

FOR TAX YEAR 2020

SRAVITHA MATLAPUDI

IncorpTaxAct LLC

4080 Mcginnis Ferry Rd Ste 204

Alpharetta, GA 30005

(770)682-3119

IncorpTaxAct LLC

4080 McGinnis Ferry Rd Ste 204
Alpharetta, GA 30005
info@incorptaxact.com
Phone: (770)682-3119 | Fax: (770)682-3081

July 08, 2021

Sravitha Matlapudi
6720 Brookleigh Overlook
Cumming, GA 30040

Subject: Preparation of Your 2020 Tax Returns

Sravitha Matlapudi:

Thank you for choosing IncorpTaxAct LLC to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (770)682-3119.

Sincerely,

Umang Thakkar EA
IncorpTaxAct LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

IncorpTaxAct LLC

4080 McGinnis Ferry Rd Ste 204
Alpharetta, GA 30005
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6720 Brookleigh Overlook
Cumming, GA 30040

Sravitha Matlapudi:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$4,257 Refund	Receive a check
Georgia Income Tax	\$263 Refund	Receive a check
Virginia Income Tax	\$294 Refund	Receive a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Georgia Income Tax
Virginia Income Tax

Sincerely,

Umang Thakkar EA
IncorpTaxAct LLC

IncorpTaxAct LLC

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July 08, 2021

Sravitha Matlapudi
6720 Brookleigh Overlook
Cumming, GA 30040

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (770)682-3119.

Sincerely,

Umang Thakkar EA
IncorpTaxAct LLC

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

SRAVITHA MATLAPUDI

Taxpayer address (optional)

6720 BROOKLEIGH OVERLOOK

CUMMING, GA 30040

1. Your federal income tax return for 2020 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by IncorpTaxAct LLC.
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 05-17-2021. The Submission ID assigned to your extension is XXXXXX2021137glsfalo.
DCN:00-XXXXXX-001771

**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.

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 SRAVITHA	Last name MATLAPUDI	Your social security number XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 6720 BROOKLEIGH OVERLOOK		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. CUMMING		
State GA	ZIP code 30040	
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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check 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"/>

Attach Sch. B if required. Standard Deduction for- ● Single or Married filing separately, \$12,400 ● Married filing jointly or Qualifying widow(er), \$24,800 ● Head of household, \$18,650 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		62,155
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	12
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	90
	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	62,278
	10 Adjustments to income:			
	a From Schedule 1, line 22	10a	6,000	
	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	6,000	
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	56,278	
12	Standard deduction or itemized deductions (from Schedule A).	12	12,400	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	1	
14	Add lines 12 and 13	14	12,401	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	43,877	

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	5,436
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,436
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,436
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	5,436
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,893
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,893
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	9,693

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,257																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	4,257																		
Direct deposit? See instructions.	▶ b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	▶ d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36																			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	0
For details on how to pay, see instructions.		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38	Estimated tax penalty (see instructions) ▶	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ **Yes.** Complete below. **No**

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
18657	07-08-2021	ASSOCIATE	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	07-08-2021	XXXXXXXXXX	
Preparer's name Umang Thakkar EA	Phone no.	770-682-3119	
Firm's name ▶ IncorpTaxAct LLC			
Firm's address ▶ 4080 MCGINNIS FERRY RD STE 204 ALPHARETTA, GA 30005	Firm's EIN ▶ 45-2036502		

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ 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.

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

SRAVITHA MATLAPUDI

Your social security number

XXX-XX-XXXX

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 your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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	1,580	1,627		(47)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	348	333		15
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 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 page 2				7 (32)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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 . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 122
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 122

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

Schedule D (Form 1040) 2020

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	90
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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.

2020
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

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.

- (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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE	VARIOUS	12-31-2020	1,580	1,627			(47)
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			1,580	1,627			(47)

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.

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.

2020
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

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.

- (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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERICAN ENTERPRISE	VARIOUS	12-31-2020	348	333			15
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►								
				348	333			15

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.

2020 Form 4868 Extension Voucher and Filing Instructions
SRAVITHA MATLAPUDI

Filing method:

The extension has been e-filed.

Due date:

05-17-2021

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) **ONLY** if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

▼ DETACH HERE ▼

NOTE

Form 4868 Department of the Treasury Internal Revenue Service (99)	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return For calendar year 2020, or other tax year beginning _____, 2020, ending _____	OMB No. 1545-0074 2020
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Part I	Identification	Part II	Individual Income Tax
	SRAVITHA MATLAPUDI 6720 BROOKLEIGH OVERLOOK CUMMING GA 30040	4	Estimate of total tax liability for 2020 \$ <u>5,436</u>
		5	Total 2020 payments <u>9,693</u>
		6	Balance due. Subtract line 5 from line 4 See instructions <u>0</u>
		7	Amount you're paying (see instructions) . . ▶
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ▶ <input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>

2 Your social security number **3** Spouse's social security number
 XXX-XX-XXXX

XXXXXXXXX X0 MATL 30 0 202012 670

IRS e-file Signature Authorization

OMB No. 1545-0074

2020

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

Submission Identification Number (SID) ▶

Taxpayer's name SRAVITHA MATLAPUDI	Social security number XXX-XX-XXXX
Spouse's name	Spouse's social security number

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	56,278
2 Total tax	2	5,436
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,893
4 Amount you want refunded to you	4	4,257
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 IncorpTaxAct LLC to enter or generate my PIN 18657 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- 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 ▶ _____

Spouse's PIN: check one box only

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

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. XXXXXXX-96964
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 ▶ 07-08-2021

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

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

Form 8879 (Rev. 01-2021)

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Umang Thakkar EA

("we," "us," and "our")

Printed name of tax preparer

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

We partner with Tax Protection Plus, LLC to provide audit protection and identity theft restoration services to our clients. In order to facilitate these services, we must disclose your 2020 tax return information to Tax Protection Plus, LLC. If you would like us to disclose your 2020 tax return information to Tax Protection Plus, LLC for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to Tax Protection Plus, LLC your 2020 tax return information necessary so their services are available to you in the future. You understand that if you are not willing to authorize us to share your tax information with Tax Protection Plus, LLC, you may be unable to use their services in the future, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed name of taxpayer: SRAVITHA MATLAPUDI

Taxpayer signature: _____ Date: 07-08-2021

Printed name of joint taxpayer: _____

Joint taxpayer signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

Audit Assistance Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus Audit Assistance Membership Program ("Program")** provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.

- a. "**ERO**" means the Electronic Return Originator participating in the **Program** approved and authorized by **Company**.
- b. "**Protection Plus Audit Assistance Membership Program**" (or the "**Program**") is a service program offered by **Company** and is provided and paid for as part of the tax preparation services at no cost to the Taxpayer.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040 and 1040SR and/or a state acknowledged individual state return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement.
- d. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- e. "**Tax Preparer**" means the individual completing and signing the acknowledged **Return** as the paid preparer.
- f. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) for whom the **Tax Preparer** completes and signs an acknowledged **Return**.
- g. "**Company**" Tax Protection Plus, LLC and the American Advantage Association
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the **ERO**.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the Membership Term), if the **Taxpayer's Return** is audited or the IRS and/or state denies any of the credits described in Section 2.7, **Company** will provide the **Taxpayer** with the following services (collectively, the "Services"):

- 2.1 Evaluation of all related IRS and/or state correspondence.
- 2.2 Explanation of case requirements and the available options.
- 2.3 Professional IRS and/or state document review, consultation and organization.
- 2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
- 2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process.
- 2.6 Assistance with all IRS forms unless excluded below in section 3.
- 2.7 Assistance with denied credits, including: Earned Income Credit, Child and Dependent Care Credit, Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, Savers Credit.
- 2.8 Assistance with rejected W-7 applications.
- 2.9 Assistance with IRS and/or state Identity Theft
- 2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees.
- 2.11 The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or Inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or Inquiries:

- 3.1 Non-Resident returns.
- 3.2 **Returns** other than individual 1040 and 1040SR and state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.3 Returns in which the **Taxpayer**, **Tax Preparer** or **ERO** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.4 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.5 Local, city and county tax returns.
- 3.6 Returns that have become subject to IRS or state criminal investigations.
- 3.7 Inquiries related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate tax and gift tax.
- 3.8 Inquiries related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess Social Security tax or railroad retirement tax withheld.
- 3.9 Due to a lack of Clarity from the IRS on the Affordable Care Act, we may not be able to assist with all IRS inquiries and audits related to the Affordable Care Act.
- 3.10 Due to a lack of Clarity from the IRS and state taxing authorities, we may not be able to assist with all IRS and/or state inquiries and audits related to any federal or state Economic Impact Stimulus Payments (EIP).

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding,
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Disclosure of Information: **Taxpayer** hereby agrees that his/her specific **Taxpayer** information, including all information that **Taxpayer** has disclosed to the **ERO** or has been included on the **Return**, may be disclosed by the **ERO** to **Company** and used by **Company** in the manner consistent with this Agreement.

6. Cancellation: If, for any reason, a **Member** is not satisfied with the **Program** and wishes to terminate his/her membership, the **Member** may cancel the membership by notifying **Company** in writing or by telephoning a **Program** representative. Membership in the **Program** shall terminate on the date that **Company** receives written notice of cancellation.

7. Member Representations and Acknowledgements: In return for the Services available under the **Program**, the **Member** makes the following representations and acknowledgements:

7.1 **Member** has read this Agreement carefully and understands the **Program**.

7.2 **Member** may cancel his/her **Program** membership at any time before the conclusion of the Membership Term.

7.3 Membership in the **Program** and benefits thereunder are not assignable without the express written consent of **Company**. **Member** agrees that he/she will use his/her **Program** membership only for his/her personal benefit. A **Member's** violation of this paragraph 7.3 will result in immediate termination of the **Program** Membership.

7.4 **Member** acknowledges that **Company** bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the **Program**. Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the **Member**.

7.5 **Member** understands that **Member** is responsible for paying the **Tax Preparer** or **ERO** for their services rendered.

7.6 **Member** understands and agrees that all **Tax Preparers** and **EROs** are independent contractors, and that **Company** in no way is responsible for the Services provided by a **Tax Preparer** or **ERO**.

7.7 **Member** understands and agrees that they will be enrolled as a member of the American Advantage Association to be eligible to receive the benefits of the **Program**.

7.8 **Member** understands and agrees that the **Program** is not insurance.

7.9 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Preparer** and to the best of **Taxpayer's** knowledge, the **Tax Preparer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Taxpayer**. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to **Taxpayer's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: **Company** is not a **Tax Preparer**, **ERO**, or a direct Provider of the tax services provided to **Members** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **MEMBER** FROM A PARTICIPATING **TAX PREPARER** OR **ERO**. **MEMBER** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX PREPARER** OR **ERO** FOR THE SERVICES PROVIDED TO **MEMBERS** BY THE **TAX PREPARER** OR **ERO**. In the event any product or service (other than the **Program**) purchased or received by a **Member** from a **Tax Preparer** or **ERO** is canceled, modified, defective, or otherwise unsatisfactory to the **Member**, the **Member** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each **Member** who uses the Services under the **Program** membership hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Member** or **Member's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program**. The sole recourse available to a **Member** or **Member's** legal representative(s) against **Company** shall be cancellation of the **Program** membership as provided in Section 6.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Member**, at the address provided by the **Member**.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to membership in the **Program**. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. **Member** Acknowledges that **THE PROGRAM IS NOT INSURANCE**.

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com / Phone # 866-942-8348 / Fax# 850-424-1192

Tax Reimbursement Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the Tax Reimbursement Program. Throughout this document, **Program** refers to this Tax Reimbursement Program. **You** and **Your** refer to the person(s) or **Participant(s)** who have been enrolled in the **Program** by a **Participating Tax Preparer**. **We**, **Us** and **Our** refer to the **Company** providing this benefit to **Participants**. In addition, when in bold certain words and phrases are defined as follows:

1. Definitions:

The following definitions are applicable to the Agreement.

- a. "**Assessment**" means an initial assessment by the Internal Revenue Service (IRS) or state taxing authority against the Return for additional fees, penalties and/or interest that is made within three (3) years from the original filing date.
- b. "**Error**" means a miscalculation by a **Tax Preparer** or certain mistakes by the **Tax Preparer** that result in an **Assessment**.
- c. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- d. "**Return**" means an IRS acknowledged individual federal tax return form 1040 and 1040-SR and/or a state acknowledged individual state tax return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement.
- e. "**Tax Preparer**" and "**Participating Tax Preparer**" means the Electronic Return Originator (**ERO**) and or the individual completing and signing the acknowledged Return as the paid preparer who is an Organization Member of the American Advantage Association authorized to enroll **Participants** in the **Program**.
- f. "**Participant**" means the individual (or individuals if filing a Joint **Return**) for which a **Participating Tax Preparer** or **ERO** completes and signs an acknowledged Return and reports them as a participant in the **Program** to **Company**.
- g. "**Company**" means Tax Protection Plus, LLC through the American Advantage Risk Purchasing Group and its members and the American Advantage Association and its Organization Member **Participating Tax Preparers** and **EROs**
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the **ERO**.
- i. "**Membership**" a term defining a **Participant's** status as a **Participant** in the **Program** who is eligible to receive the Services defined in this Agreement.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the **Membership Term**), if the **Participant's Return** is audited, and it is determined that additional fees, penalties and interest are due as the direct result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will provide the **Participant** with the reimbursement of up to a combined total of \$2,500.00 in additional fees, penalties and interest as calculated by the IRS and state, subject to the limitations and qualification criteria described in section 5. REIMBURSEMENT BENEFITS ARE NOT AVAILABLE AND WILL NOT BE PAID TO TAXPAYERS WHO RESIDE IN SD, TN, WY OR PUERTO RICO OR IN ANY OTHER STATE IN WHICH APPLICABLE LAW PROHIBITS COMPANY FROM MAKING SUCH PAYMENT

3. Program Exclusions: The following types of tax returns and or inquiries are specifically excluded. **Company** is under no obligation to provide **Participant** with the Services in connection with such tax returns and or inquiries:

- 3.1 Non-Resident tax returns.
- 3.2 Returns other than individual 1040 and 1040SR and individual state returns including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.3 **Returns** in which the **Participant** or **Tax Preparer** had knowledge of additional taxes owed as of the date **Participant** enrolled in the **Program**.
- 3.4 **Returns** prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.5 Self-prepared returns.
- 3.6 Local, city and county tax returns.
- 3.7 **Returns** that have become subject to IRS and/or state criminal investigations.
- 3.8 Inquiries related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate and gift tax.
- 3.9 Inquiries related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess Social Security tax or railroad retirement tax withheld.
- 3.10 No payments or reimbursements will be made in relation to additional fees, penalties or interest due as a result of the Affordable Care Act.
- 3.11 No payments or reimbursements will be made in relation to additional fees, penalties or interest due as a result of any federal or state Economic Impact Stimulus Payments (EIP).

4. Participant Responsibilities: In order for **Company** to be obligated to provide the Services to **Participant**, the **Participant** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the notice received to request an extension of the deadline for responding,
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Reimbursement Policy and Criteria:

5.1 The Service that provides for reimbursement of assessed penalties, interest and fees is provided through **Company** and its **Participating Tax Preparers** and **EROs**.

5.2 A **Participant's** eligibility for reimbursement of assessed penalties; interest and fees are subject to the exclusions described in Section 3. If the audit is a result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will reimburse the affected **Participant** for the net effect of additional fees, penalties and interest assessed up to \$2,500.00 for the **Return**. Qualified reimbursements will be paid by **Company** only after all of the obligations of **Participant** in Section 4 are satisfied and the **Participant** provides **Company** with proof satisfactory to **Company** that either (a) all tax obligations have been paid in full to the IRS and/or state or (b) the **Participant** is current with any payment agreement entered into with the IRS and/or state.

5.3 Notwithstanding anything contained herein to the contrary, the **Participant** is not eligible for reimbursement if the additional fee, penalty or interest is assessed as a result of:

- 5.3.1 Incomplete, incorrect or misleading information intentionally provided by the **Participant, Tax Preparer** or **ERO**.
- 5.3.2 **ERO's** or **Tax Preparer's** reckless failure to include W-2, 1099 or any other taxable income on the **Return**.
- 5.3.3 The **Participant's** inability to provide the IRS and/or state or **Company** with sufficient records to support any item on the **Return**, including (but not limited to) filing status, deductions, expenses or dependents.
- 5.3.4 **Returns** prepared with **Negligence**.

6. Disclosure of Information: **Participant** hereby agrees that his/her specific **Taxpayer** information, including all information that **Participant** has disclosed to the **ERO** or has been included on the **Return**, may be disclosed by the **ERO** to **Company** and used by **Company** in the manner consistent with this Agreement.

7. Participant Representations and Acknowledgements: In return for the Services available under the **Program**, the **Participant** makes the following representations and acknowledgements:

- 7.1 **Participant** has read this Agreement carefully, understands the **Program**.
- 7.2 **Membership** in the **Program** and benefits thereunder are not assignable without the express written consent of **Company**. **Participant** agrees that he/she will use his/her **Program Membership** only for his/her personal benefit. A **Participant's** violation of this paragraph 7.2 will result in immediate termination of the **Program Membership**.
- 7.3 **Participant** understands that **Participant** is responsible for paying the **Tax Preparer** or **ERO** for their services rendered.
- 7.4 **Participant** understands and agrees that all **Tax Preparers** and **EROs** are independent contractors, and that **Company** in no way is responsible for the Services provided by a **Tax Preparer** or **ERO**.
- 7.5 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Preparer** and to the best of **Taxpayer's** knowledge, the **Tax Preparer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Participant**. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to **Participant's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: **Company** is not a **Tax Preparer, ERO**, or a direct Provider of the tax services provided to **PARTICIPANTS** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **PARTICIPANT** FROM A **PARTICIPATING TAX PREPARER OR ERO**. **PARTICIPANT** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX PREPARER OR ERO** FOR THE SERVICES PROVIDED TO **PARTICIPANT** BY THE **TAX PREPARER OR ERO**. In the event any product or service (other than the **Program**) purchased or received by a **Participant** from a **Tax Preparer** or **ERO** is canceled, modified, defective, or otherwise unsatisfactory to the **Participant**, the **Participant** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each **Participant** who uses the Services under the **Program** hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Participant** or **Participant's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program**. The sole recourse available to a **Participant** or **Participant's** legal representative(s) against **Company** shall be cancellation of their **Program Membership**.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Participant**, at the address provided by the **Participant**.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to **Membership** in the **Program**. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement.

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision

Tax Protection Plus
Through the American Advantage Association
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com
Phone # 866-942-8348
Fax# 850-424-1192

Information: Tax Protection Plus through the American Advantage Association has obtained a policy from an 'A' rated insurer to back up its provision of the Tax Reimbursement Program.

Identity Theft Restoration Program Membership Agreement

Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** paid by the ERO and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer** with the following services (collectively, the "Services"):

Identity Theft Restoration: Taxpayer is provided with toll free telephone access to Identity Theft Restoration Advocates who will provide **Taxpayer** with the following recovery services:

- Investigate and confirm the fraudulent activity, including known, unknown and potentially complicated additional sources of identity theft.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit Special Limited Power of Attorney and ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce member's rights.
- Assist the member in notifying local law enforcement authorities to file the appropriate official reports.
- Utilize real time access to public records reports including DMV, criminal, address changes, liens, and judgments for further investigation where applicable.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months.

Unlimited Legal Care at Discounted Rates:

As an Identity theft victim, **Member** is also provided access to a proprietary attorney network that will represent **Member** at the low hourly rate of \$125.00, or when appropriate, 40% off their usual and customary hourly rate, for all extended legal care. **Member** may use **Program** to prosecute identity theft thieves. This **Program** provides unlimited discounted legal care, at capped hourly rates, enabling **Member** to both defend yourself and prosecute thieves.

The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

If you have questions you can contact us at 866-942-8348.

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 20-3168757				1 Wages, tips, other compensation 62,155		2 Federal income tax withheld 7,893					
c Employer's name, address, and ZIP code CYNOSURE TECHNOLOGIES LLC 2401 FOUNTAIN VIEW DR STE 502 HOUSTON TX 77057				3 Social security wages 62,155		4 Social security tax withheld 3,854					
				5 Medicare wages and tips 62,155		6 Medicare tax withheld 901					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial SRAVITHA		Last name MATLAPUDI		Suff.		11 Nonqualified plans		12a See instructions for box 12 			
6720 BROOKLEIGH OVERLOOK CUMMING GA 30040		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		 			
				14 Other		12c		 			
						12d		 			
15 State Employer's state ID number GA 3040245-XY		16 State wages, tips, etc. 38,961		17 State income tax 2,076		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
VA 30XXXXXXXXXXF001		23,194		1,125							

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

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

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by IncorpTaxAct LLC

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

STATEMENT FOR LINE 16 OF FORM 1040

TAX PER TAX TABLE	\$	5,443
TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEET	\$	5,436
\$ 5,436	TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED	

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	43,877
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	12
3.	Are you filing Schedule D?*		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	90
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4.	Add lines 2 and 3	4.	102
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	43,775
6.	Enter: \$40,000 if single or married filing separately, \$80,000 if married filing jointly or qualifying widow(er), \$53,600 if head of household.	6.	40,000
7.	Enter the smaller of line 1 or line 6	7.	40,000
8.	Enter the smaller of line 5 or line 7	8.	40,000
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	102
11.	Enter the amount from line 9	11.	
12.	Subtract line 11 from line 10	12.	102
13.	Enter: \$441,450 if single, \$248,300 if married filing separately, \$496,600 if married filing jointly or qualifying widow(er), \$469,050 if head of household.	13.	441,450
14.	Enter the smaller of line 1 or line 13	14.	43,877
15.	Add lines 5 and 9	15.	43,775
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	102
17.	Enter the smaller of line 12 or line 16	17.	102
18.	Multiply line 17 by 15% (0.15)	18.	15
19.	Add lines 9 and 17	19.	102
20.	Subtract line 19 from line 10	20.	
21.	Multiply line 20 by 20% (0.20)	21.	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	5,421
23.	Add lines 18, 21, and 22	23.	5,436
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	5,443
25.	Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	5,436

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b
3. Enter any amount from Form 1040 or 1040-SR, line 3b
4. Enter the amount from Schedule 1 (Form 1040), line 8, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return.

Capital Gain Net Income

- 5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0-
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.)
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.)

Royalties and Rental Income From Personal Property

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 22. (If the result is less than zero, enter -0-.)

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.)
10. Adjustment from EIC screen
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income
12. Is the amount on line 11 more than \$3,650?
Yes. You can't take the credit.
No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

IRA Deduction Worksheet - Schedule 1, Line 19

Form 1040

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Before you begin:

- If you are excluding unemployment compensation from your income, complete the Unemployment Compensation Exclusion Worksheet - Schedule 1, line 8, before completing this worksheet.
- Be sure you have read the 10-item list in the instructions for this line. You may not be able to use this worksheet.
- Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- If you are married filing separately and you lived apart from your spouse for all of 2020, enter "D" on the dotted line next to Schedule 1, line 19. If you don't, you may get a math error notice from the IRS.

Your IRA

Spouse's IRA

- 1a.** Were you covered by a retirement plan (see *Were You Covered by a Retirement Plan?*)? **1a.** Yes No
- b.** If married filing jointly, was your spouse covered by a retirement plan? **1b.** Yes No

Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b if applicable), and go to line 8.

- \$6,000, if under age 50 at the end of 2020.
- \$7,000, if age 50 or older at the end of 2020.

Otherwise, go to line 2.

- 2.** Enter the amount shown below that applies to you.
- Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2020, enter \$75,000.
 - Qualifying widow(er), enter \$124,000.
 - Married filing jointly, enter \$124,000 in both columns. But if you checked "No" on either line 1a or 1b, enter \$206,000 for the person who wasn't covered by a plan.
 - Married filing separately and you lived with your spouse at any time in 2020, enter \$10,000.

2a. _____ **2b.** _____

- 3.** • If you are not excluding unemployment compensation from income, enter the amount from Form 1040 or 1040-SR, line 9.
- If you are excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 6b, 7, Schedule 1, lines 1, through 7, and line 3 of the Unemployment Compensation Worksheet **3.** _____

- 4.** Enter the total of the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 through 18a, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 **4.** _____

- 5.** Subtract line 4 from line 3. If married filing jointly, enter the result in both columns. **5a.** _____ **5b.** _____

No. **STOP!** None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.

Yes. Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.

- If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8.
 - i. \$6,000, if under age 50 at the end of 2020.
 - ii. \$7,000, if age 50 or older at the end of 2020.

If the result is less than \$10,000, go to line 7.

- If married filing jointly or qualifying widow(er), and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8.
 - i. \$6,000, if under age 50 at the end of 2020.
 - ii. \$7,000 if age 50 or older at the end of 2020.

Otherwise, go to line 7.

6a. _____ **6b.** _____

IRA Deduction Worksheet - Line 19 - Continued

Form 1040

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

Your IRA

Spouse's IRA

7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.

- Single, head of household, or married filing separately, multiply by 60% (0.60) (or by 70% (0.70) in the column for the IRA of a person who is age 50 or older at the end of 2020).
- Married filing jointly or qualifying widow(er), multiply by 30% (0.30) (or by 35% (0.35) in the column for the IRA of a person who is age 50 or older at the end of 2020). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 60% (0.60) (or by 70% (0.70) if age 50 or older at the end of 2020).

7a. 6,000 7b. _____

8. Enter the total of your (and your spouse's if filing jointly):

- Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 19.
- Alimony and separate maintenance payments reported on Schedule 1, line 2a.
- Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q.

8. 62,155

9. Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 14 and 15. If zero or less, enter -0-. For more details, see Pub. 590-A 9.

9. _____

10. Add lines 8 and 9 10. 62,155

CAUTION! *If married filing jointly and line 10 is less than \$12,000 (\$13,000 if one spouse is age 50 or older at the end of 2020; \$14,000 if both spouses are age 50 or older at the end of 2020), stop here and use the worksheet in Pub. 590-A to figure your IRA deduction.*

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2020 return not counting extensions (April 15, 2021 for most people), for 2020 to your IRA on line 11a and to your spouse's IRA on line 11b 11a.

11a. 6,000 11b. _____

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 19. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606) 12a.

12a. 6,000 12b. _____

Carryover Worksheet

List of items that will carryover to the 2021 tax return

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	_____
Contributions subject to 60% of AGI limitations	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____
Contributions subject to 30% of AGI limitations	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	_____
State/local taxes paid in 2021 to flow to the Schedule A	_____
State donations and contributions carryover	_____
State overpayment applied to next year	_____

Expenses

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

Losses

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

Credits

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

Other

Preparer Fee	100
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 _____ Estimated Tax Payment 2 _____	_____
Estimated Tax Payment 3 _____ Estimated Tax Payment 4 _____	_____
Federal tax liability for 2210 calculation	5,436
State tax liability for state 2210 calculation	1,813
IRA basis Taxpayer _____ Spouse _____	_____
Amount from 8915-E taxable in 2021 Taxpayer _____ Spouse _____	_____
Amount from 8915-E taxable in 2022 Taxpayer _____ Spouse _____	_____
Excess repayment from 8915-E Taxpayer _____ Spouse _____	_____
Deferred SE tax to be repaid by 12/31/2021	_____
Deferred SE tax to be repaid by 12/31/2022	_____

Passive Activity

At Risk Limitations

**Qualified Business Income Deduction
Simplified Computation**

2020

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	0
3	Qualified business net (loss) carryforward from the prior year	3	()
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	6
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	6
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	1
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	1
11	Taxable income before qualified business income deduction	11	43,878
12	Net capital gain (see instructions)	12	102
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	43,776
14	Income limitation. Multiply line 13 by 20% (0.20)	14	8,755
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	1
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
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.

Form **8995** (2020)

EEA

Amount from Form 1040, line 11..... 56,278
Amount from Form 1040, line 12..... 12,400

Line 11 above is the difference between these amounts..... 43,878

**TAX RETURN COMPARISON
2018 / 2019 / 2020**

2020

Name(s) as shown on return SRAVITHA MATLAPUDI	Identifying number XXX-XX-XXXX
---	--

	2018	2019	2020	Difference 2019-2020
Filing Status	Single	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	11,558	6,822	62,155	55,333
Taxable interest and dividends			33	33
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)			90	90
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	11,558	6,822	62,278	55,456
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction			6,000	6,000
Other adjustments				
Total Adjusted Gross Income	11,558	6,822	56,278	49,456
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	11,908	7,172	12,400	5,228
Total Itemized or Standard Ded . . .	11,908	7,172	12,400	5,228
Qualified Business Income Deduction .			1	1
Tax and Credits				
Taxable Income			43,877	43,877
Tax			5,436	5,436
Credits				
Self-employment tax				
Other taxes				
Total Tax			5,436	5,436
Payments				
Withholdings	1,856	337	7,893	7,556
Estimated tax payments				
Earned income credit				
Other payments and credits			1,800	1,800
Estimated tax penalty				
Overpayment	1,856	337	4,257	3,920
Overpayment Applied				
Refund	1,856	337	4,257	3,920
Balance Due				
Marginal tax rate	10.00	10.00	22.00	12.00
Effective tax rate			12.39	12.39

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

SRAVITHA MATLAPUDI

Your social security number

XXX-XX-XXXX

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

Part II Adjustments to Income		
10	Educator expenses	10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11
12	Health savings account deduction. Attach Form 8889	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13
14	Deductible part of self-employment tax. Attach Schedule SE	14
15	Self-employed SEP, SIMPLE, and qualified plans	15
16	Self-employed health insurance deduction	16
17	Penalty on early withdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN ▶ _____	
c	Date of original divorce or separation agreement (see instructions) . . . ▶ _____	
19	IRA deduction	19 6,000
20	Student loan interest deduction	20
21	Tuition and fees deduction. Attach Form 8917	21
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22 6,000

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

Schedule 1 (Form 1040) 2020

Recovery Rebate Credit Worksheet

(keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

1.	Can you (or your spouse if filing a joint return) be claimed as a dependent on another person's 2020 return?	
	<input checked="" type="checkbox"/> No. Go to line 2.	
	<input type="checkbox"/> Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
2.	Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i> , earlier) for you and, if filing a joint return, your spouse?	
	<input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5.	
	<input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
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 (defined under <i>Valid social security number</i> , earlier)?	
	<input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.	
	<input type="checkbox"/> No. Go to line 4.	
4.	Does one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)?	
	<input type="checkbox"/> Yes. Your credit is limited. Go to line 5.	
	<input type="checkbox"/> No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
5.	If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:	
	• \$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, or	
	• \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3	5. <u>1,200</u>
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 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	6. _____
7.	Add lines 5 and 6	7. <u>1,200</u>
8.	If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:	
	• \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or	
	• \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3	8. <u>600</u>
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 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	9. _____
10.	Add lines 8 and 9	10. <u>600</u>
11.	Enter the amount from line 11 of Form 1040 or 1040-SR	11. <u>56,278</u>
12.	Enter the amount shown below for your filing status:	
	• \$150,000 if married filing jointly or qualifying widow(er)	
	• \$112,500 if head of household	
	• \$75,000 if single, married filing separately	12. <u>75,000</u>
13.	Is the amount on line 11 more than the amount on line 12?	
	<input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.	
	<input type="checkbox"/> Yes. Subtract line 12 from line 11.	13. _____
14.	Multiply line 13 by 5% (0.05)	14. _____
15.	Subtract line 14 from line 7. If zero or less, enter -0-	15. <u>1,200</u>
16.	Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here	16. _____
17.	Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference	17. <u>1,200</u>
18.	Subtract line 14 from line 10. If zero or less, enter -0-	18. <u>600</u>
19.	Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here	19. <u>0</u>
20.	Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference	20. <u>600</u>
21.	Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR	21. <u>1,800</u>

2020 GA500 Filing Instructions
SRAVITHA MATLAPUDI

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

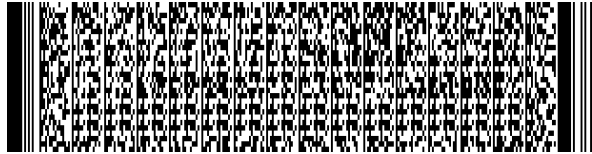
10-15-2021

Refund:

\$263.00

Transaction method:

Refund will be mailed by the state in the form of a check. Before making an inquiry, allow: 2 weeks for returns filed electronically 7 weeks for paper returns filed prior to 4/1. 10 weeks for paper returns filed after 4/1. Do not mail the return if you filed electronically



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

Page 1

Fiscal Year Beginning 01/01/2020

STATE ISSUED

Fiscal Year Ending 12/31/2020

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
 1. SRAVITHA XXX-XX-XXXX

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

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. 6720 BROOKLEIGH OVERLOOK

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
 3. CUMMING GA 30040

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 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) 5. A

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

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

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

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

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

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

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.	56278
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	56278
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	4600
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	11b	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b)	11c.	4600
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	51678



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

Page 3

14a. Enter the number from Line 6c. <u>1</u> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	48978
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.	48978
16. Tax (Use the Tax Table in the IT-511 Tax Booklet).	16.	2644
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return).	18.	831
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	831
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	1813

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

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> XXXXXXXXXX	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 3040245XY	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 38961	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 2076	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

Page 4

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

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

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 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.	2076
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2020 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).	27.	2076
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	263
30. Amount to be credited to 2021 ESTIMATED TAX	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00)	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	36.	
37. Saving the Cure Fund (No gift of less than \$1.00)	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
(No gift of less than \$1.00)		



YOUR SOCIAL SECURITY NUMBER
XXX-XX-XXXX

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. 263
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
Savings Account Number

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
07/08/2021

Date

Taxpayer's Phone Number

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

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

Taxpayer's E-mail Address

Signature of Preparer
Name of Preparer Other Than Taxpayer
UMANG THAKKAR EA

Preparer's Phone Number
770-682-3119

Preparer's FEIN
45-2036502

Preparer's Firm Name
INCORPTAXACT LLC

Preparer's SSN/PTIN/SIDN
XXXXXXXXXX



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

						6	1	9	0	4	7					0	0	1	7	7		
--	--	--	--	--	--	---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	--	--

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 SRAVITHA	Last Name MATLAPUDI	Social Security Number XXX-XX-XXXX
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) 6720 BROOKLEIGH OVERLOOK	Apt Number	Daytime Telephone Number
City, Town or Post Office CUMMING	State GA	Zip Code 30040

PART I TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	56278
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	48978
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	1813
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	263

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 _____ **07-08-21** _____
HERE **TAXPAYER'S SIGNATURE** **Date** **SPOUSE'S SIGNATURE** (if joint return, both must sign) **Date**

SRAVITHA MATLAPUDI _____
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 07-08-21
	Firm's Name INCORPTAXACT LLC	Check also if paid preparer <input checked="" type="checkbox"/>
	Address 4080 MCGINNIS FERRY RD STE 204	FEIN/PTIN 45-2036502
	City, State, & Zip Code ALPHARETTA GA 30005	SSN/TIN XXXXXXXXXX

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 _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & Zip Code _____	

KEEP A COPY WITH YOUR RECORDS

**GEORGIA
WORKSHEET**

WORKSHEET FOR OTHER STATE(S) TAX CREDIT

2020

(Keep for your records)

Name(s) as shown on return

Your social security number

SRAVITHA MATLAPUDI

XXX-XX-XXXX

Georgia allows a credit for tax paid to another state on income taxable to Georgia and the other state. Use these worksheets to compute the other state(s) tax credit for full-year and part-year residents. Do not file these worksheets with your return. Keep them for your records.

Enter the Total Tax Credit on Form 500 line 18. **Include copy of tax return(s) filed with other state(s).** The credit is for state (including Washington DC) and U.S. local income tax only. The tax must have been imposed on net income. No other income taxes such as foreign local, foreign city, foreign province, foreign country, U.S. Possession, etc., qualify for this credit.

FULL-YEAR RESIDENTS

1. Other state(s) adjusted gross income		\$	23194
2. Georgia adjusted gross income (Line 10, Form 500)	\$	56278	
3. Ratio: Line 1 divided by Line 2		41.21	%
4. Georgia standard or itemized deductions	\$	4600	
5. Georgia personal exemption and credit for dependents from Form 500, Line 14c	\$	2700	
6. Total of Line 4 and Line 5	\$	7300	
7. Line 6 multiplied by ratio on Line 3		\$	3008
8. Income for computation of credit (Line 1 less Line 7)		\$	20186
9. Tax at Georgia rates (use tax table in instructions)		\$	988
10. Tax shown on return(s) filed with other state(s)*		\$	831
11. Total Tax Credit (Lesser of Line 9 or Line 10) to be entered on Line 18 of Form 500		\$	831

PART-YEAR RESIDENTS

1. Income earned in another state(s) while a Georgia resident		\$	
2. Georgia adjusted gross income (Line 8, Column C of Form 500, Schedule 3)	\$		
3. Ratio: Line 1 divided by Line 2			%
4. Georgia standard or itemized deductions and Georgia personal exemption and credit for dependents after applying the ratio on Schedule 3 (Line 13, Schedule 3, Form 500)	\$		
5. Line 4 multiplied by ratio on Line 3		\$	
6. Income for computation of credit (Line 1 less Line 5)		\$	
7. Tax at Georgia rates (use tax table in instructions)		\$	
8. Tax shown on return(s) filed with other states(s) for income taxed by Georgia*		\$	
9. Total Tax Credit (Lesser of Line 7 or Line 8) to be entered on Line 18 of Form 500		\$	

* The amount entered must be reduced by credits that have been allowed by the other states.

GA_PDF~

(KEEP FOR YOUR RECORDS)
State EF Attachments

2020

Names as shown on return

SRAVITHA MATLAPUDI

FEIN/SSN

XXX-XX-XXXX

Reference	Description	Filename:
VARETURN	CREDIT FOR TAXES PAID	VA.PDF

GA-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return SRAVITHA MATLAPUDI				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status			S	
Gross Income			56,278	56,278
Standard Deduction			4,600	4,600
Itemized Deduction				
Deductions				
Taxable Income			48,978	48,978
Actual State Income			48,978	48,978
State Income Tax			1,813	1,813
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			2,076	2,076
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			263	263
Balance Due				
Marginal tax rate			5.750000	5.750000
Effective tax rate			5.398300	5.398300

Name(s) as shown on return
SRAVITHA MATLAPUDI

SSN/FEIN
XXX-XX-XXXX

46 Extensions

You have indicated that you are ready to file the federal return, but the state extension screen is not marked ready to file. The letter and filing instructions will not reflect the state extension, nor the state return, unless the state extension screen is marked 'ready to file a regular return'. Please go to the state extension screen and check the box for 'ready to file a regular return'.

90 Tax Credit for Low Income Individuals

The low income or Virginia earned income credit may NOT be claimed if you, your spouse, or any dependent claims any of the following:

- * Virginia National Guard Subtraction (Subtraction Code 28);
- * Basic Military subtraction (Subtraction Code 38);
- * State and federal employees subtraction for earnings of \$15,000 or less (Subtraction Code 39);
- * Exemption for blind taxpayers or taxpayers age 65 and over;
- * the Age Subtraction; or
- * You are claimed as a dependent on another taxpayer's return.

Poverty Guideline Table

Eligible Exemptions	Poverty Guideline	Eligible Exemptions	Poverty Guideline
1	\$12,760	5	\$30,680
2	17,240	6	35,160
3	21,720	7	39,640
4	26,200	8*	44,120

*For each additional exemption add \$4,480.

For married taxpayers filing separate returns, only one spouse may claim a credit for low income or Virginia Earned Income Credit. If either spouse claims one of the deductions or credits listed, neither may claim the low income or Virginia Earned Income Credit.

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

2020 VA763 Filing Instructions
SRAVITHA MATLAPUDI

Form filed:

VA763 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-17-2021

Refund:

\$294.00

Transaction method:

Direct Deposit - Get your refund faster! Have your refund deposited directly into your bank account. Direct Deposit is only available for VA residents at this time. Your refund will be mailed in the form of a check. Note: VA law requires the Dept of Taxation to check for any outstanding debt with Virginia agencies. If debt found all/part of refund may be withheld.

763 2020 Virginia Nonresident Income Tax Return

Page 1

Due May 1, 2021



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name SRAVITHA	MI	Last Name MATLAPUDI	Suffix	Your Social Security Number XXX-XX-XXXX	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 6720 BROOKLEIGH OVERLOOK				Your Birth Date (mm-dd-yyyy) 04-30-1995	
City, Town or Post Office CUMMING		State GA	ZIP Code 30040	Spouse's Birth Date (mm-dd-yyyy)	
State of Residence GA	Important- Name of Virginia City or County in which principal place of business, employment or income source is located. UNASSIGNED				Locality Code 300
				<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2019 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1** {
- 1 = Single. Federal head of household? YES
 - 2 = Married, Filing Joint Return - both must have Virginia income
 - 3 = Married, Spouse Has No Income From Any Source
 - 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1			= 1 x \$930 =	930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
				= _____ x \$800 = _____

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	56278	00
2	Additions from Schedule 763 ADJ, Line 3	2		00
3	Add Lines 1 and 2	3	56278	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b	You 4a		00
		Spouse 4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return	5		00
6	State income tax refund or overpayment credit reported as income on your federal return	6		00
7	Subtractions from Schedule 763 ADJ, Line 7	7		00
8	Add Lines 4a, 4b, 5, 6 and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	56278	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions	11	4500	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9	13		00
14	Add Lines 10, 11, 12 and 13	14	5430	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9	15	50848	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)	16	37.2	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)	17	18915	00
18	Income Tax from Tax Table or Tax Rate Schedule	18	831	00



Your Name SRAVITHA MATLAPUDI	Your SSN XXX-XX-XXXX
---------------------------------	-------------------------

19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1	19a	1125	00
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1	19b		00
20	2020 Estimated Tax Payments	20		00
21	2019 overpayment credited to 2020 estimated tax	21		00
22	Extension Payment - submitted using Form 7601P	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17	23		00
24	Total credits from Schedule OSC	24		00
25	Credits from Schedule CR, Section 5, Line 1A	25		
26	Total payments and credits. Add Lines 19a through 25	26	1125	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT	28	294	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2021 ESTIMATED INCOME TAX	29		00
30	Virginia529 and ABLEnow Contributions from Schedule VAC, Part I, Line 6	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	31		00
32	Addition to Tax, Penalty and Interest from enclosed Schedule 763 ADJ, Line 21	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions Check here if no sales and use tax is due <input checked="" type="checkbox"/>	33		00
34	Add Lines 29 through 33	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov Check here if paying by credit or debit card - See instructions <input type="checkbox"/>	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU	36	294	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only				
No International Deposits				

Nonresident Allocation Percentage

		A - All Sources	B - Virginia Sources
1	Wages, salaries, tips, etc	62155	23194
2	Interest income		
3	Dividends	33	0
4	Alimony received		
5	Business income or loss		
6	Capital gain or loss/capital gain distributions	90	0
7	Other gains or losses		
8	Taxable pensions, annuities and IRA distributions		
9	Rents, royalties, partnerships, estates, trusts, S corporations, etc		
10	Farm income or loss		
11	Other income		
12	Interest on obligations of other states from Schedule 763 ADJ, Line 1		
13	Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3		
14	TOTAL - Add Lines 1 through 13 and enter each column total here	62278	23194
15	Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16.		37.2 %

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date 070821	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN XXXXXXXXXX	Vendor Code 1024
Preparer's Name	Firm's Name (or Yours if Self-Employed) IncorpTaxAct LLC	Preparer's Phone Number 770-682-3119	Filing Election Code 7 ID Theft PIN

2020 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding



XXXXXXXXXX

SRAVITHA

MATLAPUDI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
XXXXXXXXXX	W	1125.	XXXXXXXXXX	30XXXXXXXXXXF001	23194.

Total VA Withholding

SSN

VA Withholding

You

XXXXXXXXXX

1125.

Spouse

Total # of W-2s, 1099s & VK-1s

1

VA-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return SRAVITHA MATLAPUDI				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status			S	
Gross Income			56,278	56,278
Standard Deduction			4,500	4,500
Itemized Deduction				
Deductions				
Taxable Income			18,915	18,915
Actual State Income			18,915	18,915
State Income Tax			831	831
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			1,125	1,125
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			294	294
Balance Due				
Marginal tax rate			5.750000	5.750000
Effective tax rate			4.390000	4.390000

VAWK_AGI

**For your records only.
Adjusted Gross Income Split Worksheet**

2020 AGI
FD/ST Summary

Name(s) as shown on state return
SRAVITHA MATLAPUDI

Social Security Number
XXX-XX-XXXX

Federal 1040 Income and Adjustments

Federal		State	
Col. A Spouse	Col. B Taxpayer	Col. A Spouse	Col. B Taxpayer

Federal 1040

1 Wages, salaries, tips, etc.	1	62,155	23,194
2b Taxable interest	2b		
3b Ordinary dividends	3b	33	
4b Taxable amount of IRA distributions	4b		
5b Taxable amount of Pensions and annuities	5b		
6 Taxable amount of Social security benefits	6		
7 Capital gain or (loss)	7	90	

Schedule 1 - Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1		
2a Alimony received	2a		
3 Business income or (loss)	3		
4 Other gains or (losses)	4		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5		
6 Farm income or (loss)	6		
7 Unemployment compensation	7		
8 Other income.	8		
9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income	9	62,278	23,194

Schedule 1 - Adjustments to Income

10 Educator Expenses	10		
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11		
12 Health savings account deduction	12		
13 Moving expenses	13		
14 Deductible part of self-employment tax	14		
15 Self-employed SEP, SIMPLE, and qualified plans	15		
16 Self-employed health insurance deduction	16		
17 Penalty on early withdrawal of savings	17		
18a Alimony paid	18a		
19 IRA deduction	19	6,000	
20 Student loan interest deduction	20		
21 Tuition and fees	21		
22 Line 22 other adjustments	22		
Charitable Contributions (Standard Deduction Only)			
Add lines 10 through 22 plus Charitable Contributions		6,000	
Line 9 less Line 22. This is your AGI		56,278	23,194

VAWK_D

For your records only.
Capital Gains and Losses Worksheet

2020
FEDERAL D Summary

Name(s) as shown on state return
SRAVITHA MATLAPUDI

Social Security Number
XXX-XX-XXXX

Part I Short-Term Capital Gains and Losses

Spouse Taxpayer Total

- Line 1a Totals for all ST 1099-B transactions reported to the IRS
Line 1b Transactions reported on 8949 with Box A checked
Line 2 Transactions reported on 8949 with Box B checked
Line 3 Transactions reported on 8949 with Box C checked
Line 4 Federal 6252 Short Term
Federal 4684 Short Term
Federal 6781 Short Term
Federal 8824 Short Term
Fed D2 ST Ln 4 (6252,4684,6781& 8824)
Line 5 Partnership, S-Corporation, Fiduciary
Fiduciary Final Year Deductions
Line 6 Federal Schedule D ST carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. Contains values for lines 1a-6.

Subtotal:

Subtotal row with values: (32) (32)

Part II Long-Term Capital Gains and Losses

Spouse Taxpayer

- Line 8a Totals for all LT 1099-B transactions reported to the IRS
Line 8b Transactions reported on 8949 with Box D checked
Line 9 Transactions reported on 8949 with Box E checked
Line 10 Transactions reported on 8949 with Box F checked
Line 11 Federal 4797 Long Term
Federal 4797 Prior Year Unallowed Passive
Federal 4797 Sec 1231 from 6252
Federal 4797 Sec 1231 from 8824
Federal 2439 Long Term
Federal 6252 Long Term
Federal 4684 Long Term
Federal 6781 Long Term
Federal 8824 Long Term
Line 12 Partnership, S-Corporation, Fiduciary
Final Year Deductions from Fiduciary
Line 13 Capital Gain Distributions
Line 14 Federal Schedule D LT carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. Contains values for lines 8a-14.

Subtotal:

Subtotal row with values: 122 122

State's Computation

- Total Capital Gain or Loss
Limited Capital Gain or Loss (Amount carrying to the State)

Table with 3 columns: Spouse, Taxpayer, Total. Contains values 90 90 for state computation.

Special Note 1

When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required.
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
* Line 4 - Federal 8824 Short Term
* Line 11 - Federal 4797 Sec 1231 from 6252
* Line 11 - Federal 4797 Sec 1231 from 8824
* Line 11 - Federal 6252 Long Term
* Line 11 - Federal 8824 Long Term