

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | |
|---|---|---|
| Your first name and middle initial Sainath R | Last name Aparacharla | Your social security number 738-59-8193 |
| If joint return, spouse's first name and middle initial Sujitha Reddy | Last name Dubba Veera Venkata | Spouse's social security number 833-40-0945 |
| Home address (number and street). If you have a P.O. box, see instructions. 1814 Belcourt Pkwy | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Roswell GA 30076-2162 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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

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

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | 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"/> |

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

| | | | | | | |
|--|----|---------|---|--|-----|----------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | | 1 | 105,929. |
| 2a Tax-exempt interest | 2a | | b Taxable interest. Attach Sch. B if required | | 2b | |
| 3a Qualified dividends | 3a | | b Ordinary dividends. Attach Sch. B if required | | 3b | |
| 4a IRA distributions | 4a | | b Taxable amount | | 4b | |
| c Pensions and annuities | 4c | | d Taxable amount | | 4d | |
| 5a Social security benefits | 5a | | b Taxable amount | | 5b | |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | 6 | |
| 7a Other income from Schedule 1, line 9 | | | | | 7a | |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | | | 7b | 105,929. |
| 8a Adjustments to income from Schedule 1, line 22 | | | | | 8a | |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | | | | 8b | 105,929. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 | 40,580. | | | | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | | | | | |
| 11a Add lines 9 and 10 | | | | | 11a | 40,580. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | | | 11b | 65,349. |

| | | | | |
|------------|--|------------|--------|--|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 7,451. | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | 7,451. | |
| 13a | Child tax credit or credit for other dependents | 13a | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 7,451. | |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 0. | |
| 16 | Add lines 14 and 15. This is your total tax | 16 | 7,451. | |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 9,277. | |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) No. | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | | |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | 9,277. | |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 1,826. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 1,826. |
| b | Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 2 5 0 6 4 8 8 4 2 9 3 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Amount You Owe

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

Third Party Designee

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

(Other than paid preparer) Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

| | | | |
|---|---------------|------------------------------------|---|
| Your signature | Date | Your occupation Systems Analyst | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation Homemaker | 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 name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name Self-Prepared | Phone no. | | Firm's EIN | |
| Firm's address | | | | |

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

S Aparacharla & S Dubba Veera Venkata

Your social security number

738-59-8193

| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|--|---|---|-----------|---------|---------|--|
| | 1 Medical and dental expenses (see instructions) | 1 | 43,523. | | | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 8b 2 105,929. | 2 | | | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | 7,945. | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | | 35,578. | | |
| Taxes You Paid | 5 State and local taxes. | | | | | |
| | a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 5,002. | | | |
| | b State and local real estate taxes (see instructions) | 5b | | | | |
| | c State and local personal property taxes | 5c | | | | |
| | d Add lines 5a through 5c | 5d | 5,002. | | | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 5,002. | | | |
| | 6 Other taxes. List type and amount ▶ _____ | 6 | | | | |
| 7 Add lines 5e and 6 | 7 | | | 5,002. | | |
| Interest You Paid | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | | | | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____ | 8b | | | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | | | | |
| | d Mortgage insurance premiums (see instructions) | 8d | | | | |
| | e Add lines 8a through 8d | 8e | | | | |
| | 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | | | | |
| | 10 Add lines 8e and 9 | 10 | | | | |
| | Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | | | |
| | | 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | | | |
| 13 Carryover from prior year | | 13 | | | | |
| 14 Add lines 11 through 13 | | 14 | | | | |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | | | | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount ▶ _____ | 16 | | | | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 | 17 | | | 40,580. | |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | | | |



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



GA-8453
2019

IRS DCN OR SUBMISSION ID

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

| | | |
|--|--|---|
| First Name and Initial SAINATH R | Last Name APARACHARLA | Social Security Number 738-59-8193 |
| If Joint Return, Spouse's First Name and Initial SUJITHA REDDY | Spouse's Last Name DUBBA VEERA VENKATA | Spouse's Social Security Number 833-40-0945 |
| Home Address (number and street) 1814 BELCOURT PKWY | Apt Number | Daytime Telephone Number 408-930-0750 |
| City, Town or Post Office ROSWELL | State GA | Zip Code 30076-2162 |

PART I TAX RETURN INFORMATION

| | | |
|--|----|---------------|
| 1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1) | 1. | 105929 |
| 2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3) | 2. | 57949 |
| 3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6) | 3. | 3097 |
| 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. | 1905 |

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 2019 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

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

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 _____ |
| | Firm's Name _____ Check also if paid preparer <input type="checkbox"/> |
| | Address _____ FEIN/PTIN _____ |
| | City, State, & Zip Code _____ SSN/TIN _____ |

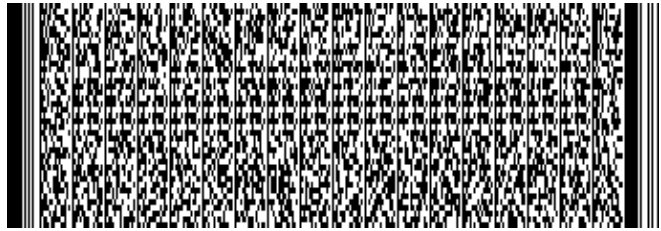
IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

| | |
|---------------------------------|--|
| Paid Preparer's Use Only | Paid Preparer's Signature <u>SELF PREPARED</u> _____ Date _____ |
| | Firm's Name _____ FID/TIN _____ |
| | Address _____ SSN/TIN _____ |
| | City, State, & Zip Code _____ |

KEEP A COPY WITH YOUR RECORDS



2000411519



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

Page 1

Fiscal Year Beginning

STATE GA ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

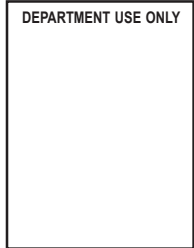
0607722368

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER 1. SAINATH R 738-59-8193

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER SUJITHA REDDY 833-40-0945

LAST NAME SUFFIX DUBBA VEERA VENKATA



ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 1814 BELCOURT PKWY

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE 3. ROSWELL GA 30076-2162

(COUNTRY IF FOREIGN)

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

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

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

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

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

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2

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

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2000411529

YOUR SOCIAL SECURITY NUMBER
 738-59-8193

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. 105929
 (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. 105929
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a. 40580
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b. 0
 - c. Georgia Total Itemized Deductions..... 12c. 40580
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 65349



2000411539

YOUR SOCIAL SECURITY NUMBER
 738-59-8193

| | | |
|---|------|-------|
| 14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | 7400 |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | 7400 |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 57949 |
| 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. | 57949 |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) | 16. | 3097 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero | 22. | 3097 |

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)

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

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 593676651

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 2239579IP

4. GA WAGES / INCOME
 105929

5. GA TAX WITHHELD
 5002

(INCOME STATEMENT B)

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

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

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

4. GA WAGES / INCOME

5. GA TAX WITHHELD

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

REV 12/28/19 INTUIT.CG.CFP.SP



2000411549

YOUR SOCIAL SECURITY NUMBER
 738-59-8193

(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 (Enter Tax Withheld Only and include W-2s and/or 1099s) | 23. | 5002 |
| 24. Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | 24. | |
| 25. Estimated Tax paid for 2019 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits..... (Cannot be claimed unless filed electronically) | 26. | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | 5002 |
| 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. | 1905 |
| 30. Amount to be credited to 2020 ESTIMATED TAX | 30. | 0 |
| 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) | | |



2000411559

YOUR SOCIAL SECURITY NUMBER
738-59-8193

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

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

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 1905

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 121000358
 Savings Account Number 325064884293

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

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

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

408-930-0750

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

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

Taxpayer's E-mail Address

REV 12/28/19 INTUIT.CG.CFP.SP

Preparer's Phone Number

Signature of Preparer

Name of Preparer Other Than Taxpayer
SELF-PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | |
|---|---|---|
| Your first name and middle initial Sainath R | Last name Aparacharla | Your social security number 738-59-8193 |
| If joint return, spouse's first name and middle initial Sujitha Reddy | Last name Dubba Veera Venkata | Spouse's social security number 833-40-0945 |
| Home address (number and street). If you have a P.O. box, see instructions. 1814 Belcourt Pkwy | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Roswell GA 30076-2162 | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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

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

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|---------------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | 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"/> |

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

| | | |
|---|------------------|--------------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 105,929. |
| 2a Tax-exempt interest | 2a | 2b |
| 3a Qualified dividends | 3a | 3b |
| 4a IRA distributions | 4a | 4b |
| c Pensions and annuities | 4c | 4d |
| 5a Social security benefits | 5a | 5b |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 6 |
| 7a Other income from Schedule 1, line 9 | | 7a |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | 7b 105,929. |
| 8a Adjustments to income from Schedule 1, line 22 | | 8a |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | 8b 105,929. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 40,580. | |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | |
| 11a Add lines 9 and 10 | | 11a 40,580. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | 11b 65,349. |

| | | | | |
|------------|--|------------|--------|--|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 7,451. | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | 7,451. | |
| 13a | Child tax credit or credit for other dependents | 13a | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 7,451. | |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | 0. | |
| 16 | Add lines 14 and 15. This is your total tax | 16 | 7,451. | |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 9,277. | |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) No. | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | | |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | 9,277. | |

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

Refund

| | | | |
|------------|---|------------|--------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | 1,826. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | 1,826. |
| b | Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 2 5 0 6 4 8 8 4 2 9 3 | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Amount You Owe

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

Third Party Designee

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

(Other than paid preparer) Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

| | | | |
|---|---------------|------------------------------------|---|
| Your signature | Date | Your occupation Systems Analyst | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation Homemaker | 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 name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name Self-Prepared | Phone no. | | Firm's EIN | |
| Firm's address | | | | |

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number
 738-59-8193

S Aparacharla & S Dubba Veera Venkata

| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|---|--|--|----------|---|---------|---------|
| | 1 Medical and dental expenses (see instructions) | 1 | 43,523. | | | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 8b | 2 | 105,929. | | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | 7,945. | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 | 35,578. | |
| Taxes You Paid | 5 State and local taxes. | | | | | |
| | a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 5,002. | | | |
| | b State and local real estate taxes (see instructions) | 5b | | | | |
| | c State and local personal property taxes | 5c | | | | |
| | d Add lines 5a through 5c | 5d | 5,002. | | | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 5,002. | | | |
| | 6 Other taxes. List type and amount ▶ | 6 | | | | |
| 7 Add lines 5e and 6 | | | | 7 | 5,002. | |
| Interest You Paid | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | | | | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 8b | | | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | | | | |
| | d Mortgage insurance premiums (see instructions) | 8d | | | | |
| | e Add lines 8a through 8d | 8e | | | | |
| | 9 Investment interest. Attach Form 4952 if required. See instructions. | 9 | | | | |
| | 10 Add lines 8e and 9 | | | | 10 | |
| | Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | | | |
| | | 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | | | |
| 13 Carryover from prior year | | 13 | | | | |
| 14 Add lines 11 through 13 | | | | | 14 | |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | | 15 | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount ▶ | | | | 16 | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 | | | | 17 | 40,580. |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | | | |