

Filing Status [X] 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 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: NAGA SESHU BABU
Last name: EDE
Your social security number: 629-77-5678
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. 13460 GARDINER LN
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. ALPHARETTA
State: GA
ZIP code: 30004
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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

Table with 5 columns: (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. Includes a 'Dependents' section header.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-columns (2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c), and final amounts. Total income: 77,831. Adjusted gross income: 72,631. Standard deduction: 12,400. Taxable income: 60,231.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,040.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,040.
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	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,040.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	9,040.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,188.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,188.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	12,188.

• 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	3,148.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,148.
b	Routing number 041000124	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 4281799872		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

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.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NAGA SESHU BABU EDE

Your social security number
629-77-5678

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,200.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,200.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

NAGA SESHU BABU EDE

Your social security number

629-77-5678

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	APARNA HILL PARK AVE CHANDANAGAR, HYDERABAD TELANGANA IN 500050				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6		400.		
7	Cleaning and maintenance	7		150.		
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13		5,000.		
14	Repairs	14		180.		
15	Supplies	15				
16	Taxes	16				
17	Utilities	17		70.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,800.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-5,200.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,200.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		5,800.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(5,200.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-5,200.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return

NAGA SESHU BABU EDE

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status					Single
Total income					72,631.
Adjustments to income					
Adjusted gross income					72,631.
Tax expense					3,982.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					
Taxable income					60,231.
Tax					9,040.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					12,188.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax . .					
Refund					3,148.
Effective tax rate % . .					12.45
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (NAGA SESHU BABU EDE) and Social Security Number (629-77-5678)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information. Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN (checked), ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s).

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 75678, Spouse's PIN (5 numbers), Date 01/07/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) and Date

Part I – Personal Information

Taxpayer:
 Last name EDE
 First name NAGA SESHU BABU
 Middle initial Suffix
 Social security no. 629-77-5678
 Occupation SOFTWARE ENGINEER
 Date of birth 09/11/1989 (mm/dd/yyyy)
 Age as of 1-1-2021 31
 Date of death
 Legally blind
 E-mail address NAGASESHUBABUEDE@GMAIL.COM
 Work phone (682)716-5071 Ext
 Cell phone
 Home phone
 Fax number

Spouse:
 Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2021
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (682)716-5071
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 13460 GARDINER LN Apt no.
 City ALPHARETTA State GA ZIP code 30004
Foreign Address: Check this box to use foreign address . .
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name MI Last Name Suff
 - Child's social security number
- 5 Qualifying widow(er)
 - Year spouse died 2018 2019
 - Enter the qualifying person's name:
 - Child's First name MI Last Name Suff
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

▶ See tax help for more information on identity verification

Name(s) Shown on Return
NAGA SESHU BABU EDE

Social Security Number
629-77-5678

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

Taxpayer
 Spouse

Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

Taxpayer
 Spouse

Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

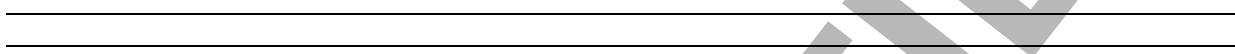
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)



DO NOT FILE

Electronic Filing Information Worksheet

2020

Keep for your records

Name(s) Shown on Return
NAGA SESHU BABU EDE

Social Security Number
629-77-5678

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required.
587278
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name: GLOBAL TAXES LLC
ERO Electronic Filers Identification Number (EFIN): 587278
ERO Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
ERO Employer Identification Number: 30-1017196
ERO Social Security Number or PTIN

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Social Security Number or PTIN: P02082703
Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Employer Identification Number: 30-1017196
Address: 2530 Pebble Creek Ln
Phone Number: (678)965-9522, Fax Number
City: Cumming, State: GA, ZIP Code: 30041
Country
E-mail Address: SYAM@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City selection and list of states: Georgia, Michigan, New York, Vermont, Wisconsin.

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Lists forms 2848, 3468, 4136, 8283, 1098-C, 8332, 8885, 8949, 3115.

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Lists forms 5713, 8858, 8864.

► Keep for your records

Name(s) Shown on Return NAGA SESHU BABU EDE	Social Security Number 629-77-5678
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INTELLYK INC		77,831.	12,188.	77,831.	3,982.
Totals		77,831.	12,188.	77,831.	3,982.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	77,831.		77,831.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	12,188.		12,188.
3 & 7	Total social security wages/tips	77,831.		77,831.
4	Total social security tax withheld	4,826.		4,826.
5	Total Medicare wages and tips	77,831.		77,831.
6	Total Medicare tax withheld	1,129.		1,129.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	77,831.		77,831.
17	Total state tax withheld	3,982.		3,982.
19	Total local tax withheld			

Name as shown on return NAGA SESHU BABU EDE	Social Security Number 629-77-5678
--	---------------------------------------

Employer EIN 82-2504018
Employer Name INTELLYK INC
 Name (continued)
Street Address or P. O. Box 15 CORPORATE PLACE SOUTH
City PISCATAWAY **State** NJ **ZIP** 08854
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	77,831.	2 Federal income tax withheld	12,188.
3 Social security wages	77,831.	4 Social sec tax withheld	4,826.
5 Medicare wages and tips	77,831.	6 Medicare tax withheld	1,129.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
—	—	A: Enter amount attributable to RRTA Tier 2 tax
—	—	M: Enter amount attributable to RRTA Tier 2 tax
—	—	P: Double-click to link to Form 3903, line 4
—	—	R: Enter MSA contribution for Taxpayer
—	—	Spouse
—	—	W: Enter HSA contribution for Taxpayer
—	—	Spouse
—	—	G: <input type="checkbox"/> Employer is not a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
GA	3282934-QX	77,831.	3,982.
—	—	—	—
—	—	—	—

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
—	—	—	—
—	—	—	—
—	—	—	—

9	9
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10
Dependent care benefits — Amount forfeited from flexible spending account	
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
—	—	—
—	—	—
—	—	—

Tax Payments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return NAGA SESHU BABU EDE	Social Security Number 629-77-5678
--	---------------------------------------

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2020 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	12,188.	3,982.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	12,188.	3,982.	
20 Total Tax Payments for 2020	12,188.	3,982.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions				
22 2019 estimated tax paid after 12/31/2019				
23 Balance due paid with 2019 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return NAGA SESHU BABU EDE	Social Security Number 629-77-5678
--	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	77,831.		77,831.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	77,831.		77,831.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	77,831.		77,831.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	77,831.		77,831.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	77,831.		77,831.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	77,831.		77,831.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	77,831.		77,831.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	77,831.		77,831.

Keep for your records

Name(s) shown on return
NAGA SESHU BABU EDE

Social Security No.
629-77-5678

General Information:

Property description HYDERABAD
Property type . . 2 Multi-Family Residence If type is other, enter a description . .
Location (street address) APARNA HILL PARK AVE
City CHANDANAGAR, HYDERABAD State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500050 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

APARNA HILL PARK AVE, CHANDANAGAR, HYDERABAD, TELANGANA, 500050, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	600.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	600.	100.000000	600.
4 Enter royalties received (not reported elsewhere) .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto	150.		150.		
b Travel	250.		250.		
7 Cleaning and maint	150.		150.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest	5,000.		5,000.		
14 Repairs	180.		180.		
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities	70.		70.		
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	5,800.		5,800.		
21 Income or (loss)			-5,200.		
22 Deductible rental real estate loss			-5,200.		

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return NAGA SESHU BABU EDE	Social Security Number 629-77-5678
--	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,982.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		72,631.
6	Tax liability for Form 2210 or Form 2210-F		9,040.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020
		b	2019
		c	2018
		d	2017
		e	2016
		f	2015

Tax Summary Report

2020

Name(s) Shown on Return
 NAGA SESHU BABU EDE

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	77,831.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	-5,200.
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	72,631.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 72,631.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,982.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Total Itemized Deductions	3,982.
Standard deduction	12,400.

Taxable Income 60,231.

Income tax	9,040.
Alternative minimum tax	_____
Total Taxes before Credits	9,040.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 9,040.

Withholding	12,188.
Estimated tax payments	_____
Other payments	_____
Total Payments	12,188.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,148.

Refund 3,148.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	12.45 %

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Form W-2 Worksheet (INTELLYK INC)

Qualified Business Income Deduction Smart Worksheet		
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>		
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	QBI worksheet to report	<input type="checkbox"/>
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (APARNA HILL PARK AVE)
This copy of the Worksheet will be on . . . Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (APARNA HILL PARK AVE)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

A 1 Is this activity a qualified trade or business? Yes No

a This rental qualifies as a business under the safe harbor requirements of Notice 2019-07

b This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38

If part of a Rev Proc 2019-38 enterprise, select group # (see help) _____

2 QBI worksheet to report if qualified business (double click to link) ▶ _____

B Trade or Business Name _____

C Trade or Business ID Number _____

D 1 Is this a Specified Service Trade or Business (SSTB)? Yes No

2 If No, is income attributable to a SSTB? (see help) Yes No

3 QBI worksheet for SSTB income (this will auto-populate if Yes) _____

4 Percentage of qualified income attributable to SSTB _____ %

E 1 Tentative Schedule E profit (loss) from this business _____

2 Adjustments to qualified business income _____

3 Schedule E qualified business income _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable QBI after loss limits _____

5 Additional deductions related to this business reported on separate schedules _____

6 Net profit (loss) after adjustments, limitations, and deductions _____

7 Allowable Schedule E profit (loss) allocated to SSTB _____

8 Allowable Schedule E profit (loss) from this business _____

F 1 Ordinary gain (loss) from business assets _____

2 Ordinary gain (loss) adjustments _____

3 Qualified ordinary gain (loss) _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable short term qualified gain (loss) after passive/at-risk limits _____

5 Allowable ordinary gain (loss) allocated to SSTB _____

6 Allowable ordinary gain (loss)/recapture from this business _____

G 1 Section 1231 gain (loss) from business assets _____

2 Section 1231 gain (loss) adjustments _____

3 Section 1231 gain (loss) from qualified business _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable **ordinary** 1231 qualified gain (loss) _____

5 Allowable ordinary 1231 gain (loss) allocated to SSTB _____

6 Allowable ordinary 1231 gain (loss) from this business _____

SMART WORKSHEET FOR: Schedule E Worksheet (APARNA HILL PARK AVE)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-5,200.		-5,200.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-5,200.		-5,200.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

DONOR



2100411512



Georgia Form **500** (Rev. 06/20/20)
Individual Income Tax Return
Georgia Department of Revenue
2020 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME

1. NAGA SESHU BABU

MI

YOUR SOCIAL SECURITY NUMBER

629-77-5678

LAST NAME (For Name Change See IT-511 Tax Booklet)

EDE

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 13460 GARDINER LN

CITY (Please insert a space if the city has multiple names)

3. ALPHARETTA

STATE

GA

ZIP CODE

30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 629-77-5678

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

NOT FILE

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	72631
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	72631
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	4600
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	4600
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	68031



2100411532

YOUR SOCIAL SECURITY NUMBER
 629-77-5678

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	65331
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	65331
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	3585
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero	22.	3585

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 822504018	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 3282934QX	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 77831	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 3982	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 12/14/20 PRO



2100411542

YOUR SOCIAL SECURITY NUMBER
 629-77-5678

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	3982
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2020 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits.....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	3982
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	397
30. Amount to be credited to 2021 ESTIMATED TAX	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
(No gift of less than \$1.00)		



2100411552

YOUR SOCIAL SECURITY NUMBER
629-77-5678

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 397
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings

Routing Number 041000124
Account Number 4281799872

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)

Date Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's Phone Number
678-965-9522

Preparer's FEIN
30-1017196

Preparer's SSN/PTIN/SIDN
P02082703

Part I – Personal Information

Taxpayer:

First Name NAGA SESHU BABU
Middle Initial Suffix
Last Name EDE
Social Security No. . . 629-77-5678
Occupation SOFTWARE ENGINEER
Date of Birth 09/11/1989
Date of Death
Daytime Phone (682) 716-5071
Home Phone
Print phone number on Form 500 [] Home

Spouse:

First Name
Middle Initial Suffix.
Last Name
Social Security No. . .
Occupation
Date of Birth
Date of Death.
Daytime Phone.
[] Taxpayer work [] Spouse work

Street Address . . . 13460 GARDINER LN Apartment No.
City ALPHARETTA State . GA ZIP Code . . 30004
Country, if foreign . . Foreign zip code
Taxpayer email address NAGASESHUBABUEDE@GMAIL.COM

Part II – Main Form

- [X] Form 500: Resident Tax Return (Long form)
[] Form 500: Nonresident Tax Return
[] Form 500: Part-Year Resident Tax Return . . . From To
Schedule 3: Enter Nonresident and Part-year resident allocations

Part III – Filing Status

- [X] Single
[] Married filing joint return
[] Married filing separate return
[] Head of household
[] Qualifying widow(er)

Part IV – Other Information

- [] The address above is different than last year
[] Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
[] Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

Form 500UET calculations (Underpayment of Estimated Tax Penalty):

- [] You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
[] At least 2/3 of your total gross income is from fishing or farming
[] Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the Georgia Department of Revenue, as applicable by law.

- [X] File the Georgia return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

EF Status Dates:

Enter the date return was EFiled
Enter the date return was accepted by the state
Enter the date Form 525-TV was given to client

QuickZoom to Form GA-8453: Additional Information Smart Worksheet

Electronic Filing of Amended Return:

- [] The amended return will be filed electronically
Date amended return was EFiled
Date amended return was accepted by the state.

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

**Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.

Yes No
[] [X] Is this your first time filing a Georgia income tax return?
** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
[X] [] Elect direct deposit of state tax refund
[] [] Use electronic funds withdrawal for state tax payments (EF Only)
[] [] Use electronic funds withdrawal for tax payments on the amended return? (EF Only)

Bank Information

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) PNC BANK
Account type Checking [X] Savings []
Routing number 041000124
Account number. 4281799872

Electronic funds withdrawal amount due with return information:

Payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Payment date to withdraw from the account above
State balance-due amount paid with this amended return

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.
For refund information see https://dor.georgia.gov/wheres-my-refund.

Part VII – Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . 01
QuickZoom to Firm/Preparer Info

Part VIII – Extension Status

Yes No
[] [X] Tax return due date extended?
Extended due date

QuickZoom to Form IT-303: Application for Extension of Time for Filing
QuickZoom to Form IT-560: Extension Payment Voucher

QuickZoom to Form 500: Income Tax Return (Long form)

Income and Retirement Worksheets

2020

▶ Keep for your records

Name
NAGA SESHU BABU EDE

Social Security Number
629-77-5678

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
Income				
1 Wages	77,831.		0.	
2 Federal Interest - Georgia Adjustments to federal taxable Interest				
3 Dividends - Georgia Adjustments to federal taxable Dividends				
4 Capital/other gains or (losses)				
5 Income from federal Schedules C and F				
6 a Rental/K-1 etc. income	-5,200.			
b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated				
7 a Pension/Annuity and IRA/SEP distributions				
b Lump-sum distributions				
c RRB-1099-R				
d Other Subtraction #2, withdrawals with GA/Fed tax difference				
e Other Subtraction #7, income exempt from state tax				
f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8 Alimony received				
9 Social security				
10 a State income tax refund				
b Unemployment compensation				
11 Other income				
- Gambling winnings				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other				
Federal Form 8814 income included in other income				
Adjustments				
12 IRA deductions				
13 Educator expenses				
14 Reserved				
15 Other federal adjustments				

Tax Payments Worksheet

2020

▶ Keep for your records

Name NAGA SESHU BABU EDE	Social Security Number 629-77-5678
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	3,982.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,982.
15	Date return will be filed and balance paid	15	

STATE REQUIRED INFORMATION

State Required Information

The Georgia Department of Revenue requires the following information be presented to all taxpayers:

Refund Status: The Department is protecting Georgia taxpayers from tax fraud. It may take more than 90 business days from the date of receipt by DOR to process a return and issue a refund.

Tax Due Expectations: If you file electronically and need to make a payment, you have the following options:

- Pay by ACH debit using the approved software function.
- Pay by ACH debit using Georgia Tax Center (GTC). You do not need to be registered to use the GTC Quick Payment Option. (https://gtc.dor.ga.gov/_/)
- Pay with a credit card.
- Mail your check payment with the payment voucher to the address on the voucher. You can print this form from your software program or obtain it from GADOR website.
- Mailed paper returns with payment should be mailed to the address on the form along with the payment voucher and check.

You can get more information here:

(<https://dor.georgia.gov/georgia-electronic-filing-information>)

Smart Worksheets from your 2020 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form GA-8453: <i>Form W-2 (Georgia Copy)</i> _____ _____ _____
D	Documents to attach to the BACK of Form GA-8453: _____ _____ _____ _____
E	Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

DO NOT FILE