

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

| | | |
|--|----------------------------|---|
| Your first name and middle initial Mounika Reddy | Last name Surabi | Your social security number 341-93-9657 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | |
|--|-------------------------------|--|
| Home address (number and street). If you have a P.O. box, see instructions. 6431 Crescent way | Apt. no. 101 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Norfolk VA 23513 | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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

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

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|---------------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | |
|---|-----------|---|-----------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 88,897. |
| 2a Tax-exempt interest | 2a | 2b Taxable interest. Attach Sch. B if required | 2b |
| 3a Qualified dividends | 3a | 3b Ordinary dividends. Attach Sch. B if required | 3b |
| 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| c Pensions and annuities | 4c | 4d Taxable amount | 4d |
| 5a Social security benefits | 5a | 5b Taxable amount | 5b |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 6 | |
| 7a Other income from Schedule 1, line 9 | | 7a | 0. |
| b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | 7b | 88,897. |
| 8a Adjustments to income from Schedule 1, line 22 | | 8a | |
| b Subtract line 8a from line 7b. This is your adjusted gross income | | 8b | 88,897. |
| 9 Standard deduction or itemized deductions (from Schedule A) | 9 | 9 | 12,200. |
| 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | 10 | |
| 11a Add lines 9 and 10 | | 11a | 12,200. |
| b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | 11b | 76,697. |

| | | | | |
|------------|--|------------|---------|--------------------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 12,727. | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | | | 12b 12,727. |
| 13a | Child tax credit or credit for other dependents | 13a | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | | | 13b |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | | | 14 12,727. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | | | 15 0. |
| 16 | Add lines 14 and 15. This is your total tax | | | 16 12,727. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | | 17 14,433. |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) No. | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | | | 18e |
| 19 | Add lines 17 and 18e. These are your total payments | | | 19 14,433. |

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

Refund

| | | | | |
|------------|---|----------------|---|-------------------|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | | | 20 1,706. |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | | 21a 1,706. |
| b | Routing number 071000013 | c Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 753035356 | | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | | |

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|---------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| _____ | _____ | Developer | _____ |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| _____ | _____ | _____ | _____ |
| Phone no. | Email address | | |
| _____ | _____ | | |

Paid Preparer Use Only

| | | | | |
|---|----------------------|------------|--|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| Uma D Pishati | _____ | 01/24/2020 | P01520074 | <input type="checkbox"/> 3rd Party Designee |
| Firm's name | Phone no. | | <input type="checkbox"/> Self-employed | |
| BESTTAXFILER, LLC. | _____ | | | |
| Firm's address | Firm's EIN | | | |
| 29301 MORNINGVIEW FARMINGTON HILLS MI 48334 | 45-3785334 | | | |

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

BAA

REV 01/15/20 PRO

Form 1040 (2019)





MOUNIKA REDD SURABI

6431 CRESCENT WAY APT 101

NORFOLK VA 23513

SSN - You SURA 341939657 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI) 1. 88897. Withholding (VA) - You 19A. 4661.

Additions 2. Withholding (VA) - Spouse 19B.

Subtotal 3. 88897. Estimated Payments 20.

Age Deduction - You 4A. 2018 Overpayment 21.

Age Deduction - Spouse 4B. Extension Payments 22.

Soc Sec & Tier 1 Railroad 5. Credit - Low-Income or EIC 23.

State Income Tax Overpayment 6. Credit - Schedule OSC 24.

Subtractions 7. Credits - Schedule CR 25.

Subtotal Subtractions 8. Total Payments / Credits 26. 4661.

Total VA Adj Gross Income (VAGI) 9. 88897. Tax You Owe 27.

Itemized Deductions - VA Sch A 10. Tax Overpayment 28. 119.

Standard Deduction 11. 4500. Overpayment Credited to Next Year 29.

Exemptions 12. 930. VAC - Virginia 529 / ABLEnow 30.

Deductions 13. VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 5430. Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 83467. Sales and Use Tax 33.

Amount of Tax 16. 4542. **Amount You Owe**

Spouse Tax Adjustment (STA) 17. Will Pay by Credit/Debit Card **Your Refund** 119.

VAGI - Spouse 17A. Bank Routing # C 071000013

Net Amount of Tax 18. 4542. Bank Account # 753035356



____ LAR ____ DLAR ____ DTD ____ LTD \$ _____



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 06121993
 VA Driver's License ID - You A60597949
 VA Driver's License - Iss. Date - You 06022018
 Spouse Name (Filing Status 3 Only)

Locality 710
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman

DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount

Exemptions (A)

Exemptions (B)

You 1
 Spouse
 Dependents
 Total (A) 1

65 & Over - You
 65 & Over - Spouse
 Blind - You
 Blind - Spouse
 Total (B)

Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date
 Signature - Spouse _____ Date
 Signature - Preparer _____ Date 012420

Phone - You 8178186074
 Phone - Spouse
 Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P01520074

File by May 1, 2020

Include Page 1, Page 2 and all supporting 760CG documents.

BESTTAXFILER, LLC.

29301 MORNINGVIEW
FARMINGTON HILLS

MI 48334