

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

Your first name and middle initial SUDHEER		Last name POTHURAJU	Your social security number 750-20-4541	
If joint return, spouse's first name and middle initial ANUSHA		Last name BAKI	Spouse's social security number 054-89-4517	
Home address (number and street). If you have a P.O. box, see instructions. 74 APRIL AVENUE			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. If you have a foreign address, also complete spaces below. STOCKBRIDGE		State GA		ZIP code 30281
Foreign country name		Foreign province/state/county		Foreign postal code

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

	1 Wages, salaries, tips, etc. Attach Form(s) W-2.						63,516
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b			
	3a Qualified dividends	3a	b Ordinary dividends	3b			
	4a IRA distributions	4a	b Taxable amount	4b			
	5a Pensions and annuities	5a	b Taxable amount	5b			
	6a Social security benefits	6a	b Taxable amount	6b			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			7			
8 Other income from Schedule 1, line 9			8				
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9			63,516	
10 Adjustments to income:							
a From Schedule 1, line 22		10a 250					
b Charitable contributions if you take the standard deduction. See instructions		10b					
c Add lines 10a and 10b. These are your total adjustments to income			10c			250	
11 Subtract line 10c from line 9. This is your adjusted gross income			11			63,266	
12 Standard deduction or itemized deductions (from Schedule A)			12			24,800	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A.			13			0	
14 Add lines 12 and 13			14			24,800	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15			38,466	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	4,222
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,222
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	468
21	Add lines 19 and 20	21	468
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,754
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	3,754
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,751
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,751
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800
33	Add lines 25d, 26, and 32. These are your total payments	33	8,551
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,797
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,797
b	Routing number 061000052	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 334050287978		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? Yes. Complete below. No

See instructions

Designee's name **ADRIEN L MULLER** Phone no. **803-934-8888** Personal identification number (PIN) **00001**

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 TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation ADMIN	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Phone no. **404-518-3827** Email address

Preparer's name ADRIEN L MULLER	Preparer's signature	Date 2-20-21	PTIN P01086665	Check if: <input type="checkbox"/> Self-employed
Firm's name A AND E SERVICES	Firm's address 340 RAST STREET SUITE 1 SUMTER SC 29150-		Phone no. 803-934-8888	Firm's EIN 22-3867458

Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees

US

2020

Name: SUDHEER POTHURAJU & ANUSHA BAKI

SSN: 750-20-4541

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
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1 Amount paid in 2020. See instructions for limitations and definition of qualified student loan interest

Modified AGI for this computation including excluded income from Forms 2555 and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 _____

Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$70,000 (\$140,000 married filing jointly) and is -0- when AGI exceeds \$85,000 (\$170,000 married filing jointly).

2 Student loan interest deduction			
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Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
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Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI

	250		250
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Education Savings Accounts (ESAs) and QTPs	Taxpayer	Spouse
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1 Excess contributions		
2 Taxable distributions		
3 Taxable distributions from ABLE accounts		

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$165,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$59,000, single (\$118,000, married filing jointly), and is -0- when the AGI reaches \$69,000, single (\$138,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$135,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$135,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$165,000 married filing jointly).

Student's name	Social security number	Qualified expenses
SUDHEER POTHURAJU	750-20-4541	
ANUSHA BAKI	054-89-4517	
1 Reserved		
2 Reserved	63,266	
3 Reserved (Reserved)		

Name: SUDHEER POTHURAJU & ANUSHA BAKI

SSN: 750-20-4541

1 Can you be claimed as a dependent on another person's return?

No. Go to line 2.

Yes. You cannot take the credit. Stop here.

2 Does your 2020 tax return include a valid social security number for you and, if filing a joint return, your spouse?

Yes. Your credit is not limited. Go to line 5.

No. If you are filing a joint return, go to line 3. If you are not filing a joint return, stop here, you cannot take the credit.

3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?

Yes. Your credit is not limited. Go to line 5.

No. Go to line 4.

4 Does one of you have a valid social security number?

Yes. Your credit is limited. Go to line 5.

No. Stop here, you cannot take the credit.

5 \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4. \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3

2,400.

6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 of for whom you either checked the child tax credit box or entered an adoption taxpayer ID number

2,400.

7 Add lines 5 and 6

2,400.

8 \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4. \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3

1,200.

9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 of for whom you either checked the child tax credit box or entered an adoption taxpayer ID number

1,200.

10 Add lines 8 and 9

63,266.

11 Amount from Form 1040, line 11

12 \$150,000 if married filing jointly; \$112,500 if head of household; \$75,000 if single, married filing separately or qualifying widow(er)

150,000.

13 Is the amount on line 11 more than the amount on line 12?

No. Skip line 14. The amount from line 7 is entered on line 15 and the amount from line 10 is entered on line 18.

Yes. Subtract line 12 from line 11

14 Multiply line 13 by 5%

2,400.

15 Subtract line 14 from line 7

When entering the economic impact payments received on lines 16 and 19 below, if filing a joint return, include the spouse's payment as shown on the spouse's Notice 1444. If the economic impact payment was based on a joint return, the taxpayer and spouse are each treated as having received half of the payment.
Don't include any amount received that was later returned to IRS on lines 16 and 19.

16 Enter the amount, if any, of the economic impact payment issued (EIP 1, sent out beginning in April 2020) before offset for any past - due child support payment. You may refer to Notice 1444 or the taxpayer's account at IRS.gov/account for the amount to enter.

1,200.

Check here if there was no EIP 1 payment received at all

17 Subtract line 16 from line 15. If line 16 is more than 15, you don't have to pay back the difference

1,200.

18 Subtract line 14 from line 10

1,200.

19 Enter the amount, if any, of the second economic impact payment issued (EIP 2, sent out beginning in December 2020) before offset for any past - due child support payment. You may refer to Notice 1444-B or the taxpayer's account at IRS.gov/account for the amount to enter.

600.

Check here if there was no EIP 2 payment received at all

20 Subtract line 19 from line 18. If line 19 is more than 18, you don't have to pay back the difference

600.

21 Recovery rebate credit

1,800.

Name(s) shown on return

Your social security number

SUDHEER POTHURAJU & ANUSHA BAKI

750-20-4541



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit.	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	<input type="checkbox"/>
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	2,342
11	Enter the smaller of line 10 or \$10,000	11	2,342
12	Multiply line 11 by 20% (0.20)	12	468
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	138,000
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	63,266
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	74,734
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	468
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	468

Name(s) shown on return

Your social security number

SUDHEER POTHURAJU & ANUSHA BAKI

750-20-4541



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>SUDHEER POTHURAJU</p>	<p>21 Student social security number (as shown on page 1 of your tax return)</p> <p>750-20-4541</p>
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<p>22 Educational institution information (see instructions)</p> <p>a. Name of first educational institution</p> <p>SAINT LOUIS UNIVERSITY</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>ONE GRAND BLVD SAINT LOUIS MO 63103-</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>43-0654872</p>		<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
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23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶ 00575716 4

Taxpayer's name SUDHEER POTHURAJU	Social security number 750-20-4541
Spouse's name ANUSHA BAKI	Spouse's social security number 054-89-4517

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.
 Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	63,266
2 Total tax	2	3,754
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,751
4 Amount you want refunded to you	4	4,797
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize A AND E SERVICES to enter or generate my PIN 74632
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 02/20/2021

Spouse's PIN: check one box only

I authorize A AND E SERVICES to enter or generate my PIN 04177
ERO firm name Enter five digits, but don't enter all zeros
 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 02/20/2021

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 57571674632
Don't enter all zeros

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

ERO's signature ▶  Date ▶ 02/20/2021

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



2100401352

YOUR SOCIAL SECURITY NUMBER
750-20-4541

Page 5

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

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

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42. 185

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

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

Type: Checking Routing Number 061000052
 Savings Account Number 334050287978

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
404-518-3827

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

Signature of Preparer

Name of Preparer Other Than Taxpayer
ADRIEN L MULLER

Preparer's Firm Name
A AND E SERVICES

Preparer's Phone Number
803-934-8888

Preparer's FEIN
22-3867458

Preparer's SSN/PTIN/SIDN
P01086665



**ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO
GEORGIA DEPARTMENT OF REVENUE
UNLESS REQUESTED TO DO SO.**

IRS DCN OR SUBMISSION ID

575716

**GA-8453
2020**

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

Amended Return

First Name and Initial SUDHEER	Last Name POTHURAJU	Social Security Number 750-20-4541
If Joint Return, Spouse's First Name and Initial ANUSHA	Spouse's Last Name BAKI	Spouse's Social Security Number 054-89-4517
Home Address (number and street) 74 APRIL AVENUE	Apt Number	Daytime Telephone Number 404-518-3827
City, Town or Post Office STOCKBRIDGE	State GA	Zip Code 30281

PART I		TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	63,266.	
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	49,866.	
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	2,632.	
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	0	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	185.	

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2020 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN

HERE TAXPAYER'S SIGNATURE _____ Date _____ SPOUSE'S SIGNATURE (if joint return, both must sign) _____ Date _____

SUDHEER POTHURAJU _____
PRINT NAME EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO's Signature _____	Date <u>02/20/2021</u>
	Firm's Name <u>A AND E SERVICES</u>	Check also if paid preparer <input type="checkbox"/>
	Address <u>340 RAST STREET SUITE 1</u>	FEIN/PTIN <u>P01086665</u>
	City, State, & Zip Code <u>SUMTER SC 29150-</u>	SSN/TIN _____

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date <u>2-20-21</u>
	Firm's Name <u>A AND E SERVICES</u>	FID/TIN <u>22-3867458</u>
	Address <u>340 RAST STREET SUITE 1</u>	SSN/TIN <u>P01086665</u>
	City, State, & Zip Code <u>SUMTER SC 29150-</u>	

GA-8453 (REV 01/05/21)

KEEP A COPY WITH YOUR RECORDS