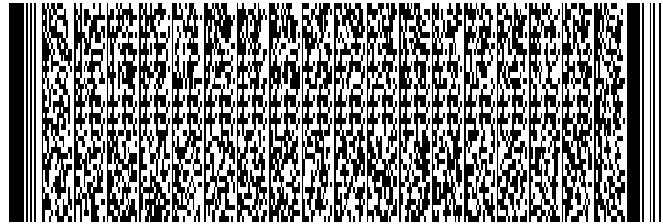




1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME
1. ANUSHA

MI YOUR SOCIAL SECURITY NUMBER
443-75-3501

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

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

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. 111 N 15TH ST

APT NO 1001

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

STATE ZIP CODE
MO 63103

(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

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

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

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. 1

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

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER
 443-75-3501

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

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 22300
 (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. 22300
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 4600
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 4600
 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. 17700



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YOUR SOCIAL SECURITY NUMBER
 443-75-3501

| | | |
|---|------|-------|
| 14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | 2700 |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | 2700 |
| 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) | 15. | 15000 |
| 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... | 16. | 713 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | 713 |

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

(INCOME STATEMENT A)

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

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 460951942

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 31111410P

4. GA WAGES / INCOME
 24800

5. GA TAX WITHHELD
 1324

(INCOME STATEMENT B)

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

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

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

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

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

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER
 443-75-3501

(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. | 1324 |
| <small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small> | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| <small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small> | | |
| 25. Estimated Tax paid for 2018 and Form IT-560 | 25. | |
| 26. Total prepayment credits (Add Lines 23, 24 and 25) | 26. | 1324 |
| 27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due | 27. | |
| 28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment | 28. | 611 |
| 29. Amount to be credited to 2019 ESTIMATED TAX | 29. | 0 |
| 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) | 30. | |
| 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00) | 31. | |
| 32. Georgia Cancer Research Fund (No gift of less than \$1.00) | 32. | |
| 33. Georgia Land Conservation Program (No gift of less than \$1.00) | 33. | |
| 34. Georgia National Guard Foundation (No gift of less than \$1.00) | 34. | |
| 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | 35. | |
| 36. Saving the Cure Fund (No gift of less than \$1.00) | 36. | |
| 37. Realizing Educational Achievement Can Happen (REACH) Program | 37. | |
| <small>(No gift of less than \$1.00)</small> | | |
| 38. Public Safety Memorial Grant (No gift of less than \$1.00) | 38. | |

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
443-75-3501

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

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

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 611

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings
Routing Number 021100361
Account Number 769993713

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

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

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

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

203-685-2878

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 Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **ANUSHA** Last name: **SOWDHARI** Your social security number: **443-75-3501**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **111 N 15TH ST** Apt. no. **1001** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **SAINT LOUIS MO 63103** If more than four dependents, see inst. and here

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): | |
|--------------------------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| (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"/> |

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.

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

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

| | | | |
|------------|---|------------|----------------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 24,800. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | 24,800. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 22,300. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 10,300. |
| 11 | a Tax (see inst.) 1,049. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 1,049. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 | 1,049. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 1,049. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 2,586. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | |
| 18 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | 18 | 2,586. |
| 19 | Add any amount from Schedule 5 | 19 | 1,537. |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 1,537. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 21 | |
| 22 | Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 22 | |
| 23 | Amount of line 19 you want applied to your 2019 estimated tax | 23 | |
| 24 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 24 | |
| 25 | Estimated tax penalty (see instructions) | 25 | |

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

Refund

b Routing number: **021100361** **c** Type: Checking Savings

d Account number: **769993713**

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

ANUSHA SOWDHARI

Your social security number

443-75-3501

| | | | | |
|------------------------------|---|---|-------------|--|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | 2,500. | |
| 34 | Reserved | 34 | | |
| 35 | Reserved | 35 | | |
| 36 | Add lines 23 through 35 | 36 | 2,500. | |

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

Schedule 1 (Form 1040) 2018