

FOR TAX YEAR 2020

SAINATH R APARACHARLA & SUJITHA DUBBA VEERA VENKATA

UNO Financial Services LLC

101 Morgan Lane Suite 203B

Plainsboro, NJ 08536

(863)866-8326

February 08, 2021

Sainath R Aparacharla & Sujitha Dubba Veera Venkata
1307 Elderwood Way
Cumming, GA 30041

Subject: Preparation of Your 2020 Tax Returns

Sainath R Aparacharla & Sujitha Dubba Veera Venkata:

Thank you for choosing UNO Financial Services 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 (863)866-8326.

Sincerely,

Krishna K Parvathaneni, CPA
UNO Financial Services LLC

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

Accepted By:

Taxpayer

Spouse

Date

February 08, 2021

Sainath R Aparacharla & Sujitha Dubba Veera Venkata
1307 Elderwood Way
Cumming, GA 30041

Sainath R Aparacharla & Sujitha Dubba Veera Venkata:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$37 Balance Due	Direct Debit from **4293
Georgia Income Tax	\$66 Balance Due	Direct Debit from **4293

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

Sincerely,

Krishna K Parvathaneni, CPA
UNO Financial Services LLC

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 SAINATH R	Last name APARACHARLA	Your social security number 738-59-8193
If joint return, spouse's first name and middle initial SUJITHA	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. 1307 ELDERWOOD WAY		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 30041		
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.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	105,273
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	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	
	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	105,273
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.	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See instructions	10b	300
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	300
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	104,973
12 Standard deduction or itemized deductions (from Schedule A).	12	24,800	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	24,800	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	80,173	

Table with 2 columns: Line number and Amount. Rows include Tax (9,226), Federal income tax withheld (9,189), and Total payments (9,189).

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

Refund

Direct deposit? See instructions.

Table for Refund section including lines 34, 35a, 35b, 35d, and 36.

Amount You Owe

For details on how to pay, see instructions.

Table for Amount You Owe section including lines 37 and 38.

Third Party Designee

Form for Third Party Designee including fields for name, phone, and identification number.

Sign Here

Declaration of preparer and signature section for both preparer and spouse.

Paid Preparer Use Only

Form for Paid Preparer Use Only including fields for signature, name, phone, and firm information.

		a Employee's social security number 738-59-8193		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) 59-3676651				1 Wages, tips, other compensation 105,273		2 Federal income tax withheld 9,189					
c Employer's name, address, and ZIP code BIAS CORPORATION 1801 OLD ALABAMA ROAD SUITE 300 ROSWELL GA 30076				3 Social security wages 115,290		4 Social security tax withheld 7,148					
				5 Medicare wages and tips 115,290		6 Medicare tax withheld 1,672					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial SAINATH Last name APARACHARLA Suff. 1307 ELDERWOOD WAY CUMMING GA 30041				11 Nonqualified plans		12a See instructions for box 12 D 10,017					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b W 4,000					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number GA 2239579IP		16 State wages, tips, etc. 105,273		17 State income tax 4,964		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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 UNO Financial Services

2020 Filing Instructions
SAINATH R APARACHARLA & SUJITHA DUBBA VEERA VENKATA

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

04-15-2021

Balance due:

\$37

Transaction method:

Your payment will be withdrawn on 04-15-2021 from your BANK OF AMERICA checking account ending in 4293. To cancel this payment, contact the IRS E-file Payment Inquiry and Cancellation Service at (888) 353-4537 no later than two business days before the scheduled payment date.

1040

**Individual
Diagnostic Summary**

2020

Name(s)

SAINATH R APARACHARLA & SUJITHA DUBBA VEERA VENKATA

Social Security No.

738-59-8193

Spouse SSN No.

833-40-0945

Mailing Address:1307 ELDERWOOD WAY
CUMMING, GA 30041Taxpayer

Daytime Phone: 408-930-0750

Evening Phone:

Cell Phone: 408-930-0750

TP email: ASAINATH@GMAIL.COM

SP email:

Spouse

Resident State: GA

Date of Birth: Taxpayer 06-10-1987

Spouse 04-18-1991

Dependent Information: (*If more than 5 dependents see last page of summary)

<u>Name</u>	<u>SSN</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent Status</u>
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Preparer: Krishna K Parvathaneni, CPA

Invoice:

Date: 02-08-2021

Return Information Form Type: 1040

Item on Return	2020 Federal	2019 Federal (If available)
Filing Status	2	
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	105,273	
AGI	104,973	
Deductions	24,800	
Taxable Income	80,173	
Tax (before credits)	9,226	
Tax (after credits)	9,226	
Tax Rate Percentage	12	
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	37	

Form of Refund/Payment: The client has chosen to pay by direct debit.

State/City Information (* If more than 8 states see last page of summary)

<u>T/S/J</u>	<u>State/City</u>	<u>AGI</u>	<u>Taxable Income</u>	<u>Tax</u>	<u>Refund/ (Balance Due)</u>
J	GA500	104,973	91,573	5,030	(66)

2020 GA500 Filing Instructions
SAINATH R APARACHARLA & SUJITHA DUBBA VEERA VENKATA

Form filed:

GA500 and supplemental forms and schedules

Filing method:

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

Due date:

04-15-2021

Payment:

\$66.00

Transaction method:

The balance of \$66.00 will be paid by direct debit from your checking account number ending in 4293 and will be withdrawn from your account on 04-15-2021.



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 GA
ISSUED

Fiscal Year Ending 12/31/2020

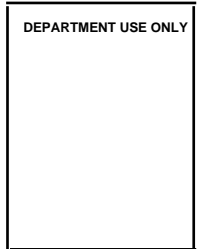
YOUR DRIVER'S LICENSE/STATE ID 060722368

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 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. 1307 ELDERWOOD WAY

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
 3. CUMMING GA 30041

(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. 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



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.	104973
(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.	104973
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	11a.	6000
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	11b	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b)	11c.	6000
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
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.	98973



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Page 3

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.	91573
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.	91573
16. Tax (Use the Tax Table in the IT-511 Tax Booklet).	16.	5030
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.	
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	5030

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"/> 593676651	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 2239579IP	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 105273	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 4964	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
 738-59-8193

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.	4964
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2020 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).	27.	4964
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	66
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	
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.	
<small>(No gift of less than \$1.00)</small>		



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

66

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.
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)
Date

Spouse's Signature (Check box if deceased)
Date

Taxpayer's Phone Number
408-930-0750

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
ASAINATH@GMAIL.COM

Signature of Preparer
Name of Preparer Other Than Taxpayer
KRISHNA K PARVATHANENI, C
Preparer's Firm Name
UNO FINANCIAL SERVICES LL

Preparer's Phone Number
863-866-8326
Preparer's FEIN
81-4083756
Preparer's SSN/PTIN/SIDN
P01977284