

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

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial GAURAV A	Last name NAYAR	Your social security number 829-54-7327
If joint return, spouse's first name and middle initial KHUSHBOO U	Last name PATIL	Spouse's social security number 949-97-8383
Home address (number and street). If you have a P.O. box, see instructions. 30412 VILLAGE GREEN BLVD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). WARRENVILLE, IL 60555		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind
Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MYRAH	NAYAR	046-23-2503	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	101,492
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends.	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
4c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	5,000
7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	106,492
8a	Adjustments to income from Schedule 1, line 22	8a	0
8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	106,492
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	
11a	Add lines 9 and 10	11a	24,400
11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	82,092

Standard Deduction

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

12a	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	12a	9,774
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	9,774
13a	Child tax credit or credit for other dependents	13a	2,000
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	2,000
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	7,774
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax ▶	16	7,774
17	Federal income tax withheld from Forms W-2 and 1099	17	8,971
18	Other payments and refundable credits:		
a	Earned income credit (EIC) ^{NO}	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14.	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	
19	Add lines 17 and 18e. These are your total payments ▶	19	8,971

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

Refund 20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,197
21 a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	21a	1,197
Direct deposit? ▶	b Routing number 031000053 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
See instructions. ▶	d Account number 8626698304		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Amount You Owe 23	Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	0
24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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.)
	20419	03-08-2020	SR. IT CONSULTANT	
	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.)
	57535	03-08-2020	HOMEMAKER	
	Phone no. 267-506-5306	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
PRAVEEN JOSHI	07-26-2020	P01701737	<input checked="" type="checkbox"/> 3rd Party Designee
Preparer's name PRAVEEN JOSHI	Phone no. 972-594-9354		<input checked="" type="checkbox"/> Self-employed
Firm's name ▶ YES MY TAXES PREPARATIONS			
Firm's address ▶ 2841 W WALNUT HILL LN Irving, TX 75038			
			Firm's EIN ▶ 47-4112870

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

Attachment
Sequence No. **01**

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

Name(s) shown on Form 1040 or 1040-SR

Your social security number

GAURAV A NAYAR & KHUSHBOO U PATIL

829-54-7327

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ REMBUSMENT EXPENSES	8	5,000
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	5,000

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. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	0

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

Schedule 1 (Form 1040 or 1040-SR) 2019

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2019

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return GAURAV A NAYAR & KHUSHBOO U PATIL	Taxpayer identification number 829-54-7327
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Enter preparer's name and PTIN
PRAVEEN JOSHI **P01701737**

Part I Due Diligence Requirements

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

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

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

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

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) **7590332020068ckqb3ex**

Taxpayer's name GAURAV A NAYAR		Social security number 829-54-7327
Spouse's name KHUSHBOO U PATIL		Spouse's social security number 949-97-8383

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)		
1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	106,492
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	7,774
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	8,971
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	1,197
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Refund will be deposited to: RTN=031000053 Acct=8626698304
 I authorize YES MY TAXES PREPARATIONS to enter or generate my PIN 20419 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only
 I authorize YES MY TAXES PREPARATIONS to enter or generate my PIN 57535 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 759033-36513
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub.1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ PRAVEEN JOSHI Date ▶ 07-26-2020

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

GAURAV A NAYAR & KHUSHBOO U PATIL

Taxpayer address (optional)

30412 VILLAGE GREEN BLVD

WARRENVILLE, IL 60555

1. Your federal income tax return for 2019 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by YES MY TAXES PREPARATIONS.
2. Your return was accepted on 03-08-2020 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 7590332020068ckqb3ex.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

		a Employee's social security number 829-54-7327		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 47-2216422				1 Wages, tips, other compensation 19,700				2 Federal income tax withheld 1,644					
c Employer's name, address, and ZIP code STAFF TECH PAYROLLING LLC 221 ROSWELL STREET SUITE 200 ALPHARETTA GA 30009				3 Social security wages 19,700				4 Social security tax withheld 1,221					
				5 Medicare wages and tips 19,700				6 Medicare tax withheld 286					
				7 Social security tips				8 Allocated tips					
d Control number				9				10 Dependent care benefits					
e Employee's first name and initial NAYAR		Last name NAYAR		Suff.		11 Nonqualified plans				12a See instructions for box 12 Code DD 1,488			
233 VIRGINIA ROAD ATLANTA GA 30338				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other				12c					
								12d					
f Employee's address and ZIP code				15 State Employer's state ID number GA 3159635-BX		16 State wages, tips, etc. 19,700		17 State income tax 999		18 Local wages, tips, etc.			
								19 Local income tax		20 Locality name			

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by YES MY TAXES PREPARATIO

		a Employee's social security number 829-54-7327		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 06-0953094				1 Wages, tips, other compensation 81,792				2 Federal income tax withheld 7,327							
c Employer's name, address, and ZIP code CHAMBERLAIN GROUP INC 300 WINDSOR DR OAK BROOK IL 60523				3 Social security wages 84,546				4 Social security tax withheld 5,242							
				5 Medicare wages and tips 84,546				6 Medicare tax withheld 1,226							
				7 Social security tips				8 Allocated tips							
d Control number				9				10 Dependent care benefits							
e Employee's first name and initial GAURAV		Last name NAYAR		Suff.		11 Nonqualified plans				12a See instructions for box 12 C 86					
30412 VILLAGE GREEN BLVD WARRENVILLE IL 60555				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				D 2,754					
				14 Other				12c				DD 16,583			
								12d							
f Employee's address and ZIP code				15 State Employer's state ID number IL 06-0953094 000 4		16 State wages, tips, etc. 81,792		17 State income tax 3,852		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by YES MY TAXES PREPARATIO

Name(s) as shown on return

Tax ID Number

GAURAV A NAYAR & KHUSHBOO U PATIL

829-54-7327

Before you begin: • Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number:
1 x \$2,000. Enter the result **1.** 2,000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ x \$500. Enter the result **2.** _____

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 **3.** 2,000

4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35 **4.** 106,492

5. **1040 and 1040-SR Filers.** Enter the total of any -
 • Exclusion of income from Puerto Rico; and
 • Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15. } **5.** _____
1040-NR filers. Enter -0-.

6. Add lines 4 and 5. Enter the total **6.** 106,492

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$400,000 } **7.** 400,000
 • All other filing statuses - \$200,000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6 **8.** _____
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

9. Multiply the amount on line 8 by 5% (0.05). Enter the result **9.** 0

10. Is the amount on line 3 more than the amount on line 9?
 No. STOP
 You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.
 Yes. Subtract line 9 from line 3. Enter the result **10.** 2,000
 Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

GAURAV A NAYAR & KHUSHBOO U PATIL

829-54-7327

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 2

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45 **11.** 9,774

12. Add the following amounts from:

Form 1040 or 1040-SR	or	Form 1040-NR	
Schedule 3, Line 1		Line 46	+ _____
Schedule 3, Line 2		Line 47	+ _____
Schedule 3, Line 3		-----	+ _____
Schedule 3, Line 4		Line 48	+ _____
Form 5695, line 30			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 9,774

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14. 0

15. Subtract line 14 from line 13. Enter the result **15.** 9,774

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

This is your child tax credit and credit for other dependents.

16. 2,000

Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.

TIP You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also, complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

Carryover Worksheet

List of items that will carryover to the 2020 tax return

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

GAURAV A NAYAR & KHUSHBOO U PATIL

829-54-7327

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	_____
Contributions subject to 60% of AGI limitations	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____
Contributions subject to 30% of AGI limitations	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____
Taxable state and local refunds to Form 1040, line 10	_____
State/local taxes paid in 2020 to flow to the Schedule A	_____
State donations and contributions carryover	_____
State overpayment applied to next year	_____

Expenses

Office in home operating expenses	_____
Office in home excess casualty losses and depreciation	_____
Disallowed investment interest expense AMT _____ Reg. Tax _____	_____
Section 179 expense	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____

Losses

Short-term capital loss AMT _____ Reg. Tax _____	_____
Long-term capital loss AMT _____ Reg. Tax _____	_____
Net operating loss AMT _____ Reg. Tax _____	_____
Excess business loss from Form 461 (becomes part of NOL next year) AMT _____ Reg. Tax _____	_____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C AMT _____ Reg. Tax _____	_____

Credits

Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit AMT _____ Reg. Tax _____	_____
District of Columbia first time home owner's credit	_____
Res. energy efficient property credit	_____

Other

Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 _____ Estimated Tax Payment 2 _____	_____
Estimated Tax Payment 3 _____ Estimated Tax Payment 4 _____	_____
Federal tax liability for 2210 calculation	7,774
State tax liability for state 2210 calculation	3,789
IRA basis Taxpayer _____ Spouse _____	_____

Passive Activity

At Risk Limitations

FOR TAX YEAR 2019

GAURAV A NAYAR & KHUSHBOO U PATIL

YES MY TAXES PREPARATIONS

2841 W WALNUT HILL LN

Irving, TX 75038

(972)594-9354

YES MY TAXES PREPARATIONS

2841 W WALNUT HILL LN
Irving, TX 75038
akash@newwavetax.com
Phone: (972)594-9354 | Fax:

July 26, 2020

Gaurav A Nayar & Khushboo U Patil
30412 Village Green Blvd
Warrenville, IL 60555

Gaurav A Nayar & Khushboo U Patil:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$1,197 Refund	Direct Deposit to **8304
Georgia Income Tax	\$277 Refund	Direct Deposit to **8304
Illinois Income Tax	\$63 Refund	Direct Deposit to **8304

The following return(s) were e-filed and accepted:

Federal Income Tax
Georgia Income Tax
Illinois Income Tax

Sincerely,

Praveen Joshi
YES MY TAXES PREPARATIONS

Account Transaction Summary

2019

Name(s) as shown on return

Your ID Number

GAURAV A NAYAR & KHUSHBOO U PATIL

XXX-XX-7327

Account #1
Financial Institution PNC BANK
Routing Transit Number 031000053
Account Number 8626698304
Account Type Checking

Federal Main Form
Federal Deposit 1,197

State Main Form(s)
GA Deposit 277
IL Deposit 63

Net Deposit 1,537

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize **YES MY TAXES PREPARATIONS** to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

2019 GA500 Filing Instructions
GAURAV A NAYAR & KHUSHBOO U PATIL

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

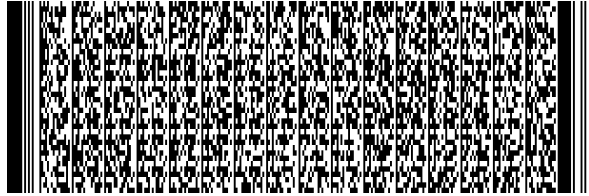
07-15-2020

Refund:

\$277.00

Transaction method:

The refund will be directly deposited into your checking account at Pnc Bank ending in 8304.



Georgia Form 500 (Rev. 06/20/19)
Individual Income Tax Return
 Georgia Department of Revenue
2019 (Approved software version)

Page 1

Fiscal Year Beginning 01/01/2019

STATE ISSUED

Fiscal Year Ending 12/31/2019

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
 1. GAURAV A 829-54-7327

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
 KHUSHBOO U 949-97-8383

LAST NAME SUFFIX
 PATIL

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
 2. 30412 VILLAGE GREEN BLVD

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
 3. WARRENVILLE IL 60555

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number Residency Status 4. 2
 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2019 TO 03/31/2019 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) Filing Status 5. B

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. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a. 1

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 829-54-7327

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

First Name, MI. MYRAH G	Last Name NAYAR
Social Security Number 046-23-2503	Relationship to You DAUGHTER

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

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. 106492
 (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.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300= 11b
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b) 11c.**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.



YOUR SOCIAL SECURITY NUMBER
 829-54-7327

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	16666
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.	16666
16. Tax (Use the Tax Table in the IT-511 Tax Booklet).	16.	722
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.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	722

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:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

472216422

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3. EMPLOYER/PAYER STATE WITHHOLDING ID

3159635BX

4. GA WAGES / INCOME

4. GA WAGES / INCOME

4. GA WAGES / INCOME

19700

5. GA TAX WITHHELD

5. GA TAX WITHHELD

5. GA TAX WITHHELD

999

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
829-54-7327

- 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**
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE . . . 41.
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.

277

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 Routing Number 031000053
Savings Account Number 8626698304

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)

Date
07/26/2020

Spouse's Signature (Check box if deceased)

Date
07/26/2020

Taxpayer's Phone Number
267-506-5306

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

By providing my email 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
GAURAVNAYAR11@GMAIL.COM

Signature of Preparer
Name of Preparer Other Than Taxpayer
PRAVEEN JOSHI

Preparer's Phone Number
972-594-9354

Preparer's FEIN
47-4112870

Preparer's Firm Name
YES MY TAXES PREPARATIONS

Preparer's SSN/PTIN/SIDN
P01701737

Georgia Form 500
 (Rev. 06/20/19)
Schedule 3
Part-Year Nonresident
2019 (Approved software version)



Schedule 3
Page 1
 YOUR SOCIAL SECURITY NUMBER
 829-54-7327

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 101492	1. WAGES, SALARIES, TIPS, etc 81792	1. WAGES, SALARIES, TIPS, etc 19700
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 5000	4. OTHER INCOME OR (LOSS) 5000	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 106492	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 86792	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 19700
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 106492	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 86792	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 19700
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage . . .	9.	18.50 % Not to exceed 100%
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet)	10a.	6000
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	7400
11b. Enter the number on Line 7a. from Form 500 or 500X 1 multiply by \$3,000	11b.	3000
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b . . .	12.	16400
13. Multiply Line 12 by Ratio on Line 9 and enter result	13.	3034
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X	14.	16666

GAEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2019

Name(s) as shown on return

GAURAV A NAYAR & KHUSHBOO U PATIL

Identification Number

***-**-7327

Address

30412 VILLAGE GREEN BLVD
WARRENVILLE, IL 60555

Thank you for participating in IRS e-file.

1. Your 2019 state income tax return for GA500 was filed electronically.
The electronic filing services were provided by YES MY TAXES PREPARATIONS.
2. Your return was accepted on 03-10-2020 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 7590332020070qw4rhbl.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

2019 IL1040 Filing Instructions
GAURAV A NAYAR & KHUSHBOO U PATIL

Form filed:

IL1040 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

07-15-2020

Refund:

\$63.00

Transaction method:

The refund will be directly deposited into your checking account at Pnc Bank ending in 8304.

ILEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2019

Name(s) as shown on return

GAURAV A NAYAR & KHUSHBOO U PATIL

Identification Number

***-**-7327

Address

30412 VILLAGE GREEN BLVD
WARRENVILLE, IL 60555

Thank you for participating in IRS e-file.

1. Your 2019 state income tax return for IL1040 was filed electronically.
The electronic filing services were provided by YES MY TAXES PREPARATIONS.
2. Your return was accepted on 03-10-2020 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 7590332020070ihvrka4.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

2019 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type	GAURAV A NAYAR & KHUSHBOO U PATIL	829-54-7327
	First name and middle initial Spouse's first name (and last name if different) Last name	Social Security number
	30412 VILLAGE GREEN BLVD	949-97-8383
	Mailing address	Spouse's Social Security number
WARRENVILLE, IL 60555	267-506-5306	
City State ZIP	Daytime phone number	

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11	1	76,550	00
2	Tax from Form IL-1040, Line 12	2	3,789	00
3	Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none)	3	3,852	00
4	Overpayment from Form IL-1040, Line 35	4	63	00
5	Total amount due from Form IL-1040, Line 39	5		00

6 Filing status: Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 031000053

8 Account no. (AN): 8626698304

9 Type of account: Checking Savings

10 Date the payment is to be electronically withdrawn: _____

11 Electronic funds withdrawal amount: _____ **00**

12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2019 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here

	Date		Date
Your signature		Spouse's signature (if joint return, both must sign)	

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

		Date	
	07-26-2020		<input checked="" type="checkbox"/> (See instructions.)
ERO use only	YES MY TAXES PREPARATIONS	P01701737	
	Firm's name or your name if self-employed	Your PTIN	
	2841 W WALNUT HILL LN	47-4112870	
	Mailing address	Federal employer identification no. (FEIN)	
	Irving, TX 75038	972-594-9354	
	City State ZIP	Daytime phone number	

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



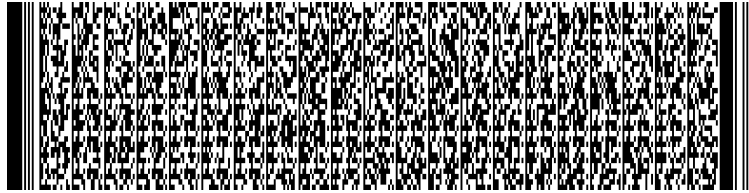
Illinois Department of Revenue
2019 Form IL-1040

Individual Income Tax Return or for fiscal year ending ____/____/____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

829-54-7327 949-97-8383
 1986 1986
 GAURAV A NAYAR
 KHUSHBOO U PATIL



30412 VILLAGE GREEN BLVD
 WARRENVILLE, IL 60555
 DUPAGE

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2019: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 8b.	1	(Whole dollars only) 106,492.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	106,492.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	106,492.00

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	4,550.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	2,275.00
	Exemption allowance. Add Lines a through d.	10	6,825.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	76,550.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,789.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,789.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,789.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	3,789.00



NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM

24 Total tax from Page 1, Line 23.

24 3,789.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,852.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 3,852.00

Step 9: Total

- 30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 63.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations-Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

- 32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

- 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 63.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 63.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 031000053 [x] Checking or Savings
Account number 8626698304

- b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c paper check.
38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

- 39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 0.00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 5 columns: Sign Here, Paid Preparer Use Only, Third Party Designee, Date, and Daytime phone number. Includes fields for signatures, dates, and phone numbers for PRAVEEN JOSHI and YES MY TAXES PREPARATIONS.

Refer to the 2019 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2019 Schedule NR

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

GAURAV A NAYAR & KHUSHBOO U
 Your name as shown on your Form IL-1040

829-54-7327
 Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," **STOP** you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2019.
 - a I lived in **Illinois** from 04-01-2019 to 12-31-2019 I lived in GA from 01-01-2019 to 03-31-2019
Month Day Year Month Day Year State Month Day Year Month Day Year
 - b My spouse lived in **Illinois** from 04-01-2019 to 12-31-2019 , and GA from 01-01-2019 to 03-31-2019
Month Day Year Month Day Year State Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- 4 If you did **not** check a box on Line 3, list any state, other than Illinois, in which you claimed residency for tax purpose in 2019. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 101,492.00	81,792.00
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 .00	.00
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 .00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 .00	.00
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 .00	.00
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 .00	.00
11 Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	11 .00	.00
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 .00	.00
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 .00	.00
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 4d)	14 .00	.00
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 .00	.00
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 5b)	18 .00	.00
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 5,000.00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.		20 81,792.00

Continue with Step 3 on Page 2 →



Schedule NR - Page 2

Step 3: Continued 829-54-7327

GAURAV A NAYAR & KHUSHBOO U PATIL

Table with 3 columns: Line Number, Description, Column A Federal Total, and Column B Illinois Portion. Rows 21-38 include adjustments to income such as educator expenses, business expenses, and health savings account deduction.

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Table with 3 columns: Line Number, Description, Column A Form IL-1040 Total, and Column B Illinois Portion. Rows 39-45 include additions and subtractions like tax-exempt interest and Social Security income.

Step 5: Figure your Illinois income and tax

Table with 3 columns: Line Number, Description, and Column B Illinois Portion. Rows 46-52 include tax calculations such as base income, exemption allowance, and final tax amount.