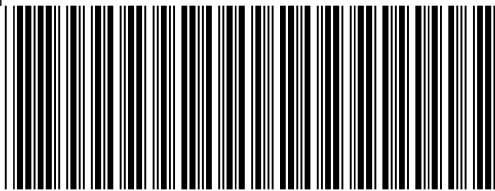
4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You	Spouse
4b. MassHealth. Fill in and go to line 5	<input checked="" type="checkbox"/>	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2021, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2021 Schedule HC, pg. 2

866901534 MA21029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2021 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2021. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2021, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section **only if** you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2021. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2021, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2021. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No
Spouse Yes No

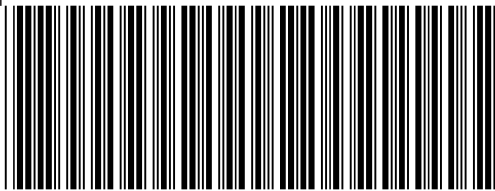
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2021 tax year? 8b You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2021 tax year? 9 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2021 Schedule HC, pg. 3

MA21029031555

TUSHAR TYAGRAJ

RAO

866901534

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2021 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	10 You	Yes	No
	Spouse	Yes	No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions?	11 You	Yes	No
	Spouse	Yes	No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	12 You	Yes	No
	Spouse	Yes	No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2021 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

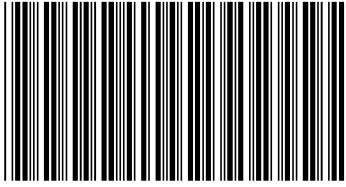
You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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
866901534

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
MASSACHUSETTS

Home Address (Number and Street, incl. apt. # or rural route)
41 AUCKLAND ST, APT. 1

Driver's License # (Voluntary)

State

City, Town, Post Office
DORCHESTER

State

ZIP Code

MA 02125

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

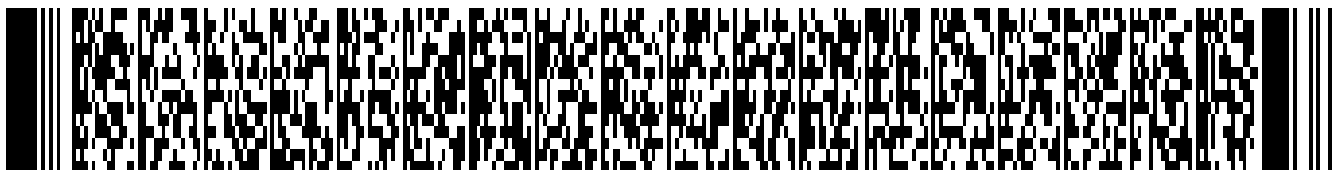
Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

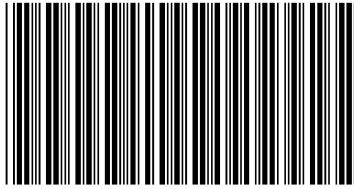
Yes

No

Yes

No





040NV02210

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

Your Social Security Number
866901534

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

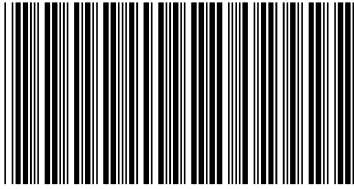
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						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.	4251	.	15.	1680	.
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 (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	.	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	.		.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.		.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	4251	.	27.	1680	.
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.	4251	.	29.	1680	.
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
RAO TUSHAR TYAGRAJ

Your Social Security Number
866901534

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.	3251	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	.	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>39.52</u> %			
41.	New Jersey Tax (Multiply amount from line 39 by income percentage from line 40)	41.	.	.
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.	0	.
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.	0	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year, see instr)	49.	32	.
50.	New Jersey Estimated Tax Payments/Credit from 2020 return	50.	.	.
51.	Tax paid on your behalf by Partnership(s)	51.	.	.
52.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.	.	.
53.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.	.	.
54.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.	.	.
56.	Total Payments/Credits (Add lines 49 through 55)	56.	32	.
57.	If line 56 is less than line 48, you have tax due. Subtract line 56 from line 48 and enter the amount you owe	57.	.	.
58.	If line 56 is more than line 48, you have an overpayment. Subtract line 48 from line 56 and enter the overpayment	58.	32	.
59.	Amount from line 58 you want to credit to your 2022 tax	59.	.	.
60.	Amount you want to credit to:			
	(A) N.J. Endangered Wildlife Fund	60A.	.	.
	(B) N.J. Children's Trust Fund	60B.	.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	60C.	.	.
	(D) N.J. Breast Cancer Research Fund	60D.	.	.
	(E) U.S.S. N.J. Educational Museum Fund	60E.	.	.
	(F) Designated Contribution Code	60F.	.	.
61.	Total Adjustments to Tax Due/ Overpayment (Add lines 59 through 60F)	61.	.	.
62.	Balance due (If line 57 is more than zero, add line 57 and 61)	62.	.	.
63.	Refund amount (If line 58 is more than zero, subtract line 61 from line 58)	63.	32	.

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.

> Tushar Rao 4/14/2022
 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 RAO TUSHAR TYAGRAJ	Your Social Security Number 866901534
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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.)
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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 _____% = \$ _____