

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

Your first name and initial: Mounika Reddy Last name: Surabi Your social security number: 341-93-9657

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.)

Home address (number and street). If you have a P.O. box, see instructions. 1049 West 49th Street Apt. no. 110 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. Norfolk VA 23508 If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) 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: Developer

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.):

**Paid Preparer Use Only**

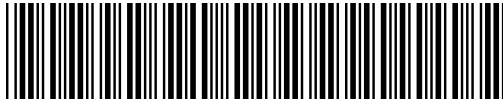
Preparer's name: Uma D Pishati Preparer's signature: PTIN: P01520074 Firm's EIN: 45-3785334 Check if:  3rd Party Designee  Self-employed

Firm's name: BESTTAXFILER, LLC. Phone no.:

Firm's address: 29301 MORNINGVIEW FARMINGTON HILLS MI 48334

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	70,255.
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	0.
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	70,255.
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	58,255.
11	a Tax (see inst.) 8,760. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	8,760.
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	8,760.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	8,760.
16	Total tax. Add lines 13 and 14	16	10,651.
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	10,651.
19	Add any amount from Schedule 5	19	1,891.
20a	Add lines 16 and 17. These are your total payments	20a	1,891.
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 of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	24	
25	Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	25	
26	Account number 753035356	26	
27	Amount of line 19 you want applied to your 2019 estimated tax	27	
28	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	28	
29	Estimated tax penalty (see instructions)	29	



MOUNIKA REDD SURABI

1049 W 49TH ST APT 110

NORFOLK VA 23508

SSN - You  SURA 341939657 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI) 1. 70255. Withholding (VA) - You 20A. 3610.

Additions 2. Withholding (VA) - Spouse 20B.

Subtotal 3. 70255. Estimated Payments 21.

Age Deduction - You 4A. 2017 Overpayment 22.

Age Deduction - Spouse 4B. Extension Payments 23.

Soc Sec & Tier 1 Railroad 5. Credit - Low-Income or EIC 24.

State Income Tax Overpayment 6. Credit - Schedule OSC 25.

Subtractions 7. Reserved for Future Use 26.

Subtotal Subtractions 8. Credits - Schedule CR 27.

Total VA Adj Gross Income (VAGI) 9. 70255. Total Payments / Credits 28. 3610.

Itemized Deductions - VA Sch. A 10. Tax You Owe 29.

State / Local Income Tax - VA Sch. A 11. Tax Overpayment 30. 54.

Standard / Itemized Deductions 12. 3000. Overpayment Credited to Next Year 31.

Exemptions 13. 930. VAC - Virginia 529 / ABLEnow 32.

Deductions 14. VAC - Other Contributions 33.

Subtotal (Deductions & Exemptions) 15. 3930. Addition to Tax, Penalty & Interest 34.

VA Taxable Income 16. 66325. Sales and Use Tax 35.

Amount of Tax 17. 3556. **Amount You Owe**

Spouse Tax Adjustment (STA) 18. Will Pay by Credit/Debit Card  **Your Refund**  54.

VAGI - Spouse 18A. Bank Routing # C 071000013

Net Amount of Tax  19. 3556. Bank Account # 753035356



Filing Status, Age & License Information

Additional Filing Information

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

Locality 710  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 NOL  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Refund - Direct Bank Deposit X  
 Refund - Check  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

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 \_\_\_\_\_ Phone - You 8178186074  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse  
 Signature - Preparer \_\_\_\_\_ Date 012519 Phone - Preparer

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

Preparer Information 7 P01520074  
 BESTTAXFILER, LLC.

**File by May 1, 2019**  
 Include Page 1, Page 2 and all supporting 760CG documents.

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 FARMINGTON HILLS MI 48334 Page 2 of 2