Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ► Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent 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) ✓ if qualifies for (see instructions): (1) First name Last name MOHAMMED 6866-78-7043 Daughter Image: Character and the security of the securit	104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta		(99) Return	20		. 1545-0	074 IRS Use Only	∕−Do not w	rite or staple	in this space.
KAMILA B ABDULLAH 844-43-6102 If join tertum, spouse's first name and middle initial MOHAMMED SEYAD PARKI Last name ABDHUL KAREEM 948-94-2219 Home address (number and street), if you have a P.O. box, see instructions. Apt. no. 948-94-2219 Home address (number and street), if you have a P.O. box, see instructions. Apt. no. 918-94-2219 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). The address (autoe will not draps you or you spouse film) ERNO NV 89511 Someone can claim: You spouse a dependent Your spouse a dependent Deduction	Check only	lf yo	u checked the MFS box, enter the nam	-		,						
If joint return, spouse's first name and middle initial Last name Spouse's social security number MHAMMED SEXAD PARKI ABDHUL KAREEM 948-94-2219 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Camaging City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). RENO NV 89511 Check here if you, or your spouse if fling introvers in the or the dependent. Foreign country name Foreign province/state/county Foreign postal code If more than four dependent. Standard Someone can claim: You as a dependent You spouse as a dependent More the due dependent. Deduction	Your first name	and m	iddle initial	La	ast name					Your so	cial securit	y number
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500 ARROWCREEK PARKWAY 313 Check here if you or you spouse finding intriv warks to go to this handle porthy marks to handle porthy marks to go to this handle porthy marks to handle porthandle	MOHAMME) SE	YAD PAKKI	P	BDHUL KA	AREEM				948-	94-221	9
Store 2313 pinty, wart \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Creating abovelow wind to shope you tax or refund. Creating abovelow wind to shope you tax or refund. Creating abovelow wind to shope you tax or refund. Creating abovelow wind to shope you tax or refund. If more than four dependents, see instructions and Standard Someone can claim: You as a dependent You spouse as a dependent Age/Blindness You: Ware born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (1) First name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): Checking methods and the pendents (1) First name Las name Checking with therest	Home address	(numbe	er and street). If you have a P.O. box, se	ee ins	tructions.				Apt. no.	1		
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Deduction	Foreign country	/ name			Foreign p	rovince/stat	e/county	F	oreign postal code			
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Deduction for - 4a b Taxable amount 4b • Single or Married filing separately, \$12,200 c Pensions and annuities 4c d Taxable amount 4d • Married filing jointly or Qualifying widow(er), \$24,400 5a Social security benefits 5a 5a 5b • Head of household, \$18,350 • Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • • • • • • • • • • • • • • • • • •	<u></u>	3a	Qualified dividends	3a		18.	b Ordinary divi	dends. At	tach Sch. B if requir	red 3b		18.
filing separately, \$12,200 c Pensions and annutites	Deduction for—	4a	IRA distributions	4a			b Taxable am	ount .		. 4b		
\$12,200 5a Social security benefits 5a b Taxable amount 5b Married filing jointly or Qualifying widow(er), \$24,400 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here • • 6 159. 7a 7a 7a 7a 7a Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • 7b 81,202. 8a Adjustments to income from Schedule 1, line 22 • • • 8a • • If you checked any box under Standard 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 24,400. b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- • 11b 56,802.	 Single or Married filing separately 	с	Pensions and annuities	4c			d Taxable am	ount .		. 4d		
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• Head of household, \$1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 81, 202. • Head of household, \$18,350 8a Adjustments to income from Schedule 1, line 22 8a • If you checked any box under Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 24,400. 9 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 10 11a 24,400. 11a Add lines 9 and 10 11a 24,400. 11a 24,400. b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b 56,802.	widow(er),	7a	Other income from Schedule 1, line 9							. 7a		
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		11a	Add lines 9 and 10							. 11 a	1 2	24,400.
		b	Taxable income. Subtract line 11a fr	om lii	ne 8b. lf zero o	r less, enter	-0			. 11b		

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

Form **1040** (2019)

Form 1040 (2019)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 🗌 8814	4 2 4972	3	12a	6,425		
	b	Add Schedule 2, line 3, and line	12a and enter the	total			🕨	12b	6,425.
	13a	Child tax credit or credit for oth	er 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, ente	er-0				14	4,425.
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1	0			15	0.
	16	Add lines 14 and 15. This is you	r total tax				🕨	16	4,425.
	17	Federal income tax withheld fro	m Forms W-2 and	1099				17	4,205.
• If you have a	18	Other payments and refundable	credits:						
qualifying child,	а	Earned income credit (EIC) .				18a			
attach Sch. EIC. • If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable	с	American opportunity credit from	m Form 8863, line 8	3		18c			
combat pay, see instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable crea	lits	🕨	18e	
	19	Add lines 17 and 18e. These are	e your total payme	nts			🕨	19	4,205.
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	line 19. This is t	he amount you over	paid		20	
neruna	21a	Amount of line 20 you want refu	rm 8888 is attac	hed, check here .		. 🕨 🗌	21a		
Direct deposit?	►b	Routing number X X X	Routing number X						
See instructions.	►d	Account number X X X	X X X X	X X X X	x x x x x	X X			
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22			
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruct	ions	►	23	220.
You Owe	24	Estimated tax penalty (see instr	uctions)		🕨	24			
Third Party Designee	Do	you want to allow another persor	n (other than your p	aid preparer) to	discuss this return w	vith the IRS? See	instruction		Yes. Complete below. No
(Other than		signee's		Phone			onal identif	ication	
paid preparer)	nai	me 🕨		no. 🕨		numl	oer (PIN)		
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						y knowledg	e and belief, they are true,
Here				Date	Your occupation		-	ha IPS sa	nt you an Identity
	, 10	our signature		Dale				IN, enter it here	
Joint return?					IT PROFESS	SIONAL	(se	e inst.)	
See instructions.	Sp	oouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.	,						entity Prote e inst.)	ection PIN, enter it here	
<i>j</i> ca. 1000.001					HOMEMAKER		(56	e inst.)	
		ione no.	Dreperguite star	Email address		Data	PTIN		Charletife
Paid		eparer's name	Preparer's signat	ure		Date			Check if:
Preparer		RISH KUMAR REDDY BADDAM						62054	3rd Party Designee
Use Only		m's name BTFPRO LL		- 01 0			10)740		Self-employed
		m's address ► 1001 S MA		D210 MIL	PITAS CA 95	035	Fir	m's EIN ▶	02 1/20002
Go to www.irs.go	v/Forn	n1040 for instructions and the late	est information.		BAA	REV 04/19/20 P	RO		Form 1040 (2019)

SCHEDULE D

(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

9

Department of the Treasury	► Go
Internal Revenue Service (99)	

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12 Your social security number

20

Name(s) shown on return

K ABDULLAH & M ABDHUL KAREEM

844-43-6102

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	🔀 No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	g your gair	n or loss.	

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,966.	1,807.			159.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back						159.

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

below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or loss Form(s) 8949, I	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
Totals for all transactions reported on Form(s) 8949 with Box D checked					
Totals for all transactions reported on Form(s) 8949 with Box E checked					
Totals for all transactions reported on Form(s) 8949 with Box F checked.					
				11	
Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
Capital gain distributions. See the instructions		13			
4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
• • • • •		.,		15	
	 which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions Net long-term capital gain or (loss). Combine lines 8a the back 	below. (d) form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 Scorporations, estates, and Capital gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions Net long-term capital gain or (loss). Completerm capital gain or (loss).	below. (d) (e) form may be easier to complete if you round off cents to Proceeds (sales price) (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). (e) Cost (or other basis) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b (f) (f) Totals for all transactions reported on Form(s) 8949 with Box D checked (f) (f) (f) Totals for all transactions reported on Form(s) 8949 with Box E checked (f) (f) (f) (f) Totals for all transactions reported on Form(s) 8949 with Box E checked (f) (f) (f) (f) (f) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain (f) (f) (f) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schee Capital gain distributions. See the instructions (f) (f) (f) (f) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss (f) (f) (f) (f) Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go tof the back (f) <t< td=""><td>below. (d) (e) Adjustment form may be easier to complete if you round off cents to Proceeds (sales price) (or other basis) Adjustment (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). 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Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions Image: Cost (or other basis) Image: Cost (or other basis) Net long-term capital gain or (loss). Combine li</td><td>below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss form Form(s) 8949, Part II, line 2, column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form 2009-B for which basis was reported on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Image: Column (g) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions Image: Capital Loss Carryover Image: Capital Loss Carryover Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back Image: Capital Loss Carryover Image: Capital Loss Carryover Interpreterm capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on Image: Capital Loss Carryover<</td></t<>	below. (d) (e) Adjustment form may be easier to complete if you round off cents to Proceeds (sales price) (or other basis) Adjustment (or other basis) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Image: Cost (sales price) Image: Cost (or other basis) Image: Cost (or other basis) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Cost (or other basis) Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Cost (or other basis) Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Cost (or other basis) Image: Cost (or other basis) Totals for all transactions reported on Form(s) 8949 with Box F checked Image: Cost (or other basis) Image: Cost (or other basis) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Image: Cost (or other basis) Image: Cost (or other basis) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions Image: Cost (or other basis) Image: Cost (or other basis) Net long-term capital gain or (loss). Combine li	below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss form Form(s) 8949, Part II, line 2, column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form 2009-B for which basis was reported on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Image: Column (g) Net long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions Image: Capital Loss Carryover Image: Capital Loss Carryover Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back Image: Capital Loss Carryover Image: Capital Loss Carryover Interpreterm capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on Image: Capital Loss Carryover<

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Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	159.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	X No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		

□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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Schedule D (Form 1040 or 1040-SR) 2019

Form	8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

9

20

Attachment

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

ransactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Nume(s) shown on return	obtain security number of taxpayer identification number
K ABDULLAH & M ABDHUL KAREEM	844-43-6102

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC			1,966.	1,807.			159.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and incl is checked), lin	lude on your ie 2 (if Box B	1,966.	1,807.			159.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

9	8867 Paid Preparer's Due Diligence Checklist				-0074
Form	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (inclu Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOF	ding the Additional	2	$\bigcirc 1$	9
	nent of the Treasury b To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-	PR, or 1040-SS.	Attack	iment_	70
	Revenue Service • Go to www.irs.gov/Form8867 for instructions and the latest information or name(s) shown on return	tion. Taxpayer identif		ence No.	/0
. ,	BDULLAH & M ABDHUL KAREEM	844-43-6		umber	
	eparer's name and PTIN	044-43-0	102		
	ISH KUMAR REDDY BADDAM	P0196205	4		
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return	n and complete	the rel	ated Pa	arts I–V
for the	benefit(s) claimed (check all that apply).		отс	🗌 H	ОН
1	Did you complete the return based on information for tax year 2019 provided by the	e taxpayer or	Yes	No	N/A
	reasonably obtained by you?		X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC				
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instruction				
	AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provi information, and all related forms and schedules for each credit claimed?	des the same			
3		· · · ·	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you muthe following.				
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/ status and to compute the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing t information reasonably known to you, appear to be incorrect, incomplete, or inconsister answer questions 4a and 4b. If "No," go to question 5.)	,		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent infor	mation?			
b	Did you contemporaneously document your inquiries? (Documentation should include t	he questions			
	you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	· · · · ·			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) pro taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing	copy of any prepare Form pvided by the			
	compute the amount(s) of the credit(s)		×		
	List those documents, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eli	aibility for the			
U	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the ret return is selected for audit?	urn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous y				
'	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
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)?				

For Paperwork Reduction Act Notice, see separate instructions.

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Form 8867 (2019)

Form 8	867 (2019)			Page 2		
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.))				
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.)	Yes	No	N/A		
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?					
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)?					
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC to Part IV.)	;, ACTC	, or OD	C, go		
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?	Yes X	No	N/A		
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?					
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?	X				
Part						
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No		
Part 14	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to P. Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No		
Part	VI Eligibility Certification					
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filii	ng		
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to compute the amount(s) of the credit(s);					
	 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; C. Submit Form 8867 in the manner required; and 					
	 D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention.</i> 1. A copy of this Form 8867. 	67 instr	uctions	under		
	 A copy of this Form boo?. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's e credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 	ligibility	for the			
	 4. A record of how, when, and from whom the information used to prepare this form and the applica obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpa determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of the taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to compute the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and taxpayer's eligibility for the credit(s) and for HOH filing status and taxpayer's eligibility for taxpayer's eligibility for taxpayer's eligibility for tax	ayer's re	sponse	es, to		
	 If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty comply related to a claim of an applicable credit or HOH filing status. 	. ,		. ,		

Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and 15 Yes No complete? X \square

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Form 8867 (2019)



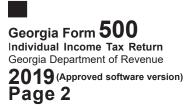


Georgia Form 500 (Rev. 06/20/19) Individual Income Tax Return

Georgia Department of Revenue 2019 (Approved software version)

Page 1

Fiscal Year Beginning	STATE ISSUED				
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID				
YOUR FIRST NAME 1. KAMILA		MI YOUR SOCIA B 844-43	al security number 3-6102		
LAST NAME (For Name Change See IT-51 ABDULLAH	11 Tax Booklet)	s	UFFIX		
SPOUSE'S FIRST NAME	1	MI SPOUSE'S S	OCIAL SECURITY NUMBER	_	
MOHAMMED SEYAD P		948-94	1-2219	ſ	DEPARTMENT USE ONLY
last name ABDHUL KAREEM		s	SUFFIX		
ADDRESS (NUMBER AND STREET or P.O. BOX 2. 500 ARROWCREEK PARKWAY		ne for Apt, Suite or Bui	Iding Number) 🗌 CHECK IF ADD	RESS HAS CHANGED	
APT NO 313					
CITY (Please insert a space if the city has mult 3. RENO	iple names)	state NV	ZIP CODE 89511		
(COUNTRY IF FOREIGN)					
Residency Status with the appropriate number					
1. FULL- YEAR RESIDENT 2. PART- YEAR RESID	DENT 01/0	1/2019	то 06/20/201	19	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 lef	tter (See IT-511	Tax Booklet)			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 approp	priate box(es) and	d enter total in 6c.) 6a. Yourself 🗙	6b. Spouse 🛛 🗙	6c. 2
7a. Number of Dependents (Enter details or	n Line 7b., and DO	NOT include yourse	lf or your spouse)		7a. 1
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING					



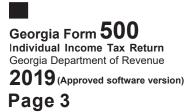


YOUR SOCIAL SECURITY NUMBER 844-43-6102

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

First Name, MI. AMEERA	Last Name MOHAMMED
Social Security Number 686-78-7043	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 th	ne minus sign (-). Example -3,456.
	nount on Line 8 is \$40,000 or more, or your gross income is less than your
	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1.
(Do not use FEDERAL TAXABLE INCOME) If the an W-2s you must include a copy of your Federal Form	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet)
 (Do not use FEDERAL TAXABLE INCOME) If the arr W-2s you must include a copy of your Federal Forr 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA) 	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet)
 (Do not use FEDERAL TAXABLE INCOME) If the arr W-2s you must include a copy of your Federal Forr 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Total 	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet)
 (Do not use FEDERAL TAXABLE INCOME) If the arr W-2s you must include a copy of your Federal Forr 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? C. Total Standard Deduction (Line 11a + Line 11b) 	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet)
 (Do not use FEDERAL TAXABLE INCOME) If the am W-2s you must include a copy of your Federal Form 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Blind? C. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on the second se	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet)
 (Do not use FEDERAL TAXABLE INCOME) If the am W-2s you must include a copy of your Federal Form 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Blind? C. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on the second se	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet) 9. and Line 9) 10. ARD DEDUCTION) 11a. x 1,300= 11b. Inc. 11c. both lines) 11c. Faxable Income. If you use itemized deductions, you must include Federal Schedule A.
 (Do not use FEDERAL TAXABLE INCOME) If the arr W-2s you must include a copy of your Federal Forr 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Blind? C. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on to 12. Total Itemized Deductions used in computing Federal T 	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet) 9. and Line 9) 10. ARD DEDUCTION) 11a. x 1,300= 11b. Inc. 11c. both lines) 12a.
 (Do not use FEDERAL TAXABLE INCOME) If the arr W-2s you must include a copy of your Federal Forr 9. Adjustments from Form 500 Schedule 1 (See IT-511 10. Georgia adjusted gross income (Net total of Line 8 a 11. Standard Deduction (Do not use FEDERAL STANDA (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? Total Spouse: 65 or over? Blind? C. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on the a. Federal Itemized Deductions (Schedule A-Form 1) 	nount on Line 8 is \$40,000 or more, or your gross income is less than your m 1040 Pages 1, 2, and Schedule 1. 1 Tax Booklet) 9. and Line 9) 10. ARD DEDUCTION) 11a. x 1,300= 11b. Inc. 11c. both lines) 12a. Induction 12a.

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2000411539

YOUR SOCIAL SECURITY NUMBER 844-43-6102

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. 321	14
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. 321	.14
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16. 16	514
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 file electronically)	ad 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, enter zero	22. 16	514

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:	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	
	382312018		834284670			
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	
	1877360ZI		2408797WA			
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	
	33903		6162			
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	
	1684		306			
	PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4. ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING					

02 1555 115 2019 GA 004 т1 19 Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2019 (Approved software version)

Page 4



2000411549

YOUR SOCIAL SECURITY NUMBER 844-43-6102

	(INCOME STATEMENT D)	(INCOME STATEMENT E)		(INCOME STATEMENT F)
1.	WITHHOLDING TYPE:	1. WITHHOLDING TYPE:		1. WITHHOLDING TYPE:
	🗆 W-2 🗌 G2-A 🗌 G2-LP	🗆 w-2 🗆 g2-A 🗌 (G2-LP	🗆 w-2 🗌 g2-A 🗌 g2-LP
	□ 1099 □ G2-FL □ G2-RP	□ 1099 □ G2-FL □ (G2-RP	□ 1099 □ G2-FL □ G2-RP
2.	EMPLOYER/PAYER FEDERAL	2. EMPLOYER/PAYER FEDERAL		2. EMPLOYER/PAYER FEDERAL
2.		ID NUMBER (FEIN) SSN [
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	HHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
0.				
4	GA WAGES / INCOME	4. GA WAGES / INCOME		4. GA WAGES / INCOME
ч.				
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
5.	GA TAX WITHHELD	3. GATAX WITHHELD		5. GA TAX WITHHELD
22	Coordin Income Tex Withheld on Wenne	and 1000a	00	1000
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	1990
~ 1			04	
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	22-RP)	24.	
~-				
25.	Estimated Tax paid for 2019 and Form	1-560	25.	
26.	Schedule 2B Refundable Tax Credits		26.	
	(Cannot be claimed unless filed electroni	5,		1000
27.	Total prepayment credits (Add Lines 23, 2	24, 25 and 26)	27.	1990
00	If Line 00 avec and Line 07 avectors at Line			
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
			20.	
29.	If Line 27 exceeds Line 22, subtract Line		00	
	overpayment		29.	376
	Amount to be avadited to 2020 ESTIMA	TED TAY		0
30.	Amount to be credited to 2020 ESTIMA		30.	0
24			21	
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
20	Georgia Fund for Children and Elderly (No gift of less than \$1 00)	20	
32.	Coorgia i ana ior children and Elderly (i		32.	
22	Georgia Cancer Research Fund (No gift	of loss than \$1.00)	22	
33.	Georgia Cancel Research Fund (No gin	or less than \$1.00)	33.	
24	Georgia Land Conservation Program (No	aift of loca than \$1.00	24	
34.	Georgia Land Conservation Program (NC	git of less than \$1.00)	34.	
	Georgia National Guard Foundation (No	aift of loss than \$1.00		
35.		gin of less than \$1.00)	35.	
00			00	
36.	Dog & Cat Sterilization Fund (No gift of I	ess than \$1.00)	36.	
07	Coving the Over Fund (No with of the other	\$1.00\	07	
37.	Saving the Cure Fund (No gift of less th	an \$1.00)	37.	
20	Poplizing Educational Achievement One Line		20	
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)		38.	

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Indi Geo 20	orgia Form 500 vidual Income Tax Ret orgia Department of Reve 19 (Approved software 19 5	nue		2000411559		YOUR SOCIAL SEC 844-43-610	
39.	Public Safety Memoria	l Grant (No g	gift of less than \$1.00)	39.		
40.	Form 500 UET (Estim	ated tax per	nalty) 🔲 500 UET exc	ception attached	40.		
41.	(If you owe) Add Lir MAKE CHECK PAYA			OF REVENUE	41.		
	Amount Due Mail To: GEORGIA DEPARTME PROCESSING CENTE ATLANTA, GA 30374-0	R, PO BOX 74					
42.	(If you are due a refun THIS IS YOUR REFUN				42.		376
42a.	If you do not enter D Direct Deposit (U.S. Accounts	•	sit information or if	you are a first ti	ne filer you wi	ill be issued a paper cheo	ck.
Тур	be: Checking 🔀	Routing Number 3	22271627			Refund Due Mail To: GEORGIA DEPARTMEN	T OF REVENUE
	Savings	Account	78590781			PROCESSING CENTER, ATLANTA, GA 30374-038	PO BOX 740380
and	e declare under the penalties belief, it is true, correct, and	of perjury that I/ complete. If pre	we have examined this return epared by a person other the	urn (including accomp an the taxpayer(s), th	anying schedules a s declaration is bas	DOCUMENTS, OR TAX RETURN and statements) and to the best or sed on all information of which the s, free of any expense to the State	f my/our knowledge preparer has knowledge.
Ta	axpayer's Signature	Check	t box if deceased)	Spouse's	Signature	(Check box if decease	d)
	Date			Date			
	Taxpayer's Phone Nur	nber		I autho	rize DOR to discus	s this return with the named prepa	arer.
n	By providing my e-mail addre ny account(s). Faxpayer's E-mail Addro		zing the Georgia Departme	nt of Revenue to elec	tronically notify me	at the below e-mail address rega	rding any updates to
							REV 04/03/20 PRO
						r's Phone Number - 7 4 0 - 7 6 6 6	
	Signature of Preparer	- , -			Prepare	r's FEIN	
1	Name of Preparer Othe HARISH KUMAR	r Than Faxpa REDDY	ayer BADDAM			4910581	

Preparer's Firm Name BTFPRO LLC

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Preparer's SSN/PTIN/SIDN P01962054

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



Schedule 3 Page 1 YOUR SOCIAL SECURITY NUMBER 844-43-6102

2019 (Approved software version)

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 res FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	sident is taxable but other state(s) tax credit m	ay apply. See IT-511 Tax Booklet.
1. WAGES, SALARIES, TIPS, etc 81025	1. WAGES, SALARIES, TIPS, etc 40960	1. WAGES, SALARIES, TIPS, etc 40065
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)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 81202	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 40960	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 40242
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	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7
81202	40960	40242
9. RATIO: Divide Line 8, Column C by Lin	e 8, Column A. Enter percentage	9. 49.56 ^{% Not to exceed 100%}
10a. Itemized 🔲 or Standard Deduction 🛛	(See IT-511 Tax Booklet)	10a. 6000
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total x 1,300=	10b.
 Personal Exemption from Form 500 (\$ 11a. Enter the number on Line 6c. from Form filing status A or D or multiply by \$3,700 	11a. 7400	
11b. Enter the number on Line 7a. from For	11b. 3000	
12. Total Deductions and Exemptions: A	dd Lines 10a, 10b, 11a, and 11b	12. 16400
 Multiply Line 12 by Ratio on Line 9 and 14. Income before GA NOL: Subtract Line 		13. 8128
Enter here and on Line 15a, Page 3 of		14. 32114