



Notice CP2000  
 Tax Year 2021  
 Notice date November 6, 2023  
 Social Security number 145-19-4420  
 Page 9 of 9



001165



NAVEENKUMAR SOMA  
 18 PERRINE PATH  
 PRINCETON JCT NJ 08550-2951

Notice CP2000  
 Notice date November 6, 2023  
 Social security number 145-19-4420



- Make your check or money order payable to the United States Treasury.
- Write your Taxpayer Identification number (145-19-4420), the tax year (2021), and the notice number (CP2000) on your payment and any correspondence.

**Payment**

Internal Revenue Service  
 PO BOX 219749  
 KANSAS CITY MO 64121-9749  


**Amount due by**  
**December 6, 2023**

<b>\$157,930</b>
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145194420 AR SOMA 30 0 202112 640 00015793000

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.  
 ► Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year (enter year) **2021** or fiscal year (enter month and year ended)

Your first name and middle initial <b>NAVEENKUMAR</b>	Last name <b>SOMA</b>	Your social security number <b>145-19-4420</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number <b>362-29-8219</b>

Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number

**18 PERRINE PATH**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

**PRINCETON JUNCTION, NJ 08550**

Foreign country name	Foreign province/state/county	Foreign postal code
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**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single  
  Married filing jointly  
  Married filing separately (MFS)  
  Head of household (HOH)  
  Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ► **PRABHANJANA ADEPU**

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change — amount of increase or (decrease) — explain in Part III	C. Correct amount
<b>Income and Deductions</b>			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here. <input type="checkbox"/>	1 34,728.	352,656.	387,384.
2 Itemized deductions or standard deduction	2 12,550.		12,550.
3 Subtract line 2 from line 1	3 22,178.	352,656.	374,834.
4a Reserved for future use	4a		
b Qualified business income deduction	4b		
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5 22,178.	352,656.	374,834.
<b>Tax Liability</b>			
6 Tax. Enter method(s) used to figure tax (see instructions): <u>TCW</u>	6 2,462.	104,488.	106,950.
7 Nonrefundable credits. If a general business credit carryback is included, check here. <input type="checkbox"/>	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 2,462.	104,488.	106,950.
9 Reserved for future use	9		
10 Other taxes	10	9,971.	9,971.
11 Total tax. Add lines 8 and 10	11 2,462.	114,459.	116,921.
<b>Payments</b>			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 3,638.		3,638.
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> Schedule 8812   Form(s) <input type="checkbox"/> 2439	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		3,638.
<b>Refund or Amount You Owe</b>			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,176.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		2,462.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		114,459.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22 Amount of line 21 you want refunded to you	22		
23 Amount of line 21 you want applied to your (enter year): _____ estimated tax... 23	23		

Complete and sign this form on page 2.

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund** (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.  
 TAXPAYER DID NOT INCLUDE PROCEEDS FROM THE SALE OF SECURITIES ON THE ORIGINAL FILED RETURN.

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Sign Here**

Your signature: X Kay Date: 12/01/23 Your occupation: COMPUTER ANAYLIST  
 Spouse's signature: Amel Date: 11/19/2023 Spouse's occupation: HOME MAKER

**Paid Preparer Use Only**

Print/Type preparer's name: NICHOLAS J. COCO Preparer's signature: Nick Coco Date: 11/25/23 Check  if self-employed PTIN: P01211930  
 Firm's name: NICHOLAS J. COCO, CPA Firm's EIN: 22-3620376  
 Firm's address: 752 KEARNY AVENUE KEARNY, NJ 07032 Phone no.: 2019553100

For forms and publications, visit [www.irs.gov/Forms](http://www.irs.gov/Forms).

Form 1040-X (Rev. 7-2021)

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

OMB No. 1545-0074

**Capital Gains and Losses**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2021**

Attachment Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

NAVEENKUMAR SOMA

145-19-4420

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.....	403,000.	44,504.		358,496.
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.....	4,606.	10,446.		-5,840.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.....				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.....				<b>7</b> 352,656.

**Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.....				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.....				<b>12</b>
<b>13</b> Capital gain distributions. See the instrs.....				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back.....				<b>15</b>

**Part III Summary**

16 Combine lines 7 and 15 and enter the result	16	352,656.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
17 Are lines 15 and 16 <b>both</b> gains?		
<input type="checkbox"/> Yes. Go to line 18.		
<input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	▶ 18	
19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	▶ 19	
20 Are lines 18 and 19 <b>both</b> zero or blank and are you not filing Form 4952?		
<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
<ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000) or if married filing separately, (\$1,500)</li> </ul>	21	( )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.		
<input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



**Net Investment Income Tax –  
 Individuals, Estates, and Trusts**

▶ Attach to your tax return.  
 ▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2021**

Attachment  
 Sequence No. **72**

Name(s) shown on your tax return  
**NAVEENKUMAR SOMA**

Your social security number or EIN  
**145-19-4420**

- Part I Investment Income**
- Section 6013(g) election (see instructions)
  - Section 6013(h) election (see instructions)
  - Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	352,656.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	352,656.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	352,656.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	352,656.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	387,384.	
14	Threshold based on filing status (see instructions)	14	125,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	262,384.	
16	Enter the smaller of line 12 or line 15		16	262,384.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		17	9,971.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		21	

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

Form **8960** (2021)

### Installment Agreement Request

► Go to [www.irs.gov/Form9465](http://www.irs.gov/Form9465) for instructions and the latest information.  
► If you are filing this form with your tax return, attach it to the front of the return.  
► See separate instructions.

OMB No. 1545-0074

**Tip:** If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to [www.irs.gov/OPA](http://www.irs.gov/OPA) to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

#### Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ► **FORM 1040**

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ► **2021**

<b>1 a</b> Your first name and initial <b>NAVEENKUMAR</b>	Last name <b>SOMA</b>	Your social security number <b>145-19-4420</b>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. <b>18 PERRINE PATH</b>		Apartment number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). <b>PRINCETON JUNCTION, NJ 08550</b>		
Foreign country name	Foreign province/state/country	Foreign postal code

**1 b** If this address is new since you filed your last tax return, check here:

<b>2</b> Name of your business (must no longer be operating)	Employer identification number (EIN)
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<b>3</b> Your home phone number	Best time for us to call	<b>4</b> Your work phone number	Extension	<b>AFTER 6 PM</b>	Best time for us to call
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<b>5</b> Enter the total amount you owe as shown on your tax return(s) (or notice(s))	<b>5</b>	<b>113,283.</b>
<b>6</b> If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	<b>6</b>	
<b>7</b> Add lines 5 and 6 and enter the result	<b>7</b>	<b>113,283.</b>
<b>8</b> Enter the amount of any payment you're making with this request. See instructions.	<b>8</b>	<b>5,000.</b>
<b>9</b> Amount owed. Subtract line 8 from line 7 and enter the result	<b>9</b>	<b>108,283.</b>
<b>10</b> Divide the amount on line 9 by 72.0 and enter the result	<b>10</b>	<b>1,504.</b>
<b>11 a</b> Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, <b>as these charges will continue to accrue until you pay in full.</b> If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. <b>If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months.</b>	<b>11 a</b>	<b>5,000.</b>
<b>b</b> If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your <i>revised</i> monthly payment.	<b>11 b</b>	

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement.
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

**12** Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12** **25TH**

**13** If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

► **a** Routing number **021200339**      ► **b** Account number **3810 5673 8236**

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

**c Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions.

**14** If you want to make payments by payroll deduction, check this box and attach a completed Form 2159.

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature <i>May</i>	Date <b>02/01/23</b>	Spouse's signature. If a joint return, <b>both</b> must sign.	Date
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**Part II Additional Information**

Complete this Part only if all three conditions below apply:

- 1 You defaulted on an installment agreement in the past 12 months;
- 2 You owe more than \$25,000 but not more than \$50,000; and
- 3 The amount on line 11a (or 11b, if applicable) is less than line 10.

**Note:** If you owe more than \$50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? \_\_\_\_\_

16a Marital status:

Single. Skip question 16b and go to question 17.

Married. Go to question 16b.

b Do you share household expenses with your spouse?

Yes.

No.

17 How many dependents will you be able to claim on this year's tax return? ..... **17** \_\_\_\_\_

18 How many people in your household are 65 or older? ..... **18** \_\_\_\_\_

19 How often are you paid?

Once a week.

Once every 2 weeks.

Once a month.

Twice a month.

20 What is your net income per pay period (take home pay)? ..... **20** \_\_\_\_\_

**Note:** Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

Once a week.

Once every 2 weeks.

Once a month.

Twice a month.

22 What is your spouse's net income per pay period (take home pay)? ..... **22** \_\_\_\_\_

23 How many vehicles do you own? ..... **23** \_\_\_\_\_

24 How many car payments do you have each month? ..... **24** \_\_\_\_\_

25a Do you have health insurance?

Yes. Go to question 25b.

No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

Yes. Skip question 25c and go to question 26a.

No. Go to question 25c.

c How much are your monthly health insurance premiums? ..... **25 c** \_\_\_\_\_

26a Do you make court-ordered payments?

Yes. Go to question 26b.

No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

Yes. Go to question 27.

No. Go to question 26c.

c How much are your court-ordered payments each month? ..... **26 c** \_\_\_\_\_

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? ..... **27** \_\_\_\_\_

# Collection Information Statement

Name(s) and Address <b>NAVEENKUMAR SOMA</b> <b>18 PERRINE PATH, PRINCETON JCT, NJ, 08550</b>	Your Social Security Number or Individual Taxpayer Identification Number <b>145-19-4420</b> Your Spouse's Social Security Number or Individual Taxpayer Identification Number <b>362-29-8219</b>
<input type="checkbox"/> If address provided above is different than last return filed, please check here	Your telephone numbers Home: _____ Work: _____ Cell: <b>609-721-0237</b>
Spouse's telephone numbers Home: _____ Work: _____ Cell: _____	County of Residence <b>United States of America</b>

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 \_\_\_\_\_ 65 and Over \_\_\_\_\_

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)

**A. ACCOUNTS / LINES OF CREDIT**

**PERSONAL BANK ACCOUNTS** Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
<b>Bank of America, Plainsboro</b>	<b>381056738236</b>	<b>checking</b>	<b>30023.11</b>	<input type="checkbox"/>
<b>Bank of America, Plainsboro</b>	<b>381054241767</b>	<b>checking</b>		<input checked="" type="checkbox"/>

**INVESTMENTS** Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
<b>- NA -</b>				<input type="checkbox"/>
				<input type="checkbox"/>

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary.)

Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)	Email Address Used to Set-up With the Virtual Currency Exchange or DCE	Location(s) of Virtual Currency (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600 USD)
<b>- NA -</b>				

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
		Year Purchased	Purchase Price			
<b>- NA -</b>		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
<b>Car - SUV</b>	<b>\$ 0</b>	<b>2021</b>	<b>/</b>	<b>20,000</b>	<b>\$ 0</b>	<b>20,000</b>

**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
<b>VISA</b>	<b>\$ 33,100</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>VISA</b>	<b>\$ 14,800</b>	<b>\$ 250</b>	<b>\$ 200</b>

**TURN PAGE TO CONTINUE**



NAVEENKUMAR SOMA  
18 PERRINE PATH  
PRINCETON JUNCTION NJ 08550

167

55-33/212 NJ  
90209

12/01/2023

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*Naveen*

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Phone: 609-721-0237

For SSN: 145-19-4420

2021 Form 1040X

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