

Client Copy

Federal Tax Return
GOPALA GUDURU &
NARBADA GUDURU
2021

03/10/2022
THRIVE TAX SYSTEMS
2614 West Road
Riverdale, GA 30296
Phone: (404) 277-3332

GOPALA GUDURU
NARBADA GUDURU
5682 WATERFORD CT
Morrow, GA 30260

Enclosed is your 2021 federal form 1040 income tax return.
Instructions for filing your 2021 federal form 1040

- Your return has an overpayment of \$1,753.
- The amount you had applied to next year's estimated tax is \$0.
- The estimated penalty is \$0.
- The refund amount will be \$1,753.
- You have elected to file your Federal return ELECTRONICALLY
- Both you and your spouse must sign Form 8879 IRS e-file authorization
- DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS

You have elected to receive your refund via direct deposit to the following account(s).

Account Number: 3689 Refund Amount: \$1,753

Your business is appreciated. Please call if you have any questions.

Sincerely,

CHRISTOPHER SWAIN

Client Copy

State Tax Return
GOPALA GUDURU &
NARBADA GUDURU
2021

03/10/2022

THRIVE TAX SYSTEMS
2614 West Road
Riverdale, GA 30296
Phone: (404) 277-3332

GOPALA GUDURU
NARBADA GUDURU
5682 WATERFORD CT
Morrow, GA 30260

Instructions for filing your 2021 GA return, Form GA 500

- You will receive a refund of \$68
- You have elected to file your state return ELECTRONICALLY
- Both you and your spouse must sign your State Efile Authorization, if applicable.
- DO NOT MAIL A PAPER COPY OF YOUR RETURN TO GA

You have elected to receive your refund via direct deposit to account ending in 3689,
Refund Amount: \$68

Your business is appreciated. Please call if you have any questions.

Sincerely,

CHRISTOPHER SWAIN

CHRISTOPHER SWAIN

THRIVE TAX SYSTEMS

2614 West Road
Riverdale, GA 30296
(404) 277-3332
lclfsllc@gmail.com

Invoice

BILL TO	INVOICE #	DATE	DUE DATE
GOPALA GUDURU NARBADA GUDURU 5682 WATERFORD CT Morrow, GA 30260			

DESCRIPTION	AMOUNT
Federal Tax Return Preparation	\$ 493.00
GA Tax Return Preparation	\$ 50.00
Service Charges	\$ 0.00
Other Charges	\$ 0.00
Discount	\$ 393.00
<hr/>	
SUB TOTAL	\$ 150.00
TAX	\$ 0.00
TOTAL PAYMENT	\$ 0.00
TOTAL CHARGES BY TIME	\$ 0.00
TOTAL STATE CHARGES	\$ 0.00
BALANCE DUE	\$ 150.00

Thank you for allowing us to serve your tax filing needs this year. The services performed for this tax return and their respective fees are indicated above.

Comments:

payment options - zelle or credit card square or from the refund

Consent to Disclose Personal Tax Return Information

Federal Disclosure:

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.

Defined Terms:

"Tax Preparer": CHRISTOPHER SWAIN
Address: 2614 West Road
Riverdale GA 30296

"Taxpayer #1": GOPALA GUDURU
"Taxpayer #2": NARBADA GUDURU
Address: 5682 WATERFORD CT
Morrow GA 30260

"Taxpayer": GOPALA GUDURU
"Personal Information" 5682 WATERFORD CT Morrow GA 30260
"PIN":
"Disclosure":

"Purpose":

CONSENT GRANTED

I/we, the Taxpayer, have read the above information. By typing in my/our taxpayer PIN(s), I/we hereby consent to the Disclosure for the Purpose stated above.

Taxpayer #1 PIN:	22129	PIN Entered Date:	03/10/2022
Taxpayer #2 PIN:	35925	PIN Entered Date:	03/10/2022

Duration of Consent: 3 years

LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information unless I/we mark the box and list the limitations below.

Tax Return Disclosure Limitation: _____

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:		PIN Entered Date:	
Taxpayer #2 PIN:		PIN Entered 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 email at complaints@tigta.treas.gov.

* In accordance with Federal Law and Internal Revenue Code Section 7216, the term 'Tax Preparer' shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.

Consent to Use Personal Tax Return Information

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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.

Defined Terms:

"Tax Preparer": CHRISTOPHER SWAIN
Address: 2614 West Road
 Riverdale GA 30296

"Taxpayer #1": GOPALA GUDURU
"Taxpayer #2": NARBADA GUDURU
Address: 5682 WATERFORD CT
 Morrow GA 30260

"Taxpayer": GOPALA GUDURU
"Personal Information" 5682 WATERFORD CT Morrow GA 30260
"PIN":
"Use":

"Purpose":

CONSENT GRANTED

I/we, the Taxpayer, have read the above information and by typing in my/our taxpayer PIN(s) hereby consent to Tax Preparer's Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:	22129	PIN Entered Date:	03/10/2022
Taxpayer #2 PIN:	35925	PIN Entered Date:	03/10/2022

Duration of Consent: 1 year

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:		PIN Entered Date:	
Taxpayer #2 PIN:		PIN Entered 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 email at complaints@tigta.treas.gov.

* In accordance with Federal Law and Internal Revenue Code Section 7216, the term 'Tax Preparer' shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶ 3679172022069tshsxvr

Taxpayer's name GOPALA GUDURU	Social security number XXX-XX-2129
Spouse's name NARBADA GUDURU	Spouse's social security number XXX-XX-5925

Part I Tax Return Information – Tax Year Ending December 31, 2021 (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	13,899
2 Total tax	207
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	178
4 Amount you want refunded to you	1,753
5 Amount you owe	0

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 THRIVE TAX SYSTEMS to enter or generate my PIN

2	2	1	2	9
---	---	---	---	---

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

Your signature ▶ _____ Date ▶ 03/10/2022

Spouse's PIN: check one box only

- I authorize THRIVE TAX SYSTEMS to enter or generate my PIN

3	5	9	2	5
---	---	---	---	---

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

Spouse's signature ▶ _____ Date ▶ 03/10/2022

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.

X	X	X	X	X	X	1	0	0	0	1
---	---	---	---	---	---	---	---	---	---	---

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 ▶ 03/10/2022

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



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



**GA-8453
 2021**

IRS DCN OR SUBMISSION ID

3	6	7	9	1	7	2	0	2	2	0	6	9	i	3	e	z	t	m	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

Amended Return

First Name and Initial GOPALA	Last Name GUDURU	Social Security Number XXX-XX-2129
If Joint Return, Spouse's First Name and Initial NARBADA	Spouse's Last Name GUDURU	Spouse's Social Security Number XXX-XX-5925
Home Address (number and street) 5682 WATERFORD CT	Apt Number	Daytime Telephone Number
City, Town or Post Office Morrow	State GA	Zip Code 30260

PART I

TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	13,899
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	0
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	0
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	0
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	68

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 2021 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 _____ 03/10/2022 _____ 03/10/2022
HERE **TAXPAYER'S SIGNATURE** Date **SPOUSE'S SIGNATURE** (if joint return, both must sign) Date

PRINT NAME **EMAIL ADDRESS**
 GOPALA AND NARBADA GUDURU NARMABA4545@YAHOO.COM AND

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 03/10/2022
 Firm's Name THRIVE TAX SYSTEMS THRIVE TAX SYSTEMS Check also if paid preparer
 Address 2614 WEST ROAD FEIN/PTIN _____
 City, State, & Zip Code RIVERDALE GA 30296 SSN/TIN _____

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

Paid Preparer's Use Only
Paid Preparer's Signature _____ Date 03/10/2022
 Firm's Name THRIVE TAX SYSTEMS FID/TIN PXXXXXXXXX
 Address 2614 WEST ROAD SSN/TIN _____
 City, State, & Zip Code RIVERDALE GA 30296

Filing Status [] Single [X] 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

Personal information section including: Your first name and middle initial (GOPALA), Last name (GUDURU), Your social security number (XXX-XX-2129), Spouse's social security number (XXX-XX-5925), Home address (5682 WATERFORD CT), State (GA), ZIP code (30260), Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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: [X] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes instructions for dependents.

Main income and deduction table with 15 rows. Includes: 1 Wages, salaries, tips, etc. (12,440); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Total income (14,003); 10 Adjustments to income from Schedule 1, line 26; 11 Adjusted gross income (13,899); 12a Standard deduction or itemized deductions (26,450); 12b Charitable contributions; 12c Total deductions (26,450); 13 Qualified business income deduction; 14 Total deductions (26,450); 15 Taxable income (0).

Table with 15 columns (lines 16-38) and 2 columns (amounts). Includes sections for Tax, Refund, and Amount You Owe.

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [X] Yes. Complete below. [] No

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.

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

Table for signatures and dates of preparer and spouse.

Paid Preparer Use Only

Table for paid preparer information including name, signature, date, PTIN, and firm details.

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return GOPALA GUDURU	Taxpayer identification number X X X - X X - 2 1 2 9
Enter preparer's name and PTIN CHRISTOPHER SWAIN P X X X X X X X X	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8962 for instructions and the latest information.**

Name shown on your return

Your social security number

GOPALA GUDURU

XXX-XX-2129

- A.** If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions.
- B.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions	1	2
2a	Modified AGI. Enter your modified AGI. See instructions	2a	13,899
b	Enter the total of your dependents' modified AGI. See instructions	2b	0
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	13,899
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	17,240
5	Household income as a percentage of federal poverty line (see instructions)	5	80 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals	0	0	0	0	0		
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January	1,923	1,891	0	1,891	1,891	1,856	
13 February	1,923	1,891	0	1,891	1,891	1,856	
14 March	1,923	1,891	0	1,891	1,891	1,856	
15 April	1,923	1,891	0	1,891	1,891	1,856	
16 May	1,923	1,891	0	1,891	1,891	1,856	
17 June	1,923	1,891	0	1,891	1,891	1,856	
18 July	1,923	1,891	0	1,891	1,891	1,856	
19 August	1,923	1,891	0	1,891	1,891	1,856	
20 September	1,923	1,930	0	1,930	1,923	1,923	
21 October	1,923	1,930	0	1,930	1,923	1,923	
22 November	1,923	1,930	0	1,930	1,923	1,923	
23 December	1,923	1,930	0	1,930	1,923	1,923	
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						24	22,820
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						25	22,540
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27						26	280

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	0
28 Repayment limitation (see instructions)	28	0
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	0

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

**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

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GOPALA GUDURU & NARBADA GUDURU

Your social security number
XXX-XX-2129

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	1,563
4	Other gains or (losses). Attach Form 4797	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	0
8	Other income:		
a	Net operating loss	8a	(0)
b	Gambling income	8b	0
c	Cancellation of debt	8c	0
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	0
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	0
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	0
9	Total other income. Add lines 8a through 8z	9	0
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	1,563

Part II Adjustments to Income

11	Educator expenses	11	0
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	0
13	Health savings account deduction. Attach Form 8889	13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	0
15	Deductible part of self-employment tax. Attach Schedule SE	15	104
16	Self-employed SEP, SIMPLE, and qualified plans	16	0
17	Self-employed health insurance deduction	17	0
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	0
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	0
21	Student loan interest deduction	21	0
22	Reserved for future use	22	
23	Archer MSA deduction	23	0
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	0
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	0
f	Contributions to section 501(c)(18)(D) pension plans	24f	0
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	0
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	0
z	Other adjustments. List type and amount ▶	24z	0
25	Total other adjustments. Add lines 24a through 24z	25	0
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	104

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ 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

2021
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GOPALA GUDURU & NARBADA GUDURU

Your social security number
XXX-XX-2129

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0
2	Excess advance premium tax credit repayment. Attach Form 8962	2	0
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	207
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	0
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	0
9	Household employment taxes. Attach Schedule H	9	0
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	0
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	0
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	0
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	0
16	Recapture of low-income housing credit. Attach Form 8611	16	0

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ► _____	17a	0
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	0
c	Additional tax on HSA distributions. Attach Form 8889	17c	0
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	0
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	0
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	0
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	0
k	Golden parachute payments	17k	0
l	Tax on accumulation distribution of trusts	17l	0
m	Excise tax on insider stock compensation from an expatriated corporation	17m	0
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	0
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	0
q	Any interest from Form 8621, line 24	17q	0
z	Any other taxes. List type and amount ► _____	17z	0
18	Total additional taxes. Add lines 17a through 17z	18	0
19	Additional tax from Schedule 8812	19	0
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	207

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **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

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GOPALA GUDURU & NARBADA GUDURU

Your social security number
XXX-XX-2129

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	0
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	0
3	Education credits from Form 8863, line 19	3	0
4	Retirement savings contributions credit. Attach Form 8880	4	0
5	Residential energy credits. Attach Form 5695	5	0
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	0
b	Credit for prior year minimum tax. Attach Form 8801	6b	0
c	Adoption credit. Attach Form 8839	6c	0
d	Credit for the elderly or disabled. Attach Schedule R	6d	0
e	Alternative motor vehicle credit. Attach Form 8910	6e	0
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	0
g	Mortgage interest credit. Attach Form 8396	6g	0
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	0
i	Qualified electric vehicle credit. Attach Form 8834	6i	0
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	0
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	0
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ▶ _____	6z	0
7	Total other nonrefundable credits. Add lines 6a through 6z	7	0
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	280
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	0
12	Credit for federal tax on fuels. Attach Form 4136	12	0
13	Other payments or refundable credits:		
a	Form 2439	13a	0
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	0
c	Health coverage tax credit from Form 8885	13c	0
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	0
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	0
z	Other payments or refundable credits. List type and amount ► _____	13z	0
14	Total other payments or refundable credits. Add lines 13a through 13z	14	0
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	280

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
NARBADA GUDURU

Social security number of person
with self-employment income ▶ XXX-XX-5925

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a** 0

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 1,470

3 Combine lines 1a, 1b, and 2 **3** 1,470

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,358

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b** 0

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 1,358

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0

6 Add lines 4c and 5b **6** 1,358

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a** 6,220

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 6,220

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 136,580

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 168

11 Multiply line 6 by 2.9% (0.029) **11** 39

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 207

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 104

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16** 0

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17** 0

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. ³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method. ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor GOPALA and NARBADA GUDURU		Social security number (SSN) X X X - X X - 2 1 2 9
A Principal business or profession, including product or service (see instructions) Merchant Wholesalers, Durable Goods	B Enter code from instructions ▶ 4 2 3 9 9 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	93
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	93
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	93
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	93

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	0
9	Car and truck expenses (see instructions)	9	0
10	Commissions and fees	10	0
11	Contract labor (see instructions)	11	0
12	Depletion	12	0
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0
14	Employee benefit programs (other than on line 19)	14	0
15	Insurance (other than health)	15	0
16	Interest (see instructions):		
a	Mortgage (paid to banks, etc.)	16a	0
b	Other	16b	0
17	Legal and professional services	17	0
18	Office expense (see instructions)	18	0
19	Pension and profit-sharing plans	19	0
20	Rent or lease (see instructions):		
a	Vehicles, machinery, and equipment	20a	0
b	Other business property	20b	0
21	Repairs and maintenance	21	0
22	Supplies (not included in Part III)	22	0
23	Taxes and licenses	23	0
24	Travel and meals:		
a	Travel	24a	0
b	Deductible meals (see instructions)	24b	0
25	Utilities	25	0
26	Wages (less employment credits)	26	0
27a	Other expenses (from line 48)	27a	0
b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	93
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	93
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		
		32a	<input checked="" type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Name of proprietor NARBADA GUDURU		Social security number (SSN) X X X - X X - 5 9 2 5
A Principal business or profession, including product or service (see instructions) Unclassified Establishments	B Enter code from instructions ▶ 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 5682 WATERFORD CT City, town or post office, state, and ZIP code Morrow GA 30260		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input checked="" type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	4,000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,000
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	4,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	4,000

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

8 Advertising	8	0	18 Office expense (see instructions)	18	0
9 Car and truck expenses (see instructions)	9	0	19 Pension and profit-sharing plans	19	0
10 Commissions and fees	10	0	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	0	a Vehicles, machinery, and equipment	20a	0
12 Depletion	12	0	b Other business property	20b	0
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	0
14 Employee benefit programs (other than on line 19)	14	0	22 Supplies (not included in Part III)	22	853
15 Insurance (other than health)	15	0	23 Taxes and licenses	23	0
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	0	a Travel	24a	0
b Other	16b	0	b Deductible meals (see instructions)	24b	1,677
17 Legal and professional services	17	0	25 Utilities	25	0
			26 Wages (less employment credits)	26	0
			27a Other expenses (from line 48)	27a	0
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	2,530			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	1,470			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	1,470			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation) _____

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

-----	0

48 Total other expenses. Enter here and on line 27a	48 0

EIC Rules:

To qualify for the Earned Income Credit, You must meet the following rules:

Rules For Everyone:**Rule 1: Year 2021**

Your Adjustment Gross Income Must be Less than: If you have

\$51,464(\$57,414 for married filing jointly) Three or More Qualifying Child

\$47,915 (\$53,865 for married filing jointly) Two Qualifying Child

\$42,158 (\$48,108 married filing jointly) One Qualifying Child

\$21,430 (\$27,380 for married filing jointly) No Qualifying Child

Adjusted Gross Income 13,899 Numbers Of Qualifying Child 0

Yes, You Satisfy this Rule

No, You can not take credit

Rule 2: You must be a US Citizen or Resident Alien all the year.

Yes, You Satisfy this Rule

No, You can not take credit

Rule 3: Do you file Form 2555 (Relating to foreign Earned Income)

Yes, You can not take credit

No, You Satisfy this Rule

Rule 4: Is your filing status married filing separately?

Yes. Continue with question 1 and 2

No. Skip questions 1 and 2 and go to rule 5

Question 1 :- Did you and your spouse have the same principal residence for the last 6 months of 2021 ?

Yes. Continue with question 2

No. Skip questions 2 and go to rule 5

Question 2 :- Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021?

Yes. Continue

No. You can't take the credit

Rule 5: Your Investment Income must be Less than or equal to \$10,000. (Interest + Dividend + Capital Gain)

Yes, You Satisfy this Rule

No, You are not eligible for this credit.

Rule 6: Could you or your spouse if filing a joint return, be the qualifying child of another person in 2021?

Yes, You are not eligible for this credit.

No, You Satisfy this Rule

Rules if you do not have a Qualifying Child:**Rule 10: Is your filing status married filing separately?**

Yes, You can not take EIC

No, You Satisfy this rule.

Rule 11: Could you or your spouse if filing a joint return, be claimed as a dependent on someone else's 2021 tax return?

Yes. You can not take EIC

No, You Satisfy this rule.

Rule 12: Were you or your spouse if filing a joint return, at least age 24 at the end of 2021?

Yes, You Satisfy this Rule

No, Go to question 1

Question 1: Were you, or your spouse if filing a joint return, at least age 19 at the end of 2021 and not a specified student?

Yes, You Satisfy this Rule

No, Go to question 2

Question 2 : Were you, or your spouse if filing a joint return, a qualified former foster youth or a qualified homeless youth and at least age 18 at the end of 2021?

Yes, You Satisfy this Rule

No, You can not take credit

Part I Recipient Information

1 Marketplace identifier GA	2 Marketplace-assigned policy number 91960104	3 Policy issuer's name AMBETTER FROM PEACH STATE HEALTH		
4 Recipient's name GOPALA GUDURU		5 Recipient's SSN XXX-XX-2129	6 Recipient's date of birth 06/15/1955	
7 Recipient's spouse's name NARBADA GUDURU		8 Recipient's spouse's SSN XXX-XX-5925	9 Recipient's spouse's date of birth 07/30/1963	
10 Policy start date 01/01/2021	11 Policy termination date 12/31/2021	12 Street address (including apartment no.) 5682 WATERFORD CT		
13 City or town Morrow	14 State or province GA	15 Country and ZIP or foreign postal code 30260		

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	1922.86	1891.36	1856
22 February	1922.86	1891.36	1856
23 March	1922.86	1891.36	1856
24 April	1922.86	1891.36	1856
25 May	1922.86	1891.36	1856
26 June	1922.86	1891.36	1856
27 July	1922.86	1891.36	1856
28 August	1922.86	1891.36	1856
29 September	1922.86	1929.97	1922.86
30 October	1922.86	1929.97	1922.86
31 November	1922.86	1929.97	1922.86
32 December	1922.86	1929.97	1922.86
33 Annual Totals	23,074	22,851	22,539

Federal and Resident State Description	GA	ga
	Taxpayer/ default	Spouse
Income		
1. Wages	6,220	6,220
2. Excess received for business expense, moving expense	0	0
3. Disability Income		
4. Household employee income	0	0
5. Allocated tips	0	0
6. Dependent care benefits	0	0
7. Additional income on W-2	0	
8. Taxable interest income	0	0
8a. Tax exempt interest	0	0
9. Ordinary dividends		
9a. Exempt interest dividends	0	0
9b. Qualified dividends	0	
10. Taxable refunds, credits or offsets of state & local income taxes	0	
11. Alimony received	0	
12. Business income or loss	93	1,470
13. Capital gain or loss	0	
14. Other gains	0	
15. Taxable IRA amount	0	0
15a. IRA distributions	0	0
16. Taxable pensions and annuities	0	0
16a. Pensions and annuities	0	0
17. Rental real estate, royalties	0	
17a. Partnerships and S corporations	0	
17b. Estates and trusts	0	
18. Farm income	0	0
19. Unemployment compensation	0	0
20. Social security benefits taxable	0	0
20a. Social security benefits received	0	0
21. Other income	0	0
21a. NOL loss carryover	0	0
21b. Gambling income	0	0
21c. Cancellation of debt.	0	0
21d. Form 2555	0	0
21e. Taxable Health Saving Account distribution	0	0
22. Total income	6,313	7,690
Adjustments to Income		
23. Educator expenses	0	0
24. Certain business expenses of reservists, performing artists, fee basis Government officials	0	0

Full Year / Nonresident Worksheet

25. Health savings account deduction	0	0
26. Moving expenses	0	0
27. One half of self-employment taxes	0	104
28. Self-employed SEP, simple, and qualified plans	0	0
29. Self-employed health insurance deduction	0	0
30. Penalty on early withdrawal	0	0
31. Alimony paid	0	
32. IRA deduction	0	0
33. Student loan interest deduction	0	
34. Tuition and fees deduction	0	
35. Domestic production activities deduction	0	
36a. Other adjustments	0	
36b. Archer MSA deduction	0	
36c. Form 2555 deduction	0	0
36. Total adjustments	0	104
37. Adjusted gross income	6,313	7,586

Client Copy

TAXPAYER-SPOUSE WORKSHEET (MFJ)

The calculations below are based on a married couple living together and filing joint tax return In case of married filing separately allocation of income between taxpayer and spouse will be on Non Resi Wkt(or part year resi wkt if filling par year state)

	Taxpayer	Spouse	Total
1. Adjusted Gross Income	6,313	7,586	13,899
2. Further adjustments	0	0	0
3. Adjusted AGI	6,313	7,586	13,899
4. Proportionate of AGI (%)	0.45	0.55	1
5. Standard deduction	13,900	12,550	26,450
6. Itemized Deduction	0	0	0
7. Allowed Deduction	13,900	12,550	26,450
8. Enter the number of DEPENDENTS to be claimed	0	0	0
9. Taxable Income	0	0	0
10. Tax	0	0	0
11. Credits			
a. Education Credits	0		0
b. Retirement savings contributions credit	0		0
c. Residential energy credits	0	0	0
d. Earned income credit (EIC)	1,502		1,502
e. Child Tax Credit(CTC)	0		0
f. Total Credits	1,502	0	1,502
12. Tax Withheld	78	78	156
13. Refund	1,580	0	1,580
14. Tax Due	0	26	26
From Schedule A			
15. Medicare and Health Insurance	0	0	0
16. Medical	0	0	0
17. Medical Expenses	0	0	0
18. State/local taxes	0	0	0
19. Other taxes	0	0	0
20. Paid Taxes			0
21. Interest	0	0	0
22. Contributions	0	0	0
23. Casualty and theft losses from a federally declared disaster	0		0
24. Other Itemized Deductions	0	0	0
25. Total Itemized deductions	0	0	0

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMWAY CORP 7575 FULTON ST EAST Ada MI 49355		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN XX-XXX9609	RECIPIENT'S TIN XXX-XX-2129	1 Nonemployee compensation \$ 93		Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.	
RECIPIENT'S name GOPALA GUDURU Street address (including apt. no.) 5682 WATERFORD CT City or town, state or province, country, and ZIP or foreign postal code Morrow GA 30260		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>			
		3			
		4 Federal income tax withheld \$ 22			
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. 22	7 State income \$	
		2nd TIN not. <input type="checkbox"/>	\$	\$	

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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22222		a Employee's social security number X X X - X X - 2 1 2 9		OMB No. 1545-0008		
b Employer identification number (EIN) X X X X X 4 5 0 7 KESA			1 Wages, tips, other compensation 6,220		2 Federal income tax withheld 78	
c Employer's name, address, and ZIP code KESAV INC SUBWAY 5660 JONESBORO RD Morrow GA 30260			3 Social security wages 6,220		4 Social security tax withheld 386	
			5 Medicare wages and tips 6,220		6 Medicare tax withheld 90	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial GOPALA		Last name GUDURU	Suff.	11 Nonqualified plans		12a C o d e
5682 WATERFORD CT MORROW GA 30260			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
			14 Other		12c C o d e	
					12d C o d e	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
GA	2226730UZ	6,220	34			

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

Client Copy

22222		a Employee's social security number X X X - X X - 5 9 2 5		OMB No. 1545-0008	
b Employer identification number (EIN) X X X X X 4 5 0 7 KESA			1 Wages, tips, other compensation 6,220		2 Federal income tax withheld 78
c Employer's name, address, and ZIP code KESAV INC 5660 JONESBORO RD Morrow GA 30260			3 Social security wages 6,220		4 Social security tax withheld 386
			5 Medicare wages and tips 6,220		6 Medicare tax withheld 90
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial NARBADA		Last name GUDURU	Suff.	11 Nonqualified plans	
5682 WATERFORD CT MORROW GA 30260			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a C o d e
			14 Other		12b C o d e
					12c C o d e
f Employee's address and ZIP code					12d C o d e
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
GA	2226730UZ	6,220	34		
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

Client Copy



2200420013



Georgia Form **500** (Rev. 08/02/21)

Individual Income Tax Return

Georgia Department of Revenue

2021 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE GA
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID 061306415

YOUR FIRST NAME
1. GOPALA

MI YOUR SOCIAL SECURITY NUMBER
XXX-XX-2129

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

SUFFIX

SPOUSE'S FIRST NAME
NARBADA

MI SPOUSE'S SOCIAL SECURITY NUMBER
XXX-XX-5925

LAST NAME
GUDURU

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. 5682 WATERFORD CT

CITY (Please insert a space if the city has multiple names)
3. Morrow

STATE ZIP CODE
GA 30260

(COUNTRY IF FOREIGN)

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

Residency Status

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

Filing Status

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. 0



2200420023

YOUR SOCIAL SECURITY NUMBER
 XXX-XX-2129

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

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INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	13,899
(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.	-4,000
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	9,899
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	6,000
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input checked="" type="checkbox"/> Blind? Total 1 x 1,300=.....	11b.	1,300
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	7,300
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	0
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	0
c. Georgia Total Itemized Deductions.....	12c.	0
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	2,599



2200420033

YOUR SOCIAL SECURITY NUMBER
XXX-XX-2129

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.	7,400
14b. Enter the number from Line 7a. 0 Multiply by \$3,000.....	14b.	0
14c. Add Lines 14a. and 14b. Enter total	14c.	7,400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	-4,801
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.	0
16. Tax (Use Tax Table or Tax Rate Schedule in the IT-511 Tax Booklet)	16.	0
17. Low Income Credit 17a. 3 17b. 8	17c.	0
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	0
19. Credits used from IND-CR Summary Worksheet.....	19.	0
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	0
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	0

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:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
XXXXXX4507											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
2226730UZ											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
6,220											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
34											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

PAGES (1-5) ARE REQUIRED FOR PROCESSING



2200420043

YOUR SOCIAL SECURITY NUMBER
 XXX-XX-2129

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**
 XXXXX4507
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
 2226730UZ
4. **GA WAGES / INCOME**
 6,220
5. **GA TAX WITHHELD**
 34

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

(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**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.		68
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>			
24. Other Georgia Income Tax Withheld	24.		0
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>			
25. Estimated Tax paid for 2021 and Form IT-560	25.		
26. Schedule 2B Refundable Tax Credits	26.		0
<small>(Cannot be claimed unless filed electronically)</small>			
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.		68
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.		0
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.		68
30. Amount to be credited to 2022 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.		0
<small>(No gift of less than \$1.00)</small>			



2200420053

YOUR SOCIAL SECURITY NUMBER
XXX-XX-2129

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. 0
- 41. (If you owe) Add Lines 28, 31 thru 40 41. 0
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 42. 68
THIS IS YOUR REFUND.....
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

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

Type: Checking Savings
Routing Number XXXXXXXXXX
Account Number XXXXXXXXXXXXXX

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.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
410-412-6644

Spouse's Signature Date

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

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

Preparer's Phone Number
404- 277-333

Signature of Preparer
Name of Preparer Other Than Taxpayer
CHRISTOPHER SWAIN

Preparer's FEIN
XX-XXX6928

Preparer's Firm Name
THRIVE TAX SYSTEMS

Preparer's SSN/PTIN/SIDN
PXXXXXXXX



2207220013

YOUR SOCIAL SECURITY NUMBER
XXX-XX-2129

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW

See IT-511 Tax Booklet

ADDITIONS to INCOME

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-6 for additions to income.

SUBTRACTION from INCOME

Table with 3 columns: Line number, Description, and Amount. Includes lines 7-14 for subtractions from income, including Retirement Income Exclusion and Social Security Benefits.



2207220023

YOUR SOCIAL SECURITY NUMBER

XXX-XX-2129

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet

(SPOUSE)

1. Salary and wages.....	6,220	6,220
2. Other Earned Income (Losses).....		
3. Total Earned Income.....	6,220	6,220
4. Maximum Earned Income.....		
5. Smaller of Line 3 or 4; if zero or less, enter zero	4,000	4,000
6. Interest Income.....	0	0
7. Dividend Income	0	0
8. Alimony.....	0	0
9. Capital Gains (Losses).....	0	0
10. Other Income (Losses)..... (See IT-511 Tax Booklet)	0	0
11. Taxable IRA Distributions.....	0	0
12. Taxable Pensions	0	0
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)	0	0
14. Total of Lines 6 through 13; if zero or less, enter zero	0	0
15. Add Lines 5 and 14	4,000	4,000
16. Maximum Allowable Exclusion*	65,000	0
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a. & b.....	4,000	0

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



2207200023

YOUR SOCIAL SECURITY NUMBER

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(TAXPAYER)

See IT-511 Tax Booklet
(SPOUSE)

1. Salary and wages.....	6,220	6,220
2. Other Earned Income (Losses).....		
3. Total Earned Income.....	6,220	6,220
4. Maximum Earned Income.....		
5. Smaller of Line 3 or 4; if zero or less, enter zero	4,000	4,000
6. Interest Income.....	0	0
7. Dividend Income	0	0
8. Alimony.....	0	0
9. Capital Gains (Losses).....	0	0
10. Other Income (Losses)..... (See IT-511 Tax Booklet)	0	0
11. Taxable IRA Distributions.....	0	0
12. Taxable Pensions	0	0
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)	0	0
14. Total of Lines 6 through 13; if zero or less, enter zero	0	0
15. Add Lines 5 and 14	4,000	4,000
16. Maximum Allowable Exclusion*	65,000	0
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7a. & b.....	4,000	0

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Statement - Part I - Income - 1 B - Additional Gross receipts or sales

Description	Amount
DAYCARE PROVIDER	4,000

Part II : Expenses Enter expenses for business use of your home only on line 30 - Line 24 B - Deductible meals and entertainment

Description	Amount
DAYCARE MEALS	1,677