

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

Your first name and middle initial VENKATA SAI KARTHIK		Last name SURVEPALLI	Your social security number 297-85-2222
If joint return, spouse's first name and middle initial MEHER LALITHA		Last name THATAVARTHI	Spouse's social security number 770-93-2882
Home address (number and street). If you have a P.O. box, see instructions. 201 TONNELLE AVENUE			Apt. no. E 2
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JERSEY CITY NJ 07306			
Foreign country name		Foreign province/state/county	Foreign postal code

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SS IVANSHIKA D	SURVEPALLI	081-21-0787	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
• Single or Married filing separately, \$12,200
• Married filing jointly or Qualifying widow(er), \$24,400
• Head of household, \$18,350
• If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	119,447.				
2a	Tax-exempt interest	2a		b	Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a		b	Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
c	Pensions and annuities	4c		d	Taxable amount	4d	
5a	Social security benefits	5a		b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here					6	
7a	Other income from Schedule 1, line 9					7a	0.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	119,447.
8a	Adjustments to income from Schedule 1, line 22					8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income					8b	119,447.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.				
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10					
11a	Add lines 9 and 10					11a	24,400.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	95,047.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	12,623.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	12,623.	
13a	Child tax credit or credit for other dependents	13a	2,000.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,000.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,623.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,623.	
17	Federal income tax withheld from Forms W-2 and 1099	17	10,515.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	10,515.	

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

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20																					
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
22	Amount of line 20 you want applied to your 2020 estimated tax	22																					

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	108.
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(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. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶										
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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.

Joint return?
See instructions.
Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)										
		SOFTWARE ENGINEER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)										
		WORKING	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Phone no.	Email address												

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
HARISH KUMAR REDDY BADDAM		04/14/2020	P01962054	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ BTFPRO LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 1001 S MAIN ST APT D210 MILPITAS CA 95035		Firm's EIN ▶	81-4910581	

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 03/29/20 PRO

Form **1040** (2019)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.**2019**Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

V SURVEPALLI & M THATAVARTHI

Taxpayer identification number

297-85-2222

Enter preparer's name and PTIN

HARISH KUMAR REDDY BADDAM

P01962054

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification**► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



195050013

OR FISCAL YEAR BEGINNING _____ 2019, ENDING _____

297852222 770932882
Social Security Number Spouse's Social Security Number

VENKATA SAI KARTHIK _____
First Name MI

SURVEPALLI _____
Last Name

MEHER LALITHA _____
Spouse's First Name MI

THATAVARTHI _____
Spouse's Last Name

201 TONNELLE AVENUE _____
Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

E2 _____
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

JERSEY CITY NJ 07306
City or Town State ZIP Code + 4

City, Town or Taxing Area
Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX**
- | | |
|---|--|
| 1. <input type="checkbox"/> Single (If you can be claimed on another person's tax return, use Filing Status 6.) | 4. <input type="checkbox"/> Head of household |
| 2. <input checked="" type="checkbox"/> Married filing joint return or spouse had no income | 5. <input type="checkbox"/> Qualifying widow(er) with dependent child |
| 3. <input type="checkbox"/> Married filing separately, Spouse's SSN | 6. <input type="checkbox"/> Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.) |

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. NJ

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2019? If no, attach explanation.

☒ Yes ☐ No

Are you or your spouse a member of the military?

☐ Yes ☒ No

Did you file a Maryland income tax return for 2018? ☐ Yes ☒ No If "Yes," was it a ☐ Resident or a ☐ Nonresident return?

Dates you resided in Maryland for 2019. If none, enter "NONE": **FROM** None **TO** None (MMDDYYYY).

☐ Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. ☒ Yourself ☒ Spouse Enter number checked 2 See Instruction 10 **A. \$** 6400

B. ☐ 65 or over ☐ 65 or over

☐ Blind ☐ Blind Enter number checked ☐ X \$1,000 **B. \$** _____

C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 **C. \$** 3200

D. Enter Total Exemptions (Add A, B and C.) 3 **Total Amount** **D. \$** 9600



195050113

Name V SURVEPALLI & M THATAVARTHI SSN 297852222

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc.	119447	11152	108295
2. Taxable interest income			
3. Dividend income			
4. Taxable refunds, credits or offsets of state and local income taxes			
5. Alimony received			
6. Business income or (loss)			
7. Capital gain or (loss)			
8. Other gains or (losses) (from federal Form 4797)			
9. Taxable amount of pensions, IRA distributions, and annuities.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)			
11. Farm income or (loss)			
12. Unemployment compensation (insurance)			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits			
14. Other income (including lottery or other gambling winnings)			
15. Total income (Add lines 1 through 14.)	119447	11152	108295
16. Total adjustments to income from federal return (IRA, alimony, etc.)			
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	119447	11152	108295

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments.	18.	
19. Other (Enter code letter(s) from Instruction 12.) ▶	19.	
20. Total additions (Add lines 18 and 19.) ▶ 20.	20.	
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)	21.	119447

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.	22.	
23. Other (Enter code letter(s) from Instruction 13.) ▶	23.	
24. Total subtractions (Add lines 22 and 23.) ▶ 24.	24.	
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)	25.	119447

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a.	4550	
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>		
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.		
c. State and local income taxes (See Instruction 16.) ▶ 26c.		
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.		
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e.	1.000000 (from worksheet in Instruction 14).	▶ 26.
27. Net income (Subtract line 26 from line 25.)	27.	114897
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	28.	9600
29. Enter your AGI factor (from worksheet in Instruction 14)	29.	1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.)	30.	9600
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR.	31.	105297

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)	32a.	469
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)	32b.	174
c. Total Maryland tax (Add lines 32a and 32b.)	32c.	643
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	33.	



195050213

Name V SURVEPALLI & M THATAVARTHI SSN 297852222

34. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) **34.** _____

35. Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR**

36. Total credits (Add lines 33 through 35.) **36.** _____

37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. **37.** 643

38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) **38.** _____

39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) **39.** _____

40. Contribution to Maryland Cancer Fund (See Instruction 21.) **40.** _____

41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) **41.** _____

42. Total Maryland income tax and contributions (Add lines 37 through 41.) **42.** 643

43. Total Maryland tax withheld (Enter total from **your W-2 and 1099 forms and attach if MD tax is withheld.**) **43.** 857

44. 2019 estimated tax payments, amount applied from 2018 return, payments made with an extension request and **Form MW506NRS** **44.** _____

45. Nonresident tax paid by pass-through entities (**Attach Maryland Schedule K-1 (510)**) **45.** _____

46. Refundable income tax credits from Part CC, line 7 of Form 502CR (**Attach Form 502CR.** See Instruction 22.) . **46.** _____

47. Total payments and credits (Add lines 43 through 46.) **47.** 857

48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) **48.** _____

49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) **49.** 214

50. Amount of overpayment **TO BE APPLIED TO 2020 ESTIMATED TAX.** **50.** _____

51. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 . . **REFUND** **51.** 214

52. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) **Total** **52.** _____

Check here ☐ **if you are attaching Form 502UP.**

53. TOTAL AMOUNT DUE (Add line 48 and line 52.) **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.**

Include Form PV. **53.** _____

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. **For Splitting Direct Deposit, see Form 588.** If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: **54a.** Type of account: ☒ Checking ☐ Savings

54b. Routing number (9-digit) **54c.** Account number

021000322 483056296663

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ☐ if you authorize your paid preparer not to file electronically. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). 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, the declaration is based on all information of which the preparer has any knowledge.

_____ Your signature	_____ Date	_____ Spouse's signature	_____ Date
_____ Signature of Preparer other than taxpayer (Required by Law)		<u>1001 S MAIN ST APT D210</u> Street address of Preparer/Firm	
<u>BTFPRO LLC</u> Printed name of the Preparer/Firm's name		<u>MILPITAS CA 95035</u> City, State, ZIP Code + 4	

Telephone number of Preparer

P01962054
Preparer's PTIN (**Required by law**)

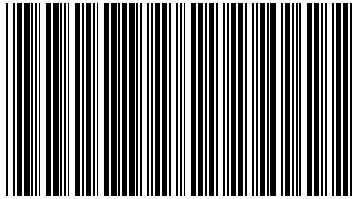
CODE NUMBERS (3 digits per line)

**For returns filed without payments,
mail your completed return to:**

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make
checks payable to Comptroller of Maryland. Do not attach Form PV or check/
money order to Form 505. Place Form PV with attached check/money order on
TOP of Form 505 and mail to:**

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



040MP01190

2019 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)
297852222

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
SURVEPALLI VENKATA SAI KARTHIK & THATAVARTHI

Spouse's/CU Partner's SSN (if filing jointly)
770932882

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
201 TONNELLE AVENUE APT E2

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

Driver's License Number (Voluntary) (Instructions page 42)
SS9417763000885

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

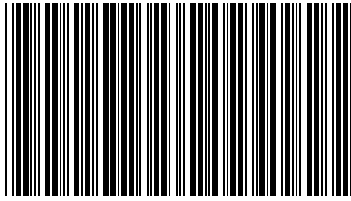
Direct Deposit Information

- dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)
dd2. Account type (C for checking, S for savings)
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States
dd4. Routing number
dd5. Account number

dd1. 1
dd2. C
dd3.
dd4.
dd5.

021000322
483056296663





040MP02190

Name(s) as shown on Form NJ-1040

SURVEPALLI VENKATA SAI KARTHIK & THATAVA

Your Social Security Number

297852222

1555

Part-year residents, provide months/days you were a New Jersey resident during 2019:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 0

Filing Status

Fill in only one.

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

Indicate the year of your spouse's/CU partner's death: 2017 2018

Enter spouse's/CU partner's SSN

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | 2000 |
| 7. Senior 65+ (Born in 1954 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | |
| 10. Qualified Dependent Children | | | | | | 1 | x \$1,500 = | 1500 |
| 11. Other Dependents | | | | | | | x \$1,500 = | |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | 3500 |

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

- a. SURVEPALLI, SS IVANSHIKA D
- b. _____
- c. _____
- d. _____

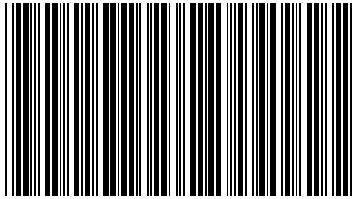
Social Security Number

081210787

Birth Year

2018

No Health Insurance



040MP03190

Name(s) as shown on Form NJ-1040

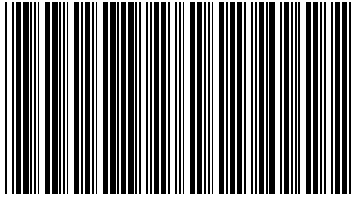
SURVEPALLI VENKATA SAI KARTHIK & THATAVAR

Your Social Security Number

297852222

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	126000	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	126000	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	126000	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	3500	.
31. Medical Expenses (Worksheet F and instructions page 22)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	.
36. Total Exemptions and Deductions (Add lines 30 through 35)	36.	3500	.
37. Taxable Income (Subtract line 36 from line 29)	37.	122500	.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	3456	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code	.	.	.
Fill in if you completed Worksheet G	.	.	.
38d. Indicate your residency status during 2019 (fill in only one)	Homeowner	Tenant	Both
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	3456	.
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	119044	.
41. Tax on Amount on line 40 (Tax Table page 52)	41.	3802	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	337	.
Enter Code	20	.	.
43. Balance of Tax (Subtract line 42 from line 41)	43.	3465	.
44. Child and Dependent Care Credit (See instructions)	44.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.	.
45. Balance of Tax (Subtract line 44 from line 43)	45.	3465	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	3465	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.	.
49. Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	3465	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed	.	.	.



040MP04190

Name(s) as shown on Form NJ-1040

SURVEPALLI VENKATA SAI KARTHIK & THATAVAR

Your Social Security Number

297852222

1555

52. Shared Responsibility Payment (See instructions)	52.	0
REQUIRED Enclose Schedule HCC and fill in		
53. Total Tax Due (Add lines 49 through 52)	53.	3465
54. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	54.	3574
55. Property Tax Credit (See instructions page 23)	55.	.
56. New Jersey Estimated Tax Payments/Credit from 2018 tax return	56.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.
62. Total Withholdings, Credits, and Payments (Add lines 54 through 61)	62.	3574
63. If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53 and enter the amount you owe	63.	.
If you owe tax, you can still make a donation on lines 66 through 73.		
64. If the total on line 62 is more than line 53, you have an overpayment. Subtract line 53 from line 62 and enter the overpayment	64.	109
65. Amount from line 64 you want to credit to your 2020 tax	65.	.
66. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	66.	.
67. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	67.	.
68. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	68.	.
69. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	69.	.
70. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	70.	.
71. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	71.	.
72. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	72.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.
74. Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)	74.	.
75. Balance due (If line 63 is more than zero, add line 63 and line 74)	75.	.
76. Refund amount (If line 64 is more than zero, subtract line 74 from line 64)	76.	109

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
This does not reduce your refund or increase your balance due.

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

BTFPRO LLC 81-4910581

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:

State of New Jersey - TGI

You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:

New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555