Form **1040** Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return **2020**

OMB No. 1545-0074 | IRS Use Only — Do not write or staple in this space.

Filing Status Check only one box.

[X] 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 ►

Your first name and middle initial	Last name	Your social security number
CHINKI MAHESHWARI		194-84-2765
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

2171 EFFINGHAM WAY # 112

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

SUN PRAIRIE, WI 53590

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.

[ ] You [ ] Spouse

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

Standard Deduction

Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent

[ ] Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

If more than four dependents, see instructions and check here ► [ ]

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

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	70,027.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]			7	
8	Other income from Schedule 1, line 9			8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ►			9	70,027.
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
c	Add lines 10a and 10b. These are your **total adjustments to income** ►			10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ►			11	69,727.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	57,327.

Standard Deduction for —
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	8,402.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,402.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,402.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your **total tax** ►	24	8,402.
25	Federal income tax withheld from :		
a	Form(s) W-2 — 25a: 8,461.		
b	Form(s) 1099 — 25b:		
c	Other forms (see instructions) — 25c:		
d	Add lines 25a through 25c	25d	8,461.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) — 27:		
28	Additional child tax credit. Attach Schedule 8812 — 28:		
29	American opportunity credit from Form 8863, line 8 — 29:		
30	Recovery rebate credit. See instructions — 30:		
31	Amount from Schedule 3, line 13 — 31:		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ►	32	
33	Add lines 25d, 26, and 32. These are your **total payments** ►	33	8,461.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	59.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ► ☐	35a	59.
b	Routing number 021000021 ► c Type: ☒ Checking ☐ Savings		
d	Account number 593506832		
36	Amount of line 34 you want **applied to your 2021 estimated tax** ► 36:		

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ►	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) ► 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS ? See instructions ► ☐ **Yes.** Complete below. ☒ **No**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

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.) ►
		MODULE LEAD	
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.) ►
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ► GLOBAL TAX SOLUTIONS			Phone no. 770-666-7471	
Firm's address ► 13039 CINDERELLA LANE FRISCO, TX 75035			Firm's EIN ►	

NYIA1612 01/04/21

NEW YORK STATE 2020

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning . . . **20**

and ending . . . . . .

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial	Your last name *(for a joint return, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
CHINKI	MAHESHWARI	06231984	194842765
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO box)*	Apartment number	New York State county of residence
2171 EFFINGHAM WAY	# 112	

City, village, or post office	State	ZIP code	Country *(if not United States)*	School district name
SUN PRAIRIE	WI	53590		

Taxpayer's permanent home address *(see instrs)* *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number

State	ZIP code	Country *(if not United States)*	Decedent information	Taxpayer's date of death	Spouse's date of death

A Filing status *(mark an **X** in one box):*

1 [X] Single

2 [ ] Married filing joint return *(enter both spouses' Social Security numbers above)*

3 [ ] Married filing separate return *(enter both spouses' Social Security numbers above)*

4 [ ] Head of household *(with qualifying person)*

5 [ ] Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? . . . . . Yes [ ] No [X]

C Can you be claimed as a dependent on another taxpayer's federal return? . . . . . Yes [ ] No [X]

D1 Did you have a financial account located in a foreign country? *(see instructions)* . . . . . Yes [ ] No [X]

D2 Were you required to report any nonqualified deferred compensation, as required by IRC §457A, on your 2020 federal return? *(see instructions)* . . . . . Yes [ ] No [X]

E New York City part-year residents only *(see instrs)*

(1) Number of months **you** lived in NY City in 2020 . . . [ ]

(2) Number of months **your spouse** lived in NY City in 2020 . . . . . [ ]

F Enter your **2-character special condition code(s) if applicable** *(see instructions)* . . . . [ ] [ ]

G New York State part-year residents *(see instructions)*

Enter the date you moved into or out of NYS *(mmddyyyy)* 02062020

On the last day of the tax year *(mark an **X** in one box):*

1) Lived in NYS . . . . . [ ]

2) Lived outside NYS; received income from NYS sources during nonresident period . . . . . [X]

3) Lived outside NYS; received no income from NYS sources during nonresident period . . . . . [ ]

H New York State nonresidents *(see instructions)*

Did you or your spouse maintain living quarters in NYS in 2020? . . . . . Yes [ ] No [ ]

(if Yes, complete Form IT-203-B)

I Dependent information *(see instructions)*

First name and middle initial	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*

If more than 6 dependents, mark an ***X*** in the box. [ ]

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For office use only

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CHINKI MAHESHWARI

Enter your Social Security number: 194842765

Federal income and adjustments *(see instructions)*

		Federal amount Whole dollars only		New York State amount Whole dollars only
1 Wages, salaries, tips, etc.	1	70027.00	1	17057.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss *(submit a copy of federal Sch. C, Form 1040)*	6	.00	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	7	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	11	.00
12 Rental real estate included in line 11 *(federal amount)* 12 .00				
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of Social Security benefits *(also enter on line 26)*	15	.00	15	.00
16 Other income *(see instrs)* *Identify:*	16	.00	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	70027.00	17	17057.00
18 Total federal adjustments to income *(see instructions)* *Identify:* SEE STATEMENT 1	18	300.00	18	.00
19 Federal adjusted gross income *(subtract line 18 from line 17)*	19	69727.00	19	17057.00
19a **Recomputed federal adjusted gross income** *(see page 25, Line 19a worksheet)*	19a	70027.00	19a	17057.00

New York additions *(see instructions)*

20 Interest income on state and local bonds and obligations *(but not those of New York State or its localities)*	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other *(Form IT-225, line 9)*	22	.00	22	.00
23 Add lines **19a** through **22**	23	70027.00	23	17057.00

New York subtractions *(see instructions)*

24 Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government *(see instructions)*	25	.00	25	.00
26 Taxable amount of Social Security benefits *(from line 15)*	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other *(Form IT-225, line 18)*	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 **New York adjusted gross income** *(subtract line **30** from line **23**)*	31	70027.00	31	17057.00
32 Enter the amount from line 31, ***Federal amount*** column			32	70027.00

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Name(s) as shown on page 1	Enter your Social Security number
CHINKI MAHESHWARI	194842765

Standard deduction or itemized deduction *(see instructions)*

33	Enter your **standard deduction** *(table in instructions)* **or** your **itemized deduction** *(from Form IT-196)*. Mark an ***X*** in the appropriate box: [X] **Standard** - or - [ ] **Itemized**	33	8000.00
34	Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	34	62027.00
35	Dependent exemptions *(enter the number of dependents listed in Item I; see instructions)*	35	**000.00**
36	**New York taxable income** *(subtract line 35 from line 34)*	36	62027.00

Tax computation, credits, and other taxes

37	**New York taxable income** *(from line 36)*	37	62027.00
38	New York State tax on line 37 amount *(see instructions)*	38	3516.00
39	New York State household credit *(see instructions, table 1, 2, or 3)*	39	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40	3516.00
41	New York State child and dependent care credit *(see instructions)*	41	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42	3516.00
43	New York State earned income credit *(see instructions)*	43	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44	3516.00

45 Income percentage *(see instrs)* — New York State amount from line 31: 17057.00 ÷ Federal amount from line 31: 70027.00 = 45 Round result to 4 decimal places: 0.2436

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46	856.00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	47	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48	856.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	49	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	50	856.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51	Part-year New York City resident tax *(Form IT-360.1)*	51	.00
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52 a	Subtract line 52 from 51	52 a	.00
52 b	MCTMT net earnings base	52 b	.00
52 c	MCTMT	52 c	.00
53	Yonkers nonresident earnings tax *(Form Y-203)*	53	.00
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	54	.00

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

55	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 52a, and 52c through 54)*	55	.00
56	**Sales or use tax** *(See the instructions.* ***Do not leave line 56 blank.****)*	56	0.00
57	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	57	.00
58	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines* ***50****,* ***55****,* ***56****, and* ***57****)*	58	856.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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Enter your Social Security number: 194842765 CHINKI MAHESHWARI

59	Enter amount from line 58	**59**	856.00

Payments and refundable credits *(see instructions)*

60	Part-year NYC school tax credit (fixed amount) *(also complete* **E** *on front)*	**60**	.00
60a	NYC school tax credit (rate reduction amount)	**60a**	.00
61	Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00
62	Total **New York State** tax withheld	**62**	861.00
63	Total **New York City** tax withheld	**63**	.00
64	Total **Yonkers** tax withheld	**64**	.00
65	Total estimated tax payments/amount paid with Form IT-370	**65**	.00
66	**Total payments and refundable credits** *(add lines 60 through 65)*	**66**	861.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (*see pages 12 and 13*). **Do not send federal Form W-2 with your return.**

Your refund, amount you owe, and account information *(see instructions)*

67	**Amount overpaid** *(if line 66 is* ***more than*** *line 59, subtract line 59 from line 66; see page 36)*	**67**	5.00
68	Amount of line 67 **available for refund** *(subtract line 69 from line 67)*	**68**	5.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)*	**68a**	.00
68b	Total refund after NYS 529 account deposit *(subtract line 68a from line 68)*	**68b**	5.00

Mark one refund choice: [X] **direct deposit** to checking or savings account *(fill in line 73)* **- or -** [ ] **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 37 for payment options.

69	Amount of line 67 that you want applied to your 2021 estimated tax *(see instructions)*	**69**	.00
70	Amount you **owe** *(if line 66 is* ***less than*** *line 59, subtract line 66 from line 59)*. To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return	**70**	.00
71	Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see instructions)*	**71**	.00
72	Other penalties and interest *(see instructions)*	**72**	.00

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal *(see instructions)*.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see instructions)* [ ]

73a Account type: [X] Personal checking **- or -** [ ] Personal savings **- or -** [ ] Business checking **- or -** [ ] Business savings

73b Routing number 021000021 **73c** Account number 593506832

74 Electronic funds withdrawal *(see instructions)* Date _____ Amount .00

Third-party designee? *(see instructions)* Yes [ ] No [X]	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

▼ **Paid preparer must complete** ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name *(or yours, if self-employed)*: GLOBAL TAX SOLUTIONS	Preparer's PTIN or SSN	
Address: 13039 CINDERELLA LANE FRISCO, TX 75035	Employer identification number	
	Date	
Email:		

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: MODULE LEAD	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number ( )
Email:	

See instructions for where to mail your return.

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NYIA6601 09/30/20

NEW YORK STATE 2020

Department of Taxation and Finance

Summary of W-2 Statements

New York State ● New York City ● Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 194842765

Box b Employer identification number (EIN): 954759720

Box c Employer's information

Employer's name: MPHASIS CORPORATION

Employer's address *(number and street)*: 460 PARK AVE SOUTH STE

City	State	ZIP code	Country *(if not United States)*
NEW YORK	NY	10016	

Box 1 Wages, tips, other compensation: 70027.00	**Box 12a** Amount: 33.00	Code: C	**Box 14a** Amount: 7.00	Description: STATE DISABILIT
Box 8 Allocated tips: .00	**Box 12b** Amount: 3900.00	Code: D D	**Box 14b** Amount: .00	Description:
Box 10 Dependent care benefits: .00	**Box 12c** Amount: .00	Code:	**Box 14c** Amount: .00	Description:
Box 11 Nonqualified plans: .00	**Box 12d** Amount: .00	Code:	**Box 14d** Amount: .00	Description:

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N Y — **Box 16a** NYS wages, tips, etc.: 17057.00 — **Box 17a** NYS income tax withheld: 861.00

Other state information: **Box 15b** other state: W I — **Box 16b** Other state wages, tips, etc.: 52970.00 — **Box 17b** Other state income tax withheld: 3096.00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record:

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

Employer's address *(number and street)*:

City	State	ZIP code	Country *(if not United States)*

Box 1 Wages, tips, other compensation: .00	**Box 12a** Amount: .00	Code:	**Box 14a** Amount: .00	Description:
Box 8 Allocated tips: .00	**Box 12b** Amount: .00	Code:	**Box 14b** Amount: .00	Description:
Box 10 Dependent care benefits: .00	**Box 12c** Amount: .00	Code:	**Box 14c** Amount: .00	Description:
Box 11 Nonqualified plans: .00	**Box 12d** Amount: .00	Code:	**Box 14d** Amount: .00	Description:

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N Y — **Box 16a** NYS wages, tips, etc.: .00 — **Box 17a** NYS income tax withheld: .00

Other state information: **Box 15b** other state: — **Box 16b** Other state wages, tips, etc.: .00 — **Box 17b** Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

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NO HANDWRITTEN ENTRIES ON THIS FORM

Department of Taxation and Finance

New York State Adjustments due to Decoupling from the IRC

IT-558

Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
CHINKI MAHESHWARI	194842765

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an ***X*** in the box identifying the return you are filing: IT-201 [ ] IT-203 [X] IT-204 [ ] IT-205 [ ]

Schedule A – New York State addition adjustments to recompute federal amounts *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	**A** – Total amount	**B** – NYS allocated amount
1a	A - 003	300.00	0.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total *(add column **A**, lines 1a through 1g)*	2	300.00
3 Total of Schedule A, Part 1, column **A** amounts from additional Form(s) IT-558, if any	3	.00
4 Add lines 2 and 3	4	300.00

Part 2 – Partners, shareholders, and beneficiaries

5 New York State additions

	Number	**A** – Total amount	**B** – NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total *(add column **A**, lines 5a through 5g)*	6	.00
7 Total of Schedule A, Part 2, column **A** amounts from additional Form(s) IT-558, if any	7	.00
8 Add lines 6 and 7	8	.00
9 **Total additions** *(add lines 4 and 8; see instructions)*	9	300.00

(continued)

Schedule B — New York State subtractions adjustments to recompute federal amounts *(enter whole dollars only)*

Part 1 — Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	**A** — Total amount	**B** — NYS allocated amount
10a	**S** -	.00	.00
10b	**S** -	.00	.00
10c	**S** -	.00	.00
10d	**S** -	.00	.00
10e	**S** -	.00	.00
10f	**S** -	.00	.00
10g	**S** -	.00	.00

11	Total *(add column **A**, lines 10a through 10g)*	**11**	.00
12	Total of Schedule B, Part 1, column **A** amounts from additional Form(s) IT-558, if any	**12**	.00
13	Add lines 11 and 12	**13**	.00

Part 2 — Partners, shareholders, and beneficiaries

14 New York State subtractions

	Number	**A** — Total amount	**B** — NYS allocated amount
14a	**ES** -	.00	.00
14b	**ES** -	.00	.00
14c	**ES** -	.00	.00
14d	**ES** -	.00	.00
14e	**ES** -	.00	.00
14f	**ES** -	.00	.00
14g	**ES** -	.00	.00

15	Total *(add column **A**, lines 14a through 14g)*	**15**	.00
16	Total of Schedule B, Part 2, column **A** amounts from additional Form(s) IT-558, if any	**16**	.00
17	Add lines 15 and 16	**17**	.00
18	**Total subtractions** *(add lines 13 and 17; see instructions)*	**18**	.00

CHINKI MAHESHWARI 194-84-2765

STATEMENT 1
FORM IT-203, LINE 18
ADJUSTMENTS TO INCOME

	FEDERAL	NEW YORK
CHARITABLE CONTRIBUTIONS (STANDARD DEDUCTION)	$ 300.	
TOTAL	$ 300.	$ 0.

1NPR

2020

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning _____, 2020 ending _____, 20 ____.

Check here if this is an amended return ► __

Complete form using BLACK INK

DO NOT STAPLE

PAPER CLIP WITHHOLDING STMNTS HERE

Your legal last name	Legal first name	M.I.	Your social security number
MAHESHWARI	CHINKI		194842765
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number

Home address (number and street). If you have a PO Box, see page 12	Apt. no.
2171 EFFINGHAM WAY	# 112

City or post office	State	Zip code
SUN PRAIRIE	WI	53590

Foreign Country	Foreign province/state/county
	Foreign postal code

Tax district

Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2020 or before leaving Wisconsin (nonresidents leave blank).

__ City __ Village __ Town

City, village, or town ► _____

County of ► _____

School district number See page 59 _____

Special conditions [ ] _____

__ Form 804 filed with return (see instructions)

Filing status

X Single

__ Married filing joint return (even if only one had income)

__ Married filing separate return. Fill in spouse's SSN above and full name here ►

Legal **last** name	
Legal **first** name	M.I.

__ Head of household, NOT married (see instructions)

__ Head of household, married (see instructions)

Resident status Check the status that applies

You	Spouse	
__	__	Full-year resident of Wisconsin
X	__	Nonresident of Wisconsin; state of residence NY (2-letter state abbreviation)
__	__	Part-year resident of Wisconsin from _____ (mm dd yyyy) to _____ (mm dd yyyy)

Note: Complete residence questionnaire, page 61.

PAPER CLIP CHECK OR MONEY ORDER HERE

Income	NO COMMAS NO CENTS	A. Federal column	B. Wisconsin column
1 Wages, salaries, tips, etc. (see instructions)	1	70027.00	52970.00
2 Taxable interest (see instructions)	2	.00	.00
3 Ordinary dividends (see instructions)	3	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (from line 1 of federal Schedule 1 (Form 1040 or 1040-SR)	4	.00	Not taxable
5 Alimony received (see instructions)	5	.00	.00
6 Business income or (loss) (see instructions)	6	.00	.00
7 Capital gain or (loss) (see instructions)	7	.00	.00
8 Other gains or (losses) (see instructions)	8	.00	.00
9 IRA distributions (see instructions)	9	.00	.00
10 Pensions and annuities (see instructions)	10	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	11	.00	.00
12 Farm income or (loss) (see instructions)	12	.00	.00
13 Unemployment compensation (see instructions)	13	.00	.00
14 Social security benefits (see instructions)	14	.00	Not taxable
15 Other income (see instructions). Enclose Schedule M if line 15b has an amount	15	.00	.00
16 Combine lines 1 through 15	16	70027.00	52970.00

Adjustments to Income		A. Federal column	B. Wisconsin column
17 Educator expenses(see instructions)	17	.00	.00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials (see instructions)	18	.00	.00
19 Health savings account deduction (see instructions)	19	.00	.00
20 Moving expenses for members of the Armed Forces (see instructions)	20	.00	.00
21 Deductible part of self-employment tax (see instructions)	21	.00	.00
22 Self-employed SEP, SIMPLE, and qualified plans (see instructions)	22	.00	.00
23 Self-employed health insurance deduction (see instructions)	23	.00	.00
24 Penalty on early withdrawal of savings (see instructions)	24	.00	.00
25 Alimony paid (see instructions)	25	.00	.00
26 IRA deduction (see instructions)	26	.00	.00
27 Student loan interest deduction (see instructions)	27	.00	.00
28 Tuition and fees (see instructions)	28	Not deductible for Wisconsin	
29 Other adjustments (see instructions). Enclose Schedule M if line 29b has an amount STM 1	29	300.00	.00
30 Total adjustments to income. Add lines 17 through 29	30	300.00	.00
Adjusted Gross Income			
31 Wisconsin income. Subtract line 30, column B from line 16, column B	31		52970.00
32 Federal income. Subtract line 30, column A from line 16, column A	32	69727.00	
33 Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See instructions)	33	0.7597	

Tax Computation

34 Fill in the **larger** of Wisconsin income from line 31, column B or federal income from line 32, column A. **But,** if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	69727.00
35a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here ► and see the "Exception" in the instructions for line 35c on page 31	35a	☐
35b Aliens (see page 31 to determine if you must check line 35b)	35b	☐
35c Find the standard deduction for amount on line **32** using table on page 50	35c	4593.00
36 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	65134.00
37 Exemptions **(Caution: see page 31)**		
a Fill in exemptions allowed 1 x $700	37a	700.00
b Check if 65 or older ☐ You + ☐ Spouse = ☐ x $250	37b	.00
c Add lines 37a and 37b	37c	700.00
38 Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	64434.00
39 Tax (see table in instructions)	39	3520.00
40 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	.00
41 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2020—heat included .00; Rent paid in 2020—heat not included .00 — Find credit from table page 35	41a	.00
b Property taxes paid on home in 2020 .00 — Find credit from table page 36	41b	.00
42 Add credits on lines 40, 41a, and 41b	42	.00
43 Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	3520.00
44 Fill in ratio from line 33	44	0.7597
45 Multiply line 43 by ratio on line 44	45	2674.00

Name(s) shown on Form 1NPR: CHINKI MAHESHWARI

Your social security number: 194842765

46	Fill in amount from line 45			46	2674.00
47	Armed forces member credit. (Full-year Wisconsin residents only)	47	.00		
48	Working families tax credit. (Full-year Wisconsin residents only)	48	.00		
49	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	49	.00		
50	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	50	.00		
51	Net income tax paid to another state. Enclose Schedule OS	51	.00		
52	Add lines 47 through 51			52	.00
53	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax			53	2674.00
54	Sales and use tax due on internet, mail order, or other out-of-state purchases (see instructions)			54	.00
	If you certify that no sales or use tax is due, check here ► X				
55	Donations (decreases refund or increases amount owed)				
	a Endangered resources .00	e Military family relief .00			
	b Cancer research .00	f Second Harvest/Feeding Amer. .00			
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00			
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00			
		Total (add lines a through h) →		55i	.00
56	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41) ► .00 x .33 =			56	.00
57	Other penalties (see page 41)			57	.00
58	Add lines 53 through 57			58	2674.00

Payments and Credits

59	Wisconsin income tax withheld. Enclose readable withholding statements	59	3096.00		
60	2020 Wisconsin estimated tax paid and amount applied from 2019 return	60	.00		
61	Earned income credit. (Full-year Wisconsin residents only)				
	Number of qualifying children ►				
	Federal credit ► .00 x % =	61	.00		
62	Farmland preservation credit. a Schedule FC, line 17	62a	.00		
	b Schedule FC-A, line 13	62b	.00		
63	Repayment credit	63	.00		
64	Homestead credit. (Full-year Wisconsin residents only)	64	.00		
65	Eligible veterans and surviving spouses property tax credit	65	.00		
66	Refundable credits from Schedule CR, line 40	66	.00		
67	AMENDED RETURN ONLY — amount previously paid (see page 47)	67	.00		
68	Add lines 59 through 67	68	3096.00		
69	AMENDED RETURN ONLY — amount previously refunded (see page 47)	69	.00		
70	Subtract line 69 from line 68			70	3096.00

Refund or Amount You Owe

71	If line 70 is more than line 58, subtract line 58 from line 70. This is the **AMOUNT OVERPAID**	71	422.00
72	Amount of line 71 you want **REFUNDED TO YOU**	72	422.00
73	Amount of line 71 to be **APPLIED TO YOUR 2021 ESTIMATED TAX** 73 .00		
74	If line 70 is less than line 58, subtract line 70 from line 58. This is the **AMOUNT YOU OWE**	74	.00
75	Underpayment interest. Fill in exception code — see Sch. U → ____ Also include on line 74 (see page 48).	75	.00

Third Party Designee Do you want to allow another person to discuss this return with the department *(see page 49)*? ___ **Yes** Complete the following. X **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here ▶ Your signature Spouse's signature (if filing jointly, BOTH must sign) Date

Mail your return to: Wisconsin Department of Revenue
(if tax is due) PO Box 268 Madison WI 53790-0001
(if refund or no tax due) PO Box *59* Madison WI 53785-0001

GLOBAL TAX SOLUTIONS
13039 CINDERELLA LANE
FRISCO, TX 75035

Schedule 1 – Wisconsin Itemized Deduction Credit (see line 40 instructions)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	2	.00
3	Gifts to charity from federal Schedule A (Form 1040, 1040-SR, or 1040NR). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040, 1040-SR, or 1040NR)	4	.00
5	Add lines 1 through 4	5	.00
6	Wisconsin standard deduction from Form 1NPR, line 35c	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR	9	.00

Schedule 2 – Married Couple Credit

May be claimed only when both spouses have earned income taxable by Wisconsin.

			(A) YOURSELF	(B) YOUR SPOUSE
1	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	2	.00	.00
3	Combine lines 1 and 2. This is your total Wisconsin earned income	3	.00	.00
4	Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4	.00	.00
5	Subtract line 4 from line 3. This is your qualified earned income	5	.00	.00
6	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than $16,000, fill in $16,000	6	.00	
7	Rate of credit is .03 (3%)	7	x .03	
8	Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR. Do not fill in more than $480	8	.00	

CHINKI MAHESHWARI 194-84-2765

STATEMENT 1
FORM 1-NPR, LINE 29
OTHER ADJUSTMENTS

	FEDERAL
FEDERAL CHARITABLE CONTRIBUTION DEDUCTION	$ 300.
TOTAL	$ 300.

Form **1040** Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return **2020**

OMB No. 1545-0074 | IRS Use Only — Do not write or staple in this space.

Filing Status Check only one box.

[X] 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 ►

Your first name and middle initial	Last name	Your social security number
CHINKI MAHESHWARI		194-84-2765
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

2171 EFFINGHAM WAY # 112

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

SUN PRAIRIE, WI 53590

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.

[ ] You [ ] Spouse

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

Standard Deduction

Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent

[ ] Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

If more than four dependents, see instructions and check here ► [ ]

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

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	70,027.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]			7	
8	Other income from Schedule 1, line 9			8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ►			9	70,027.
10	Adjustments to income:				
a	From Schedule 1, line 22	10a			
b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
c	Add lines 10a and 10b. These are your **total adjustments to income** ►			10c	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ►			11	69,727.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	57,327.

Standard Deduction for —
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	8,402.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,402.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,402.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your **total tax** ►	24	8,402.
25	Federal income tax withheld from :		
a	Form(s) W-2 — 25a: 8,461.		
b	Form(s) 1099 — 25b:		
c	Other forms (see instructions) — 25c:		
d	Add lines 25a through 25c	25d	8,461.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) — 27:		
28	Additional child tax credit. Attach Schedule 8812 — 28:		
29	American opportunity credit from Form 8863, line 8 — 29:		
30	Recovery rebate credit. See instructions — 30:		
31	Amount from Schedule 3, line 13 — 31:		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ►	32	
33	Add lines 25d, 26, and 32. These are your **total payments** ►	33	8,461.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	59.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ► ☐	35a	59.
b	Routing number 021000021 ► c Type: ☒ Checking ☐ Savings		
d	Account number 593506832		
36	Amount of line 34 you want **applied to your 2021 estimated tax** ► 36:		

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the **amount you owe now** ►	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) ► 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS ? See instructions ► ☐ **Yes.** Complete below. ☒ **No**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

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.) ►
		MODULE LEAD	
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.) ►
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ► GLOBAL TAX SOLUTIONS			Phone no. 770-666-7471	
Firm's address ► 13039 CINDERELLA LANE FRISCO, TX 75035			Firm's EIN ►	