

FOR TAX YEAR 2020

SURESH K & SWATHIKAMALA VURAY

REDDY CPA LLC

8995 MOOR PARK RUN

SUWANEE, GA 30024

(770)599-5111

REDDY CPA LLC

8995 MOOR PARK RUN
SUWANEE, GA 30024

Phone: (770)599-5111 | Fax: (770)999-0695

April 19, 2021

Suresh K & Swathikamala Vuray
4540 Essen Lane
Cumming, GA 30041

Subject: Preparation of Your 2020 Tax Returns

Suresh K & Swathikamala Vuray:

Thank you for choosing REDDY CPA 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 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. If you are US citizen or a US Legal Permanent Resident, please note that US Tax law requires you to report all worldwide income in your income tax return. And also note that Reddy CPA will only utilize its professional competence to assist you in preparation of US Tax return. 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, of course, inform you of any material errors, fraud, or other illegal acts we discover.

Please inform us about the foreign bank accounts you have, if you have any interest in the foreign bank account or financial institutions you should inform us so that we can report the same as per FBAR filing requirements.

The law imposes penalties when taxpayers underestimate their tax liability. Please 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.

You agree that any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation, and that they will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceeding shall be shared equally by the participating parties.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation of the draft tax return. The services are payable once we prepare the Tax return and send it to you either by Email or uploading the same. If we are not receiving the payment at the time of service or completion of e-filing of Federal Tax return we will directly take the amount from your bank account used for payment or refund of taxes for federal or state. You hereby authorize Reddy CPA LLC to collect the fee from such bank account.

All the cases that are not resolved through mediation will only be litigated in Georgia and Forsyth County Courts of Georgia shall have sole and exclusive jurisdiction for all disputes on fees or on the preparation of the tax return that are litigated.

We will return your original records to you at the end of this engagement and we will not keep the copies of your records other than

your tax return with us. You should securely store these records, along with all supporting documents, canceled checks, etc., as these are needed to prove accuracy and completeness of a return upon enquiry or audit by IRS. Upon Preparation of the return we will provide your draft copy of the return. You must go through all the information of the return. If you have any questions on the items of the return you should contact us and get the explanations and if you find any discrepancy you must immediately inform us to rectify the same. Upon your verification you are in consent that the return is prepared based on the oral or written documents provided by you to Reddy CPA. We will retain the copy of the return, your engagement letter, Efile authorisation and other information with us for 7 years, after that these documents will be destroyed.

Our engagement to prepare your 2020 tax returns will conclude with the delivery or uploading of tax return of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). 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.

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

We appreciate your confidence in us. Please call if you have questions.

We appreciate your confidence in us. Please call (770)599-5111 if you have questions.

Sincerely,

Triin Virves McDonald
REDDY CPA LLC

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

Accepted By:

Taxpayer

Spouse

Date

Account Transaction Summary

2020

Name(s) as shown on return

Your ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

Account #1
Financial Institution DIGITAL FEDERAL CREDIT UNION
Routing Transit Number 211391825
Account Number 12963666
Account Type checking

Federal Main Form
 Federal Deposit 9,526

State Main Form(s)
 GA Deposit 610

Net Deposit 10,136

FILED COPY

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize REDDY CPA LLC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

REDDY CPA LLC

8995 MOOR PARK RUN
SUWANEE, GA 30024

Phone: (770)599-5111 | Fax: (770)999-0695

April 19, 2021

Suresh K & Swathikamala Vuray
4540 Essen Lane
Cumming, GA 30041

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

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

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

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

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

If you have any questions about our privacy policy, contact our office at (770)599-5111.

Sincerely,

Triin Virves McDonald
REDDY CPA 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 SURESH K		Last name VURAY	Your social security number XXX-XX-XXXX	
If joint return, spouse's first name and middle initial SWATHIKAMALA		Last name VURAY	Spouse's social security number XXX-XX-XXXX	
Home address (number and street). If you have a P.O. box, see instructions. 4540 ESSEN LANE			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		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	SAHASRA	VURAY	XXX-XX-XXXX	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SHREYANSH	VURAY	XXX-XX-XXXX	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	145,088
	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	944
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	146,032
	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	145,732
	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	120,932	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	18,185
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	18,185
19	Child tax credit or credit for other dependents	19	4,000
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	4,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	14,185
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax ▶	24	14,185
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,221
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,221
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	490
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	490
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	23,711
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,526
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	9,526
Direct deposit? See instructions.	▶ b Routing number <u>2 1 1 3 9 1 8 2 5</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number <u>X X X X 3 6 6 6</u>		
	36 Amount of line 34 you want applied to your 2021 estimated tax ▶	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now ▶	37	0
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions) ▶	38	

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

Third Party Designee

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

Designee's name ▶ **TRIIN VIRVES MCDONALD** Phone no. ▶ **770-599-5111** Personal identification number (PIN) ▶ 1 2 3 4 5

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
24752	03-17-2021	DIRECTOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
02199	03-17-2021	HOME MAKER	
Phone no. 832-364-7139	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
	04-19-2021	XXXXXXXXXX	<input checked="" type="checkbox"/> Self-employed
Preparer's name TRIIN VIRVES MCDONALD	Phone no. 770-599-5111		
Firm's name ▶ REDDY CPA LLC			
Firm's address ▶ 8995 MOOR PARK RUN SUWANEE, GA 30024	Firm's EIN ▶		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

SURESH K & SWATHIKAMALA VURAY

Your social security number

XXX-XX-XXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	944
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	944

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) . . . ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0

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

Schedule 1 (Form 1040) 2020

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 27-4618907				1 Wages, tips, other compensation 145,088				2 Federal income tax withheld 23,221			
c Employer's name, address, and ZIP code TEKSTREAM SOLUTIONS LLC 1117 PERIMETER CTR WEST STE E400 ATLANTA GA 30338				3 Social security wages 137,700				4 Social security tax withheld 8,537			
				5 Medicare wages and tips 155,222				6 Medicare tax withheld 2,251			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial SURESH K		Last name VURAY		Suff.		11 Nonqualified plans				12a See instructions for box 12 D 10,134	
4540 ESSEN LANE CUMMING GA 30041				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				DD 17,588	
				14 Other				12c			
								12d			
f Employee's address and ZIP code				15 State Employer's state ID number GA 3035177-AZ		16 State wages, tips, etc. 145,088		17 State income tax 7,639		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 REDDY CPA LLC

		a Employee's social security number		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)				1 Wages, tips, other compensation				2 Federal income tax withheld			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
				5 Medicare wages and tips				6 Medicare tax withheld			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans				12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other				12c			
								12d			
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	

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

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020

Attachment
Sequence No. **07**

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

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

Your social security number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	7,639			
	b State and local real estate taxes (see instructions)	5b	4,166			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	11,805			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000			
	6 Other taxes. List type and amount	6				
7 Add lines 5e and 6				7	10,000	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	8,838			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Mortgage insurance premiums (see instructions)	8d				
	e Add lines 8a through 8d	8e	8,838			
	9 Investment interest. Attach Form 4952 if required. See instructions	9				
	10 Add lines 8e and 9				10	8,838
	Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	951		
		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	400		
13 Carryover from prior year		13				
14 Add lines 11 through 13					14	1,351
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	20,189
18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>						

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2020

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

2020

Department of the Treasury
Internal Revenue Service

▶ **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.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return **SURESH K & SWATHIKAMALA VURAY** Taxpayer identification number **XXX-XX-XXXX**
Enter preparer's name and PTIN

TRIIN VIRVES MCDONALD **XXXXXXXXXX**

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 tax year 2020 provided by the taxpayer or reasonably obtained by you?	<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, or 1040-SS 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 checked="" 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 checked="" 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 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on:			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child 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 checked="" 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 checked="" 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		
<p>▶ 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:</p> <p>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);</p> <p>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;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 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). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
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"/>

Explanation of Schedule A, line 5e

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

This worksheet shows the breakdown of which state and local taxes are actually being deducted on federal Schedule A when the state and local taxes are limited to \$10,000 (\$5,000 if married filing separately.)

	<u>Total paid</u>	<u>Allowed amount</u>
1. Real estate taxes	4,166	4,166
2. Personal property taxes	0	0
3. State and local income taxes.	7,639	5,834
4. Sales tax	799	0
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		10,000

E-Filed Copy

**Explanation of Pre-CARES Act vs. Post-CARES Act
For informational purposes and use by certain states**

(Do not file. Keep for your records)

2020

Name(s) as shown on return

SURESH K & SWATHIKAMALA VURAY

Tax ID Number

XXX-XX-XXXX

Income	Pre-CARES Act	Post-CARES Act	Difference
Wages, salaries, tips, etc.	145,088	145,088	
Taxable interest			
Ordinary dividends			
Taxable refunds	944	944	
Alimony received			
Business income or (loss)			
Capital gain or (loss)			
Other gains or (losses)			
Taxable IRA distributions			
Taxable pensions and annuities			
Schedule E income/loss			
Farm income or (loss)			
Unemployment compensation			
Social security benefits			
Net Operating Loss (NOL)			
Limitation on business losses - Form 461 (ELA)			
Other income			
Totals	146,032	146,032	
Adjustments	Pre-CARES Act	Post-CARES Act	Difference
Educator expenses			
Employee business expenses			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees			
Other adjustments			
Charitable contributions if taking standard deduction		300	300
Totals		300	300
Adjusted Gross Income	146,032	145,732	(300)

1040

Overflow Statement

2020

Name(s) as shown on return

SURESH K & SWATHIKAMALA VURAY

Your Social Security Number

XXX-XX-XXXX

SCHEDULE A, LINE 5A - STATE AND LOCAL INCOME TAXES

DESCRIPTION	AMOUNT
FORM W-2 - TEKSTREAM SOLUTIONS LLC	\$ 7,639
TOTAL:	\$ 7,639

E Filed Copy

Name(s) as shown on return

Tax ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

Before you begin: • Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number:
 _____ 2 _____ x \$2,000. Enter the result 1. _____ **4,000**

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ x \$500. Enter the result 2. _____

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 3. _____ **4,000**

4. Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 4. _____ **145,732**

5. **1040 and 1040-SR Filers.** Enter the total of any -
 • Exclusion of income from Puerto Rico; and
 • Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15. 5. _____
1040-NR filers. Enter -0-.

6. Add lines 4 and 5. Enter the total 6. _____ **145,732**

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$400,000
 • All other filing statuses - \$200,000 7. _____ **400,000**

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6 8. _____
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

9. Multiply the amount on line 8 by 5% (0.05). Enter the result 9. _____ **0**

10. Is the amount on line 3 more than the amount on line 9?
 No. STOP
 You cannot take the child tax credit or credit for other dependents on line 19 of your Form 1040, 1040-SR, or 1040-NR. You also cannot take the additional child tax credit on line 28 of your Form 1040, 1040-SR, or 1040-NR. Complete the rest of your Form 1040, 1040-SR, or 1040-NR.
 Yes. Subtract line 9 from line 3. Enter the result 10. _____ **4,000**
 Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 2

11. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **11.** 18,185

12. Add the following amounts (if applicable) from:

- Schedule 3, Line 1 + _____
- Schedule 3, Line 2 + _____
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Form 5695, line 30 + _____
- Form 8910, line 15 + _____
- Form 8936, line 23 + _____
- Schedule R, line 22 + _____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 18,185

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14. 0

15. Subtract line 14 from line 13. Enter the result **15.** 18,185

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

This is your child tax credit and credit for other dependents.

16. 4,000

Enter this amount on Form 1040, line 19; Form 1040-SR, line 19; or Form 1040-NR, line 19.

TIP You may be able to take the **additional child tax credit** on Line 28 of your Form 1040, 1040-SR, or 1040-NR, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional child tax credit.

Carryover Worksheet

List of items that will carryover to the 2021 tax return

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

Itemized Deductions

Carryover Amount

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

Expenses

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

Losses

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

Credits

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

Other

Preparer Fee	
Overpayment applied to next year's estimates	
Estimated Tax Payment 1	Estimated Tax Payment 2
Estimated Tax Payment 3	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	14,185
State tax liability for state 2210 calculation	7,029
IRA basis	Taxpayer Spouse
Amount from 8915-E taxable in 2021	Taxpayer Spouse
Amount from 8915-E taxable in 2022	Taxpayer Spouse
Excess repayment from 8915-E	Taxpayer Spouse
Deferred SE tax to be repaid by 12/31/2021	
Deferred SE tax to be repaid by 12/31/2022	

Passive Activity

At Risk Limitations

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

2020

Name(s) as shown on return SURESH K & SWATHIKAMALA VURAY	Identifying number XXX-XX-XXXX			
	2018	2019	2020	Difference 2019-2020
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	2	2	2	
Income				
Wages, salaries, tips, etc.	145,951	159,810	145,088	(14,722)
Taxable interest and dividends				
Taxable state and local refunds	1,551		944	944
Alimony				
Business income (loss)				
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	147,502	159,810	146,032	(13,778)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments			300	300
Total Adjusted Gross Income	147,502	159,810	145,732	(14,078)
Deductions				
Medical deductions		37,673		(37,673)
State and local taxes		10,232		(10,232)
Interest		9,554		(9,554)
Contributions		855		(855)
Employee business expenses				
Standard or other deductions	24,000		24,800	24,800
Total Itemized or Standard Ded	24,000	58,314	24,800	(33,514)
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income	123,502	101,496	120,932	19,436
Tax	19,049	14,046	18,185	4,139
Credits	4,000	4,000	4,000	
Self-employment tax				
Other taxes				
Total Tax	15,049	10,046	14,185	4,139
Payments				
Withholdings	24,350	27,471	23,221	(4,250)
Estimated tax payments				
Earned income credit				
Other payments and credits			490	490
Estimated tax penalty				
Overpayment	9,301	17,425	9,526	(7,899)
Overpayment Applied				
Refund	9,301	17,425	9,526	(7,899)
Balance Due				
Marginal tax rate	22.00	22.00	22.00	
Effective tax rate	15.00	13.84	15.04	1.20

Recovery Rebate Credit Worksheet

2020

(keep for your records)

Name(s) as shown on return

Tax ID Number

SURESH K & SWATHIKAMALA VURAY

XXX-XX-XXXX

<p>1. Can you (or your spouse if filing a joint return) be claimed as a dependent on another person's 2020 return? <input checked="" type="checkbox"/> No. Go to line 2. <input type="checkbox"/> Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>2. Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i>, earlier) for you and, if filing a joint return, your spouse? <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5. <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. <input type="checkbox"/> No. Go to line 4.</p> <p>4. Does one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)? <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. <input type="checkbox"/> No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 5. _____</p> <p>6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number 6. _____</p> <p>7. Add lines 5 and 6 7. <u>0</u></p> <p>8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 8. <u>1,200</u></p> <p>9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number 9. <u>1,200</u></p> <p>10. Add lines 8 and 9 10. <u>2,400</u></p> <p>11. Enter the amount from line 11 of Form 1040 or 1040-SR 11. <u>145,732</u></p> <p>12. Enter the amount shown below for your filing status: • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single, married filing separately } 12. <u>150,000</u></p> <p>13. Is the amount on line 11 more than the amount on line 12? <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. <input type="checkbox"/> Yes. Subtract line 12 from line 11. 13. _____</p> <p>14. Multiply line 13 by 5% (0.05) 14. _____</p> <p>15. Subtract line 14 from line 7. If zero or less, enter -0- 15. <u>0</u></p> <p>16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here 16. _____</p> <p>17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference 17. <u>0</u></p> <p>18. Subtract line 14 from line 10. If zero or less, enter -0- 18. <u>2,400</u></p> <p>19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here 19. <u>1,910</u></p> <p>20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference 20. <u>490</u></p> <p>21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR 21. <u>490</u></p>	<p>5. _____</p> <p>6. _____</p> <p>7. <u>0</u></p> <p>8. <u>1,200</u></p> <p>9. <u>1,200</u></p> <p>10. <u>2,400</u></p> <p>11. <u>145,732</u></p> <p>12. <u>150,000</u></p> <p>13. _____</p> <p>14. _____</p> <p>15. <u>0</u></p> <p>16. _____</p> <p>17. <u>0</u></p> <p>18. <u>2,400</u></p> <p>19. <u>1,910</u></p> <p>20. <u>490</u></p> <p>21. <u>490</u></p>
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2020 GA500 Filing Instructions
SURESH K & SWATHIKAMALA VURAY

Form filed:

GA500 and supplemental forms and schedules

Filing method:

Your return will not be e-filed. Sign and date your return and mail it on or before the due date of the return to the address listed below.

Due date:

05-17-2021

Refund:

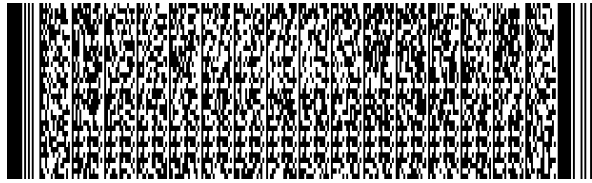
\$610.00

Transaction method:

The refund will be directly deposited into your checking account at Digital Federal Credit Union ending in 3666.

Mail-to address:

Georgia Department of Revenue
Processing Center
PO Box 740380
Atlanta, GA 30374-0380



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

Page 1

Fiscal Year Beginning 01/01/2020

STATE ISSUED

Fiscal Year Ending 12/31/2020

YOUR DRIVER'S LICENSE/STATE ID

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

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
 SWATHIKAMALA XXX-XX-XXXX

LAST NAME SUFFIX
 VURAY

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. 4540 ESSEN LANE

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. 2

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

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

First Name, MI. SAHASRA	Last Name VURAY
Social Security Number XXX-XX-XXXX	Relationship to You DAUGHTER

First Name, MI. SHREYANSH	Last Name VURAY
Social Security Number XXX-XX-XXXX	Relationship to You SON

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. | 145732 |
| (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. | 145732 |
| 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. | 139732 |



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

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. 2 Multiply by \$3,000	14b.	6000
14c. Add Lines 14a. and 14b. Enter total	14c.	13400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	126332
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.	126332
16. Tax (Use the Tax Table in the IT-511 Tax Booklet).	16.	7029
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.	7029

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

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> XXXXXXXXXX	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 3035177AZ	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 145088	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 7639	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

Page 4

(INCOME STATEMENT D)

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

(INCOME STATEMENT E)

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

(INCOME STATEMENT F)

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

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

23. Georgia Income Tax Withheld on Wages and 1099s	23.	7639
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2020 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	7639
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	610
30. Amount to be credited to 2021 ESTIMATED TAX	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00)	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	36.	
37. Saving the Cure Fund (No gift of less than \$1.00)	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
(No gift of less than \$1.00)		



YOUR SOCIAL SECURITY NUMBER
XXX-XX-XXXX

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

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

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42. 610
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 211391825
Account Number 12963666

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

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

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)
Date 04/19/2021 Date 04/19/2021

Taxpayer's Phone Number 832-364-7139 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
SVURAY@GMAIL.COM

Signature of Preparer
Name of Preparer Other Than Taxpayer
TRIIN VIRVES MCDONALD
Preparer's Firm Name
REDDY CPA LLC

Preparer's Phone Number
770-599-5111
Preparer's FEIN
Preparer's SSN/PTIN/SIDN
XXXXXXXXXX

GA-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return SURESH K & SWATHIKAMALA VURAY				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status	MFJ	MFJ	MFJ	
Gross Income		159,810	145,732	(14,078)
Standard Deduction	6,000		6,000	6,000
Itemized Deduction		58,314		(58,314)
Deductions				
Taxable Income	128,102	88,096	126,332	38,236
Actual State Income	128,102	88,096	126,332	38,236
State Income Tax	7,426	4,828	7,029	2,201
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	8,135	8,503	7,639	(864)
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	709	3,675	610	(3,065)
Balance Due				
Marginal tax rate	6.000000	5.750000	5.750000	
Effective tax rate	5.796900	5.480400	5.563900	0.083500

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