

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 NAVEEN K	Last name POOJARI	Your social security number 154 17 7087
If joint return, spouse's first name and middle initial AKHILA	Last name PANISHETTY	Spouse's social security number 135 71 8169
Home address (number and street). If you have a P.O. box, see instructions. 6005 STATE BRIDGE ROAD		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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DULUTH GA 30097		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
EISHA	POOJARI	949 96 3888	DAUGHTER	<input type="checkbox"/>	<input checked="" 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	110000
2a Tax-exempt interest	2a 0	2b	0
3a Qualified dividends	3a 0	3b	0
4a IRA distributions	4a	4b Taxable amount	0
c Pensions and annuities	4c	4d Taxable amount	0
5a Social security benefits	5a 0	5b Taxable amount	0
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	0
7a Other income from Schedule 1, line 9		7a	-10211
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	99789
8a Adjustments to income from Schedule 1, line 22		8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	99789
9 Standard deduction or itemized deductions (from Schedule A)	9 24400		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 0		
11a Add lines 9 and 10		11a	24400
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	75389

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

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

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> <input type="checkbox"/>	12a	8657	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b		8657
13a	Child tax credit or credit for other dependents	13a	500	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		500
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		8157
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		0
16	Add lines 14 and 15. This is your total tax	16		8157
17	Federal income tax withheld from Forms W-2 and 1099	17		10191
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	0	
b	Additional child tax credit. Attach Schedule 8812	18b	0	
c	American opportunity credit from Form 8863, line 8	18c	0	
d	Schedule 3, line 14	18d	0	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		0
19	Add lines 17 and 18e. These are your total payments	19		10191

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

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		2034
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a		2034
b	Routing number 0 2 1 2 0 0 3 3 9	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 3 8 1 0 0 1 9 7 0 8 8 7			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		0

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		0

Third Party Designee

(Other than paid preparer)

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

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

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE PROGRAMMER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation SOFTWARE PROGRAMMER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. 813-215-4863	Email address POOJARI.NAVEEN@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Phone no.		Firm's EIN	
Firm's address				

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

NAVEEN K POOJARI & AKHILA PANISHETTY

Your social security number

154 - 17 - 7087

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	0
2a	Alimony received	2a	0
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-10211
4	Other gains or (losses). Attach Form 4797	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	0
8	Other income. List type and amount ▶	8	0
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-10211

Part II Adjustments to Income

10	Educator expenses	10	0
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	0
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	0
14	Deductible part of self-employment tax. Attach Schedule SE	14	0
15	Self-employed SEP, SIMPLE, and qualified plans	15	0
16	Self-employed health insurance deduction	16	0
17	Penalty on early withdrawal of savings	17	0
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	0
20	Student loan interest deduction	20	0
21	Tuition and fees. Attach Form 8917	21	0
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

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return NAVEEN K POOJARI & AKHILA PANISHETTY	Your taxpayer identification number 154 - 17 - 7087
--	---

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	IT CONSULTING SERVIC	154177087	-10211
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-10211	
3 Qualified business net (loss) carryforward from the prior year	3	(0)	
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0	
5 Qualified business income component. Multiply line 4 by 20% (0.20)			5 0
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0)	
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9 0
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10 0
11 Taxable income before qualified business income deduction	11	75389	
12 Net capital gain (see instructions)	12	0	
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	75389	
14 Income limitation. Multiply line 13 by 20% (0.20)			14 15078
15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15 0
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 (10211)
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17 (0)

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

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NAVEEN K POOJARI		Social security number (SSN) 154 17 7087
A Principal business or profession, including product or service (see instructions) IT CONSULTING SERVICES,CONSULTING SERVICES	B Enter code from instructions ▶ 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 6005 STATE BRIDGE ROAD City, town or post office, state, and ZIP code DULUTH GA 30097		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2019, check here <input type="checkbox"/>		
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	3888
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	3888
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	3888
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 Gross income. Add lines 5 and 6 ▶	7	3888

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	355	18 Office expense (see instructions)	18	1355
9 Car and truck expenses (see instructions).	9	6409	19 Pension and profit-sharing plans	19	0
10 Commissions and fees	10	0	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	0	a Vehicles, machinery, and equipment	20a	1179
12 Depletion	12	0	b Other business property	20b	0
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	0	21 Repairs and maintenance	21	813
14 Employee benefit programs (other than on line 19)	14	0	22 Supplies (not included in Part III)	22	2217
15 Insurance (other than health)	15	0	23 Taxes and licenses	23	0
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	0	a Travel	24a	0
b Other	16b	0	b Deductible meals (see instructions)	24b	661
17 Legal and professional services	17	0	25 Utilities	25	0
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	14099	26 Wages (less employment credits)	26	0
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-10211	27a Other expenses (from line 48)	27a	1110
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0	27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-10211			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	03 / 16 / 2019
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	11050
b	Commuting (see instructions)	0
c	Other	0
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

TELEPHONE AND INTERNET EXPENSES	1110
48 Total other expenses. Enter here and on line 27a	48 1110

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

Taxpayer name NAVEEN K POOJARI

Taxpayer address (optional)

6005 STATE BRIDGE ROAD

DULUTH GA 30097

1. Your federal income tax return for 2019 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by _____.
2. Your return was accepted on _____ 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 _____.
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.

2019 Child Tax Credit and Credit for Other Dependents Worksheet—Line 13a

Keep for Your Records



1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2019, and meet all the conditions in Steps 1 through 3 under *Who Qualifies as Your Dependent*. Make sure you checked the “child tax credit” box in column (4) of the *Dependents* section on Form 1040 or 1040-SR for each qualifying child.
 2. If you don’t have a qualifying child, you can’t claim the child tax credit; but you may be able to claim the credit for other dependents for that child. See Step 3 under *Who Qualifies as Your Dependent*.
 3. To see if your qualifying relative qualifies you to take the credit for other dependents, see Step 5 under *Who Qualifies as Your Dependent*.
 4. Be sure to see *Social security number* under *Who Qualifies as Your Dependent*.
 5. Do **not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or residential energy efficient property credit*;
 - b. You are excluding income from Puerto Rico; or
 - c. You are filing Form 2555 or 4563.
- * If applicable.

Part 1

1. Number of qualifying children under age 17 with the required social security number: <u>0</u> × \$2,000. Enter the result.	1	0
2. Number of other dependents, including qualifying children without the required social security number: <u>1</u> × \$500. Enter the result. Caution. Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.	2	500
3. Add lines 1 and 2.	3	500
4. Enter the amount from Form 1040 or 1040-SR, line 8b.	4	99789
5. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> ● Married filing jointly — \$400,000 ● All other filing statuses — \$200,000 	5	400000
6. Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7, and go to line 8. <input type="checkbox"/> Yes. Subtract line 5 from line 4. If the result isn't 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.	6	
7. Multiply the amount on line 6 by 5% (0.05). Enter the result.	7	0
8. Is the amount on line 3 more than the amount on line 7? <input type="checkbox"/> No. You can't take the child tax credit on Form 1040 or 1040-SR, line 13a. You also can't take the additional child tax credit on Form 1040 or 1040-SR, line 18b. Complete the rest of your Form 1040 or 1040-SR. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 3. Enter the result. Go to Part 2.	8	500



Before you begin Part 2: ✓ Figure the amount of any credits you are claiming on Schedule 3; Form 5695, Part II*; Form 8910; Form 8936; or Schedule R.

Part 2

9. Enter the amount from Form 1040 or 1040-SR, line 12b.

9	8657
----------	------

10. Add any amounts from:

Schedule 3, line 1 _____ 0

Schedule 3, line 2 + _____ 0

Schedule 3, line 3 + _____ 0

Schedule 3, line 4 + _____ 0

Form 5695, line 30* + _____ 0

Form 8910, line 15* + _____ 0

Form 8936, line 23 + _____ 0

Schedule R, line 22 + _____ 0

Enter the total.

10	0
-----------	---

11. Are the amounts on lines 9 and 10 the same?

Yes.

You can't take this credit because there is no tax to reduce. However, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.

11	8657
-----------	------

No. Subtract line 10 from line 9.

12. Is the amount on line 8 more than the amount on line 11?

Yes. Enter the amount from line 11. Also, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.

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

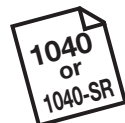
12	500
-----------	-----

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

No. Enter the amount from line 8.



You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, if you answered "Yes" on line 11 or line 12 above.



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

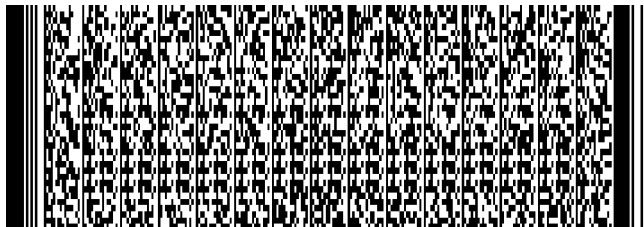


If your child tax credit or additional child tax credit for a year after 2015 was reduced or disallowed, see Form 8862, who must file to find out if you must file Form 8862 to take the credit for 2019.

* If applicable.



2000401111



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 GA
ISSUED

Fiscal Year Ending 12/31/2019

YOUR DRIVER'S LICENSE/STATE ID 058931511

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. NAVEEN K 154-17-7087

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
AKHILA 135-71-8169

LAST NAME SUFFIX
PANISHETTY

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. 6005 STATE BRIDGE ROAD

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. DULUTH GA 30097

(COUNTRY IF FOREIGN)

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

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

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

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 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. 01

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 154-17-7087

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

First Name, MI. EISHA	Last Name POOJARI
Social Security Number 949-96-3888	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.	99789
(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.	0
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	99789
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	6000
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	0
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	6000
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.	0
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	0
c. Georgia Total Itemized Deductions.....	12c.	0
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	93789



YOUR SOCIAL SECURITY NUMBER
 154-17-7087

14a. Enter the number from Line 6c. 02 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. 01 Multiply by \$3,000.....	14b.	3000
14c. Add Lines 14a. and 14b. Enter total.....	14c.	10400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	83389
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.	0
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	83389
16. Tax (Use the Tax Table in the IT-511 Tax Booklet)	16.	4558
17. Low Income Credit 17a. 0 17b. 0	17c.	0
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	0
19. Credits used from IND-CR Summary Worksheet	19.	0
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	0
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero	22.	4558

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 Form G2-FL enter zero.**

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 061707432	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 3176414LI	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 110000	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 5331	5. GA TAX WITHHELD	5. GA TAX WITHHELD

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



2000401141

YOUR SOCIAL SECURITY NUMBER
 154-17-7087

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

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

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

23. Georgia Income Tax Withheld on Wages and 1099s	23.	5331
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	0
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2019 and Form IT-560	25.	0
26. Schedule 2B Refundable Tax Credits.....	26.	0
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	5331
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	0
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	773
30. Amount to be credited to 2020 ESTIMATED TAX	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	0
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	0
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	0
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	0
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	0
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	0
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	0
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	0
(No gift of less than \$1.00)		



2000401151

YOUR SOCIAL SECURITY NUMBER
154-17-7087

2019 (Approved software version)

Page 5

- 39. Public Safety Memorial Grant **(No gift of less than \$1.00)**..... 39. 0
- 40. Form 500 UET **(Estimated tax penalty)** 500 UET exception attached 40. 0
- 41. **(If you owe)** Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 41. 0

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. 773

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

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

Type: Checking
Savings

Routing Number 021200339
Account Number 381001970887

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

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

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

813-215-4863

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

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

Taxpayer's E-mail Address
POOJARI.NAVEEN@GMAIL.COM

Preparer's Phone Number

Signature of Preparer

Preparer's FEIN

Name of Preparer Other Than Taxpayer

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

YEAR OVER YEAR COMPARISON

2018-2019

INCOME	Form	Tax year - 2018	Tax year- 2019	Difference +/-
Wages, Salaries, Tips	W-2	102249	110000	7751
Taxable Interest	1099-INT	0	0	0
Ordinary Dividends	1099-DIV	0	0	0
Taxable IRA distributions, Pensions and annuities	1099-R	0	0	0
Social Security benefits	1099-SSA	0	0	0
Capital Gains/(Losses), Schedule D	1099-B	0	0	0
Taxable refunds, credits, or offsets of state and local income taxes	1099-G	0	0	0
Alimony income	-	0	0	0
Business income/(loss)	Sch C	-10136	-10211	-75
Other gains/(loss)	4797	0	0	0
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	Sch E	0	0	0
Farm income/(loss)	Sch F	0	0	0
Unemployment compensation	1099-G	0	0	0
Other income	Multi	0	0	0
TOTAL INCOME		92113	99789	7676

ADJUSTMENTS TO INCOME				
Educator expenses	-	0	0	0
Certain business expenses of reservists, performing artists, and fee-basis government officials	2106	0	0	0
Health savings account deduction	8889	0	0	0
Moving expenses for members of Armed Services	3903	0	0	0
Self-employment tax	Sch SE	0	0	0
Self-employed SEP, SIMPLE, and qualified plans	-	0	0	0
Self-employed health insurance deduction	-	0	0	0
Penalty on early withdrawal of savings	1099-INT	0	0	0
Alimony paid	-	0	0	0
IRA deduction	-	0	0	0
Student loan interest deduction	1098-E	0	0	0
Other Adjustments	Multiple	0	0	0
TOTAL ADJUSTMENTS TO INCOME		0	0	0

DEDUCTIONS				
Standard Deduction	-	24000	24400	400
Medical and dental expenses	Sch A	0	2502	2502
Taxes you paid	Sch A	5538	5719	181
Interest you paid	Sch A	0	0	0
Gifts to Charity	Sch A	11735	10048	-1687
Casualty and theft losses	Sch A	0	0	0
Other itemized deductions	Sch A	0	0	0
Total Itemized Deductions		17273	18269	996
Deduction claimed on return		24000	24400	400
Qualified business income deduction	8995/8995A	0	0	0
TOTAL DEDUCTIONS		24000	24400	400

TAXABLE INCOME		68113	75389	7276
-----------------------	--	--------------	--------------	-------------

TAX	Form	Tax year - 2018	Tax year- 2019	Difference +/-
Tax	Multiple	7794	8657	863
Alternative Minimum Tax	6251	0	0	0
Excess advance premium tax credit repayment	8962	0	0	0
Other (forms 8814, 4972, etc.)	Multiple	0	0	0
TOTAL TAX		7794	8657	863

NONREFUNDABLE CREDITS				
Child tax credit or credit for other dependents	-	500	500	0
Foreign tax credit	1116	0	0	0
Credit for child and dependent care expenses	2441	0	0	0
Education credits	8863	0	0	0
Retirement savings contributions credit	8880	0	0	0
Residential energy credit	5695	0	0	0
Other credits (forms 3800, 8801, etc.)	Multiple	0	0	0
TOTAL NONREFUNDABLE CREDITS		500	500	0

OTHER TAXES				
Self-employment tax	Sch SE	0	0	0
Unreported social security and Medicare tax	4137/8919	0	0	0
Additional tax on IRAs, other qualified retirement plans, and other taxes	5329	0	0	0
Household employment taxes	Sch H	0	0	0
Repayment of first-time homebuyer credit	5405	0	0	0
Health care individual responsibility	-	0		
Taxes from forms 8959 and/or 8960	8959/8960	0	0	0
Section 965 net tax liability installment	965-A	0	0	0
TOTAL OTHER TAXES		0	0	0

TOTAL TAX		7294	8157	863
------------------	--	-------------	-------------	------------

OTHER PAYMENTS AND REFUNDABLE CREDITS				
Federal income tax withheld	Multiple	9545	10191	646
Estimated tax payments and amount applied from prior year	-	0	0	0
Net premium tax credit	8962	0	0	0
Amount paid with request for extension	-	0	0	0
Excess social security and tier 1 RRTA tax withheld	-	0	0	0
Credit for federal tax on fuels	4136	0	0	0
Other credits	-	0	0	0
Earned income tax credit	EIC	0	0	0
Additional child tax credit	8812	0	0	0
American opportunity credit	8863	0	0	0
TOTAL PAYMENTS AND REFUNDABLE CREDITS		9545	10191	646

TAX (OVERPAID) OR TAX DUE		(2251)	(2034)	(217)
----------------------------------	--	---------------	---------------	--------------