

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

Your first name and initial: **BHEEMA R** Last name: **MEKALA** Your social security number: **021-53-2978**

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: **VINUSHA R** Last name: **SUBBIREDDIGARI** Spouse's social security number: **966-99-2495**

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: **11308 ASHFORD GABLES DR** Apt. no. _____ 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. **DUNWOODY GA 30338** If more than four dependents, see inst. and ✓ here

| (1) First name | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): | |
|---------------------|---------------|----------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Last name | | | | Child tax credit | Credit for other dependents |
| KUNDANA S | MEKALA | 966-99-2503 | Daughter | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SUPRATHEEK R | MEKALA | 966-99-2517 | Son | <input type="checkbox"/> | <input checked="" 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: **HOME MAKER**

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 | 66,385. |
| 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 | 66,385. |
| 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 | 66,385. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 24,000. |
| 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 | 42,385. |
| 11 | a Tax (see inst.) 4,704. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 4,704. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 | 1,000. |
| 13 | a Child tax credit/credit for other dependents 1,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 | 3,704. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 3,704. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 4,794. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | |
| 18 | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 | 18 | 4,794. |
| 19 | Add any amount from Schedule 5 | 19 | 1,090. |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 1,090. |
| 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.

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

| | |
|--|--|
| Taxpayer name(s) shown on return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Taxpayer identification number 021-53-2978 |
| Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332 | |

Part I Due Diligence Requirements

| Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply). | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|---|-------------------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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, 1040SS, 1040PR, or 1040NR 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and 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 the amount of any credit(s) claimed. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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"/> Yes <input checked="" type="checkbox"/> No | | | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | | | |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |

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

| | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|--|------------------|------|-----|
| 9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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"/> Yes <input type="checkbox"/> No | | | |
| 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |

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.)

| | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|-----|---|------|-----|
| 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"/> Yes <input type="checkbox"/> No | | |
| 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

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

| | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|-----|------------------|--|-----|
| 13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|--|-----|------------------|------|--|
| 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"/> Yes <input type="checkbox"/> No |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, 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 determine the amount of the credit(s) claimed;
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of 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 eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | |
|---|---|
| 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"/> Yes <input type="checkbox"/> No |
|---|---|

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
 - b** Nonresident alien filing a U.S. federal tax return
 - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
 - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 021-53-2978
 - e** Spouse of U.S. citizen/resident alien } MEKALA BHEEMA REDDY
 - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
 - g** Dependent/spouse of a nonresident alien holding a U.S. visa
 - h** Other (see instructions) ▶ _____
- Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

| | | | |
|------------------------------------|---------------------------------|--------------------|---------------------|
| Name (see instructions) | 1a First name KUNDANA | Middle name SAI | Last name MEKALA |
| | 1b First name | Middle name | Last name |
| Name at birth if different ▶ _____ | | | |

| | | | |
|------------------------------------|--|--|--|
| Applicant's mailing address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 11308 ASHFORD GABLES DR | | |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. DUNWOODY GA UNITED STATE OF AMERICA 30338 | | |

| | | | |
|--|---|--|--|
| Foreign (non-U.S.) address (if different from above) (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. | | |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | |

| | | | | |
|--------------------------|---|---------------------------|---------------------------------------|--|
| Birth information | 4 Date of birth (month / day / year) 08 / 24 / 2011 | Country of birth INDIA | City and state or province (optional) | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

| | | | | |
|---|--|--|---|--|
| Other information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date H4 M7073927 09/16/2019 | |
| | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): 05/05/2018 Issued by: INDIA No.: R2918191 Exp. date: 07/27/2022 | | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | | |
| | 6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ First name Middle name Last name | | | |
| 6g Name of college/university or company (see instructions) _____ Length of stay _____ City and state | | | | |

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | |
|--|--|--|
| Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) MEKALA BHEEMA REDDY | Delegate's relationship to applicant <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney |

| | | | | |
|------------------------------------|--------------------------------|---------------------------|-------|------|
| Acceptance Agent's Use ONLY | Signature | Date (month / day / year) | Phone | Fax |
| | Name and title (type or print) | Name of company | EIN | PTIN |
| Office Code | | | | |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 021-53-2978
- e** Spouse of U.S. citizen/resident alien } MEKALA BHEEMA REDDY
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶

Additional information for **a** and **f**: Enter treaty country ▶ and treaty article number ▶

| | | | |
|--|--|--|---|
| Name (see instructions) | 1a First name VINUSHA | Middle name R | Last name SUBBIREDDIGARI |
| | 1b First name | Middle name | Last name |
| Applicant's mailing address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 11308 ASHFORD GABLES DR | | |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. DUNWOODY GA UNITED STATES OF AMERICA 30338 | | |
| Foreign (non-U.S.) address (if different from above) (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. | | |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | |
| Birth information | 4 Date of birth (month / day / year) 05 / 05 / 1988 | Country of birth INDIA | City and state or province (optional) 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date H4 M7073916 09/16/2019 |
| Other information | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): 05/05/2018 | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | |
| | 6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ First name Middle name Last name | | |
| | 6g Name of college/university or company (see instructions) _____ Length of stay _____ City and state | | |
| Sign Here | Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. | | |
| | Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| Keep a copy for your records. | Name of delegate, if applicable (type or print) | Delegate's relationship to applicant | <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney |
| | Signature | Date (month / day / year) | Phone Fax |
| Acceptance Agent's Use ONLY | Name and title (type or print) | Name of company | EIN Office Code |
| | | | PTIN |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 021-53-2978
- e** Spouse of U.S. citizen/resident alien } MEKALA BHEEMA REDDY
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

| | | | |
|------------------------------------|------------------------------------|----------------------|---------------------|
| Name (see instructions) | 1a First name SUPRATHEEK | Middle name REDDY | Last name MEKALA |
| | 1b First name | Middle name | Last name |
| Name at birth if different ▶ _____ | | | |

| | |
|------------------------------------|--|
| Applicant's mailing address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 11308 ASHFORD GABLES DR |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. DUNWOODY GA UNITED STATES OF AMERICA 30338 |

| | |
|--|---|
| Foreign (non-U.S.) address (if different from above) (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. |

| | | | | |
|--------------------------|---|---------------------------|---------------------------------------|--|
| Birth information | 4 Date of birth (month / day / year) 08 / 19 / 2016 | Country of birth INDIA | City and state or province (optional) | 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

| | | | | |
|---|---|--|---|--|
| Other information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date H4 M7073915 09/16/2019 | |
| | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ | | | |
| | Issued by: INDIA No.: R3013467 Exp. date: 07/25/2022 Date of entry into the United States (MM/DD/YYYY): 05/05/2018 | | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | | |
| 6f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶ _____ First name Middle name Last name | | | | |
| 6g Name of college/university or company (see instructions) _____ City and state Length of stay _____ | | | | |

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | |
|--|--|--|
| Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) MEKALA BHEEMA REDDY | Delegate's relationship to applicant <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney |

| | | | |
|------------------------------------|--------------------------------|---------------------------|--------------------|
| Acceptance Agent's Use ONLY | Signature | Date (month / day / year) | Phone Fax |
| | Name and title (type or print) | Name of company | EIN Office Code |

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI

| Five Year Tax History: | | | | | |
|---|------|------|------|------|---------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | | | | | MFJ |
| Total income | | | | | 66,385. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 66,385. |
| Tax expense | | | | | 3,468. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 24,000. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 42,385. |
| Tax | | | | | 4,704. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | 1,000. |
| Other taxes | | | | | |
| Payments | | | | | 4,794. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 1,090. |
| Effective tax rate % . . | | | | | 5.58 |
| **Tax bracket % | | | | | 12.0 |

**Tax bracket % is based on Taxable income.

Federal Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name MEKALA
 First name BHEEMA
 Middle initial R Suffix
 Social security no. 021-53-2978
 Occupation SOFTWARE ENGINEER
 Date of birth 06/27/1983 (mm/dd/yyyy)
 Age as of 1-1-2019 35
 Date of death
 Legally blind
 E-mail address MEKALAKUSHU@GMAIL.COM
 Work phone (404) 803-9048 Ext
 Cell phone (404) 803-9048
 Home phone
 Fax number

Spouse:

Last name (if different) SUBBIREDDIGARI
 First name VINUSHA
 Middle initial R Suffix
 Social security no. 966-99-2495
 Occupation HOME MAKER
 Date of birth 05/05/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death
 Legally blind
 E-mail address VINUSHAREDDY123@GMAIL.COM
 Work phone (203) 550-5345 Ext
 Cell phone (203) 550-5345
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (404) 803-9048
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 11308 ASHFORD GABLES DR Apt no.
 City DUNWOODY State GA ZIP code 30338

Foreign Address: Check this box to use foreign address . . ▶

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5 Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

| First name Last name | MI Suff | Social security number *Relationship | Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)** | A G E E I C | Dependent Identity Protection PIN (see tax help) | | Qualified child/dep care exps incurred and paid 2018 Code | Not qual credit other dep Not qual for child tax credit Or non U.S.*** |
|-------------------------|------------|--|--|--------------------------------|---|--------------------------------|---|---|
| | | | | | Lived with taxpyr in U.S. | Educ Tuition and Fees | | |
| KUNDANA MEKALA | S | 966-99-2503 Daughter | 08/24/2011 | 7 | 7 | | L | X |
| SUPRATHEEK MEKALA | R | 966-99-2517 Son | 08/19/2016 | 2 | 7 | | L | X |
| | | | | | | | | |
| | | | | | | | | |

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|---|---------------------------------------|

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

| | |
|--|---|
| Taxpayer: Issuing state CT License number 069573987 Issue date 06/16/2018 Expiration date 06/27/2025 Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ | Spouse: Issuing state _____ License number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ |
|--|---|

State Identification Card Detail

| | |
|--|--|
| Taxpayer: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ | Spouse: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ |
|--|--|

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| SERENITY INFO TECH INC | | 66,385. | 4,794. | 66,385. | 3,468. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 66,385. | 4,794. | 66,385. | 3,468. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 66,385. | | 66,385. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 4,794. | | 4,794. |
| 3 & 7 | Total social security wages/tips | 66,385. | | 66,385. |
| 4 | Total social security tax withheld | 4,116. | | 4,116. |
| 5 | Total Medicare wages and tips | 66,385. | | 66,385. |
| 6 | Total Medicare tax withheld | 963. | | 963. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | 2,915. | | 2,915. |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | 2,915. | | 2,915. |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | Total state deductible employee expenses. . . | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | 66,385. | | 66,385. |
| 17 | Total state tax withheld | 3,468. | | 3,468. |
| 19 | Total local tax withheld. | | | |

| | |
|--|---------------------------------------|
| Name as shown on return BHEEMA R MEKALA | Social Security Number 021-53-2978 |
|--|---------------------------------------|

Employer EIN 59-3481002
Employer Name SERENITY INFO TECH INC
 Name (cont.) _____
Street Address or P. O. Box 950 SCALES RD STE 104
City SUWANEE **State** GA **ZIP** 30024
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

| | | | |
|--|---------|--|--------|
| 1 Wages, tips, other comp | 66,385. | 2 Federal tax withheld | 4,794. |
| 3 Social security wages | 66,385. | 4 Social sec tax withheld | 4,116. |
| 5 Medicare wages and tips | 66,385. | 6 Medicare tax withheld | 963. |
| 7 Social security tips | | 8 Allocated tips | |

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|--|
| DD | 2,915. | A: Enter amount attributable to RRTA Tier 2 tax |
| | | M: Enter amount attributable to RRTA Tier 2 tax |
| | | P: Double click to link to Form 3903, line 4 |
| | | R: Enter MSA contribution for Taxpayer |
| | | Spouse |
| | | W: Enter HSA contribution for Taxpayer |
| | | Spouse |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| GA | 2027331-EZ | 66,385. | 3,468. |
| | | | |
| | | | |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| | | | |
| | | | |
| | | | |

| | | | |
|--|--------------------------|-----------|--|
| 9 Verification Code | | 9 | |
| 10 Dependent care benefits (Check if employer furnished care at work) | <input type="checkbox"/> | 10 | |
| Dependent care benefits - Amount forfeited from flexible spending account | | | |
| 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | | 11 | |

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| | | |
| | | |
| | | |

Keep for your records

| | |
|---|--------------------|
| BHEEMA R MEKALA | 021-53-2978 Page 2 |
| Employer Name SERENITY INFO TECH INC | |

Part I Statutory employees

| | | |
|---|----------|--|
| A <input type="checkbox"/> Box 13a. Statutory employee | C | |
| B <input type="checkbox"/> Deducting expenses in connection with this income | | |
| C <input type="checkbox"/> If deducting expenses, double click to link to Schedule C | | |

Part II Clergy, church employees, members of recognized religious sects

| | | | |
|---|--|----------------------|--|
| Clergy only: | | D E | |
| D Designated housing or parsonage allowance | | | |
| E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value | | | |
| F If no FICA was withheld, check the applicable box below | | | |
| 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only | | | |
| 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only | | | |
| 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance | | | |
| 4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361 | | | |
| Non-Clergy only: | | | |
| G If no FICA was withheld, check the applicable box below | | | |
| 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income | | | |
| 2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029 | | | |

Part III Unreported Tip Income

| | | |
|---|---|--|
| H 1 Tips \$20 or more in a month which were not reported to employer | H1 H2 H3 H4 H5 | |
| 2 Tips less than \$20 in a month which were not required to be reported | | |
| 3 Value of non-cash tips, such as tickets or passes, not reported | | |
| 4 Actual amount of allocated tips if different than the amount in box 8 | | |
| 5 Tips paid out through a tip-sharing arrangement | | |
| 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax | | |

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 021-53-2978

First name M.I. Last name Suff.

BHEEMA R MEKALA

Address City St ZIP code

11308 ASHFORD GABLES DR DUNWOODY GA 30338

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------------------------|--------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

► Keep for your records

| | |
|---|------------------------------------|
| Name as Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security No. 021-53-2978 |
|---|------------------------------------|

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

| | | | | |
|----|---|----|-----------------|---------------|
| 1 | Number of qualifying children under age 17 with the required social security number: <u>0</u> X \$2,000. Enter the result | 1 | | |
| 2 | Number of other dependents, including qualifying children without the required social security number: <u>2</u> X \$500. Enter the result | 2 | <u>1,000.</u> | |
| 3 | Add lines 1 and 2 | 3 | | <u>1,000.</u> |
| 4 | Enter the amount from Form 1040, line 7 | 4 | <u>66,385.</u> | |
| 5 | 1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-. | 5 | <u>0.</u> | |
| 6 | Add lines 4 and 5. Enter the total | 6 | <u>66,385.</u> | |
| 7 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$400,000 All other filing statuses — \$200,000 | 7 | <u>400,000.</u> | |
| 8 | Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 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. | 8 | | |
| 9 | Multiply the amount on line 8 by 5% (.05). Enter the result | 9 | | <u>0.</u> |
| 10 | Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> | 10 | | <u>1,000.</u> |

Part 2

| | | | | |
|----|---|----|-----------|---------------|
| 11 | Enter the amount from Form 1040, line 11 | 11 | | <u>4,704.</u> |
| 12 | Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total | 12 | <u>0.</u> | |
| 13 | Subtract line 12 from line 11 | 13 | | <u>4,704.</u> |
| 14 | Are you claiming any of the following credits? <ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. | 14 | | <u>0.</u> |
| 15 | Subtract line 14 from line 13. Enter the result | 15 | | <u>4,704.</u> |
| 16 | Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below. | 16 | | <u>1,000.</u> |

This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, line 12a

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|---|---------------------------------------|

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

| | Federal | | State | | | Local | | |
|-------------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 04/17/18 | | 04/17/18 | | | 04/17/18 | | |
| 2 | 06/15/18 | | 06/15/18 | | | 06/15/18 | | |
| 3 | 09/17/18 | | 09/17/18 | | | 09/17/18 | | |
| 4 | 01/15/19 | | 01/15/19 | | | 01/15/19 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---|---------|-------|----|-------|----|
| 6 Overpayments applied to 2018 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2018 extensions | | | | | |

| Taxes Withheld From: | Federal | State | Local |
|--|---------|--------|-------|
| 10 Forms W-2 | 4,794. | 3,468. | |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-K and 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Additional Medicare Tax | | | |
| 19 Total Withholding Lines 10 through 18d | 4,794. | 3,468. | |
| 20 Total Tax Payments for 2018 | 4,794. | 3,468. | |

| Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|---|-------|----|-------|----|
| 21 Tax paid with 2017 extensions | | | | |
| 22 2017 estimated tax paid after 12/31/2017 | | | | |
| 23 Balance due paid with 2017 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

Earned Income Worksheet

2018

▶ Keep for your records

| | |
|--|--|
| Name(s) Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|--|--|

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | _____ | _____ | _____ |
| b Optional Method and Church Employee income | _____ | _____ | _____ |
| c Add lines 1a and 1b | _____ | _____ | _____ |
| d One-half of self-employment tax | _____ | _____ | _____ |
| e Subtract line 1d from line 1c | _____ | _____ | _____ |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | _____ | _____ | _____ |
| b Net nonfarm profit or (loss) | _____ | _____ | _____ |
| c Add lines 2a and 2b | _____ | _____ | _____ |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | _____ | _____ | _____ |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | _____ | _____ | _____ |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|---------|-------|---------|
| 5 Net self-employment earnings (line 4 above) | _____ | _____ | _____ |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 66,385. | _____ | 66,385. |
| 7 a Taxable employer-provided adoption benefits. | _____ | _____ | _____ |
| b Foreign earned income exclusion | _____ | _____ | _____ |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 66,385. | _____ | 66,385. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 66,385. | _____ | 66,385. |
| 11 Scholarship or fellowship income not on W-2 | _____ | _____ | _____ |
| 12 SE exempt earnings less nontaxable income | _____ | _____ | _____ |
| 13 Distributions from nonqualified/Sec. 457 plans | _____ | _____ | _____ |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 66,385. | _____ | 66,385. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|---------|-------|---------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 66,385. | _____ | 66,385. |
| 17 Net self-employment loss | _____ | _____ | _____ |
| 18 Alimony received. | _____ | _____ | _____ |
| 19 Nontaxable combat pay | _____ | _____ | _____ |
| 20 Foreign earned income exclusion | _____ | _____ | _____ |
| 21 Keogh, SEP or SIMPLE deduction | _____ | _____ | _____ |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. | 66,385. | _____ | 66,385. |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|--|---------|-------|---------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 66,385. | _____ | 66,385. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 66,385. | _____ | 66,385. |

Federal Carryover Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|---|---------------------------------------|

2017 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2017 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

2017 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

| Other Tax and Income Information | | 2017 | 2018 |
|----------------------------------|--|--------------------------|--------------------------|
| 1 | Filing status | | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 3,468. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 66,385. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 3,704. |
| 7 | Alternative minimum tax | | |
| 8 | Federal overpayment applied to next year estimated tax | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | 2017 | 2018 |
|----------------------|---|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | | |
| b | Spouse's excess HSA contributions as of 12/31 | | |

| Loss and Expense Carryovers | | 2017 | 2018 |
|--|---|------|----------------|
| Note: Enter all entries as a positive amount | | | |
| 12 a | Short-term capital loss | | |
| b | AMT Short-term capital loss | | |
| 13 a | Long-term capital loss | | |
| b | AMT Long-term capital loss | | |
| 14 a | Net operating loss available to carry forward | | |
| b | AMT Net operating loss available to carry forward | | |
| 15 a | Investment interest expense disallowed | | |
| b | AMT Investment interest expense disallowed | | |
| 16 | Nonrecaptured net Section 1231 losses from: | a | 2018 |
| | | b | 2017 |
| | | c | 2016 |
| | | d | 2015 |
| | | e | 2014 |
| | | f | 2013 |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2018 |
| | | b | 2017 |
| | | c | 2016 |
| | | d | 2015 |
| | | e | 2014 |
| | | f | 2013 |

Tax Summary Report

2018

Name(s) Shown on Return

BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

| | |
|---|----------------|
| Wages and salaries | 66,385. |
| Interest and dividend income | _____ |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | _____ |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 66,385. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 66,385.

Itemized/Standard Deductions

| | |
|--|---------------|
| Medical and dental | _____ |
| Taxes | 3,468. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 3,468. |
| Standard deduction | 24,000. |

Taxable Income 42,385.

| | |
|---|---------------|
| Income tax | 4,704. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 4,704. |
| Nonbusiness credits | 1,000. |
| Business credits | _____ |
| Total Credits | 1,000. |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 3,704.

| | |
|---|---------------|
| Withholding | 4,794. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 4,794. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 1,090.

Refund 1,090.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|--------|
| Tax bracket | 12.0 % |
| Effective tax rate | 5.58 % |

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

| |
|---|
| <p>Paid Preparer Smart Worksheet</p> <p>If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).</p> <p>A Enter paid preparer code from Firm/Preparer Info. <u>1</u></p> |
|---|

SMART WORKSHEET FOR: Form W-7 (MEKALA KUNDANA SAI): Application for IRS Individual Taxpayer Identification Number

| Document Information Worksheet | | | | |
|--|-----------|----------|------------|------------|
| Use this worksheet to enter information for ID documents | | | | |
| ID Type | Issued by | Number | Expiration | Entry Date |
| Passport | INDIA | R2918191 | 07/27/2022 | 05/05/18 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SMART WORKSHEET FOR: Form W-7 (MEKALA KUNDANA SAI): Application for IRS Individual Taxpayer Identification Number

| |
|---|
| <p>Filing Address Information Smart Worksheet</p> <p><input type="checkbox"/> Using private delivery service</p> <p>Send Form W-7 to: <u>Internal Revenue Service</u></p> <p><u>ITIN Operation</u></p> <p><u>P.O. Box 149342</u></p> <p><u>Austin, TX 78714-9342</u></p> |
|---|

SMART WORKSHEET FOR: Form W-7 (SUBBIREDDIGARI VINUSHA REDDY): Application for IRS Individual Taxpayer Identification Number

| Document Information Worksheet | | | | |
|--|-----------|----------|------------|------------|
| Use this worksheet to enter information for ID documents | | | | |
| ID Type | Issued by | Number | Expiration | Entry Date |
| Passport | INDIA | K3616690 | 05/21/2022 | 05/05/18 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SMART WORKSHEET FOR: Form W-7 (SUBBIREDDIGARI VINUSHA REDDY): Application for IRS Individual Taxpayer Identification Number

Filing Address Information Smart Worksheet

Using private delivery service

Send Form W-7 to: Internal Revenue Service
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342

SMART WORKSHEET FOR: Form W-7 (MEKALA SUPRATHEEK REDDY): Application for IRS Individual Taxpayer Identification Number

Document Information Worksheet
Use this worksheet to enter information for ID documents

| ID Type | Issued by | Number | Expiration | Entry Date |
|----------|-----------|----------|------------|------------|
| Passport | INDIA | R3013467 | 07/25/2022 | 05/05/18 |
| | | | | |
| | | | | |
| | | | | |

SMART WORKSHEET FOR: Form W-7 (MEKALA SUPRATHEEK REDDY): Application for IRS Individual Taxpayer Identification Number

Filing Address Information Smart Worksheet

Using private delivery service

Send Form W-7 to: Internal Revenue Service
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act
Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, 2017?
 Yes No
 Refer to Tax Help

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 5

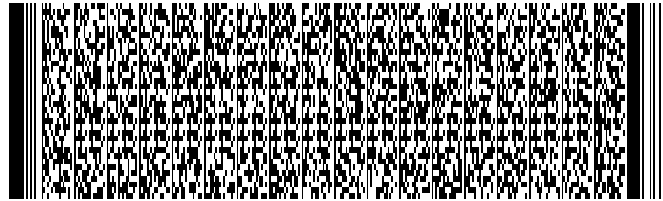
SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 6

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

| Line 7 Smart Worksheet | |
|--|---|
| If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7. | |
| Social security tax, Medicare tax, and Additional Medicare Tax on Wages. | |
| A | Enter the social security tax withheld (Form(s) W-2, box 4) 4,116. |
| B | Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. 963. |
| C | Enter any amount from Form 8959, line 7 0. |
| D | Add line A, B, and C 5,079. |
| E | Enter the Additional Medicare Tax withheld (Form 8959 line 22) 0. |
| F | Subtract line E from line D. 5,079. |
| Additional Medicare Tax on Self-Employment Income. | |
| G | Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) |
| Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax. | |
| H | Enter the Tier 1 tax (Form(s) W-2, box 14). 0. |
| I | Enter the Medicare Tax (Form(s) W-2, box 14) 0. |
| J | Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. |
| K | Add lines H, I, and J 0. |
| L | Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) |
| M | Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) |
| N | Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the the same amount from Form 8959, line 17 for this line and line J |
| O | Add line L, M, and N |
| Line 7 Amount | |
| P | Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. 5,079. |



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 MI YOUR SOCIAL SECURITY NUMBER
1. BHEEMA R 021-53-2978

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
VINUSHA R 966-99-2495

LAST NAME SUFFIX
SUBBIREDDIGARI

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. 11308 ASHFORD GABLES DR

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. DUNWOODY GA 30338

(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

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. 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



1900411529

YOUR SOCIAL SECURITY NUMBER
 021-53-2978

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

| | |
|--|--|
| First Name, MI. KUNDANA S | Last Name MEKALA |
| Social Security Number 966-99-2503 | Relationship to You DAUGHTER |

| | |
|--|-----------------------------------|
| First Name, MI. SUPRATHEEK R | Last Name MEKALA |
| Social Security Number 966-99-2517 | 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. | 66385 |
| (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. | 66385 |
| 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. | 60385 |



1900411539

YOUR SOCIAL SECURITY NUMBER
 021-53-2978

| | | |
|--|------|-------|
| 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 |
| 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) | 15. | 46985 |
| 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... | 16. | 2557 |
| 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 | 22. | 2557 |

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
 593481002

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 2027331EZ

4. GA WAGES / INCOME
 66385

5. GA TAX WITHHELD
 3468

(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



1900411549

YOUR SOCIAL SECURITY NUMBER
 021-53-2978

(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. | 3468 |
| (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 2018 and Form IT-560 | 25. | |
| 26. Total prepayment credits (Add Lines 23, 24 and 25)..... | 26. | 3468 |
| 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. | 911 |
| 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. | |
| (No gift of less than \$1.00) | | |
| 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
021-53-2978

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. 911

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 061000052
Account Number 334048263727

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

404-803-9048

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 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

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name BHEEMA
 Middle Initial R Suffix _____
 Last Name MEKALA
 Social Security No. 021-53-2978
 Occupation SOFTWARE ENGINEER
 Date of Birth 06/27/1983
 Date of Death _____
 Daytime Phone (404) 803-9048
 Home Phone _____
 Print phone number on Form 500 Home

Spouse:

First Name VINUSHA
 Middle Initial R Suffix _____
 Last Name SUBBIREDDIGARI
 Social Security No. 966-99-2495
 Occupation HOME MAKER
 Date of Birth 05/05/1988
 Date of Death _____
 Daytime Phone (203) 550-5345
 Taxpayer work Spouse work

Street Address 11308 ASHFORD GABLES DR Apartment No. _____
 City DUNWOODY State GA ZIP Code 30338
 Country, if foreign _____
 Taxpayer email address MEKALAKUSHU@GMAIL.COM

Part II – Main Form

- Form 500: Resident Tax Return (Long form) ► _____
- Form 500: Nonresident Tax Return ► _____
- Form 500: Part-Year Resident Tax Return From _____ To _____
- Schedule 3: Enter Nonresident and Part-year resident allocations ► _____

Part III – Filing Status

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

Part IV – Other Information

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

Form 500 UET calculations (Underpayment of Estimated Tax Penalty):

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the Georgia Department of Revenue, as applicable by law.

- File the Georgia return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

EF Status Dates:

Enter the date return was EFiled 06/03/2019
 Enter the date return was accepted by the state 06/03/2019
 Enter the date Form 525-TV was given to client _____

QuickZoom to Form GA-8453: Additional Information Smart Worksheet ► _____

Electronic Filing of Amended Return:

- The amended return will be filed electronically
- Date amended return was EFiled _____
- Date amended return was accepted by the state _____

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

**Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.

Yes No
[] [X] Is this your first time filing a Georgia income tax return?
** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
[X] [] Elect direct deposit of state tax refund
[] [] Use electronic funds withdrawal for state tax payments (EF Only)
[] [] Use electronic funds withdrawal for tax payments on the amended return? (EF Only)

Bank Information

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) Bank of America
Account type Checking [X] Savings []
Routing number 061000052
Account number. 334048263727

Electronic funds withdrawal amount due with return information:

Payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Payment date to withdraw from the account above
State balance-due amount paid with this amended return

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead. For refund information see https://dor.georgia.gov/wheres-my-refund.

Part VII – Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . 1
QuickZoom to Firm/Preparer Info

Part VIII – Extension Status

Yes No
[] [X] Tax return due date extended?
Extended due date . . .

QuickZoom to Form IT-303: Application for Extension of Time for Filing
QuickZoom to Form IT-560: Extension Payment Voucher

QuickZoom to Form 500: Income Tax Return (Long form)

Income and Retirement Worksheets

2018

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|--|---------------------------------------|

| | Georgia Amounts | | Other State Amounts | |
|---|----------------------|--------------------|----------------------|--------------------|
| | Column A Taxpayer | Column B Spouse | Column C Taxpayer | Column D Spouse |
| Income | | | | |
| 1 Wages | 66,385. | | 0. | |
| 2 Federal Interest | | | | |
| - Georgia Adjustments to federal taxable Interest | | | | |
| 3 Dividends | | | | |
| - Georgia Adjustments to federal taxable Dividends | | | | |
| 4 Capital/other gains or (losses) | | | | |
| 5 Income from federal Schedules C and F | | | | |
| 6 a Rental/K-1 etc. income | | | | |
| b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated | | | | |
| 7 a Pension/Annuity and IRA/SEP distributions | | | | |
| b Lump-sum distributions | | | | |
| c RRB-1099-R | | | | |
| d Other Subtraction #2, withdrawals with GA/Fed tax difference | | | | |
| e Other Subtraction #7, income exempt from state tax | | | | |
| f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia | | | | |
| 8 Alimony received | | | | |
| 9 Social security | | | | |
| 10 a State income tax refund | | | | |
| b Unemployment compensation | | | | |
| 11 Other income | | | | |
| - Gambling winnings | | | | |
| - Home mortgage debt forgiveness relief | | | | |
| - NOL Carryover | | | | |
| - Other | | | | |
| Federal Form 8814 income included in other income | | | | |
| Adjustments | | | | |
| 12 IRA deductions | | | | |
| 13 Educator expenses | | | | |
| 14 Reserved | | | | |
| 15 Other federal adjustments | | | | |

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name BHEEMA R MEKALA & VINUSHA R SUBBIREDDIGARI | Social Security Number 021-53-2978 |
|--|---------------------------------------|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 3,468. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 3,468. |
| 15 | Date return will be filed and balance paid | 15 | |

Smart Worksheets from your 2018 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

| Additional Information Smart Worksheet | |
|--|---|
| A | Date return was E-Filed ▶ <u>06/03/2019</u> |
| B | Date return was accepted by the state ▶ <u>06/03/2019</u> |
| C | Documents to attach to the FRONT of Form GA-8453: <i>Form W-2 (Georgia Copy)</i> _____ _____ _____ |
| D | Documents to attach to the BACK of Form GA-8453: _____ _____ _____ _____ |
| E | Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES |