

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

Your first name and initial: **AJOSH** Last name: **PALIS** Your social security number: **XXX-XX-XXXX**

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: **SWATHY** Last name: **PALIS** Spouse's social security number: **XXX-XX-XXXX**

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): **3155 BAYONET CT** 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. **MARIETTA, GA 30068** If more than four dependents, see inst. and check here

(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see inst.):	
Last name				Child tax credit	Credit for other dependents
SARAH	PALIS	XXX-XX-XXXX	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REBEKAH	PALIS	XXX-XX-XXXX	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JEREMIAH J	PALIS	XXX-XX-XXXX	SON	<input checked="" 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: **30554** Date: **03-21-2019** Your occupation: **SOFTWARE ENGINEER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, both must sign. **47192** Date: **03-21-2019** Spouse's occupation: **REGISTERED NURSE** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Preparer's signature: _____ PTIN: **XXXXXXXXXX** Firm's EIN: **26-3078541** Check if: 3rd Party Designee Self-employed

Preparer's name: **Prabhakar Boyapally** Phone no.: **404-513-9595**

Firm's name: **ReddyCPA LLC**

Firm's address: **8995 Moor Park Run, Duluth, GA 30097**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018) Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	175,510
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 2,671	6	178,181
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	178,181
8	Standard deduction or itemized deductions (from Schedule A)	8	24,227
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	153,954
11	a Tax (see inst.) 25,749 any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	25,749
12	a Child tax credit/credit for other dependents 6,000 b Add any amount from Schedule 3 & check here <input checked="" type="checkbox"/>	12	6,268
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	19,481
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	19,481
16	Federal income tax withheld from Forms W-2 and 1099	16	17,373
17	Refundable credits: a EIC (see inst.) _____ b Sch 8812 _____ c Form 8863 _____ Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	17,373
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	
b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number _____		
21	Amount of line 19 you want applied to your 2019 estimated tax 21	21	
Amount You Owe	22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	2,108
23	Estimated tax penalty (see instructions) 23	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040		Your social security number																																																																																				
AJOSH & SWATHY PALIS		XXX-XX-XXXX																																																																																				
Additional Income	<table border="1"> <tr><td>1-9b</td><td>Reserved</td><td></td></tr> <tr><td>10</td><td>Taxable refunds, credits, or offsets of state and local income taxes</td><td>2,671</td></tr> <tr><td>11</td><td>Alimony received</td><td></td></tr> <tr><td>12</td><td>Business income or (loss). Attach Schedule C or C-EZ</td><td></td></tr> <tr><td>13</td><td>Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td><td></td></tr> <tr><td>14</td><td>Other gains or (losses). Attach Form 4797</td><td></td></tr> <tr><td>15a</td><td>Reserved</td><td></td></tr> <tr><td>16a</td><td>Reserved</td><td></td></tr> <tr><td>17</td><td>Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td><td></td></tr> <tr><td>18</td><td>Farm income or (loss). Attach Schedule F</td><td></td></tr> <tr><td>19</td><td>Unemployment compensation</td><td></td></tr> <tr><td>20a</td><td>Reserved</td><td></td></tr> <tr><td>21</td><td>Other income. List type and amount ▶</td><td></td></tr> <tr><td>22</td><td>Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23</td><td>2,671</td></tr> </table>	1-9b	Reserved		10	Taxable refunds, credits, or offsets of state and local income taxes	2,671	11	Alimony received		12	Business income or (loss). Attach Schedule C or C-EZ		13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		14	Other gains or (losses). Attach Form 4797		15a	Reserved		16a	Reserved		17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		18	Farm income or (loss). Attach Schedule F		19	Unemployment compensation		20a	Reserved		21	Other income. List type and amount ▶		22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	2,671	<table border="1"> <tr><td>1-9b</td><td></td></tr> <tr><td>10</td><td>2,671</td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td></td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td></td></tr> <tr><td>15b</td><td></td></tr> <tr><td>16b</td><td></td></tr> <tr><td>17</td><td></td></tr> <tr><td>18</td><td></td></tr> <tr><td>19</td><td></td></tr> <tr><td>20b</td><td></td></tr> <tr><td>21</td><td></td></tr> <tr><td>22</td><td>2,671</td></tr> </table>	1-9b		10	2,671	11		12		13		14		15b		16b		17		18		19		20b		21		22	2,671														
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

AJOSH & SWATHY PALIS

XXX-XX-XXXX

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 7	2		
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local taxes				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		5a	9,484	
	b State and local real estate taxes (see instructions)		5b	4,815	
	c State and local personal property taxes		5c		
	d Add lines 5a through 5c		5d	14,299	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	10,000	
	6 Other taxes. List type and amount		6		
	7 Add lines 5e and 6			7	10,000
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098		8a	11,469	
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b		
	c Points not reported to you on Form 1098. See instructions for special rules		8c		
	d Reserved		8d		
	e Add lines 8a through 8c		8e	11,469	
	9 Investment interest. Attach Form 4952 if required. See instructions		9		
10 Add lines 8e and 9			10	11,469	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	2,508	
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12	250	
	13 Carryover from prior year		13		
	14 Add lines 11 through 13			14	2,758
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8			17	24,227
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the instructions for Form 1040.

Schedule A (Form 1040) 2018

SCHEDULE 3

(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Nonrefundable Credits

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **03**

Your social security number

XXX-XX-XXXX

AJOSH & SWATHY PALIS

Nonrefundable Credits	48	
49 Foreign tax credit. Attach Form 1116 if required	49	268
50 Credit for child and dependent care expenses. Attach Form 2441	50	
51 Education credits from Form 8863, line 19	51	
52 Retirement savings contributions credit. Attach Form 8880	52	
53 Reserved	53	
54 Residential energy credit. Attach Form 5695	54	
55 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	55	
55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	268

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

Schedule 3 (Form 1040) 2018

EEA

Explanation of Schedule A, line 5e

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

AJOSH & SWATHY PALIS

XXX-XX-XXXX

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

	<u>Total paid</u>	<u>Allowed amount</u>
1. Real estate taxes	4,815	4,815
2. Personal property taxes	0	0
3. State and local income taxes.	9,484	5,185
4. Sales tax	899	0
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		10,000

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.
 ▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return: AJOSH & SWATHY PALIS
 Your social security number: XXX-XX-XXXX

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I **Persons or Organizations Who Provided the Care - You must complete this part.**
 (If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	EASTMINISTER PRE	3125 SEWELL MILL ROAD MARIETTA, GA 30062	XXX-XX-XXXX	1,340

Did you receive dependent care benefits? No Yes
 Complete only Part II below.
 Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

Statement #1	(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
	First	Last		

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,340																																																						
4	Enter your earned income . See instructions	4	109,794																																																						
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	65,716																																																						
6	Enter the smallest of line 3, 4, or 5	6	1,340																																																						
7	Enter the amount from Form 1040, line 7; or Form 1040NR, line 36	7	178,181																																																						
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is: <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20	8	X. 20
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions	9	268																																																						
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	25,749																																																						
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47	11	268																																																						

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2018
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

AJOSH & SWATHY PALIS

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

XXX-XX-XXXX

Before you begin: Complete Form 8889, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	6,900
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,900
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	6,900
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,900
9	Employer contributions made to your HSAs for 2018	9	2,300
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,300
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,600
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

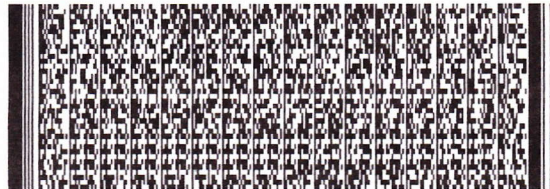
14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	2,001
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	2,001
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,001
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	



1900402619



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

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year Beginning 01/01/2018

Fiscal Year Ending 12/31/2018

YOUR DRIVER'S LICENSE/STATE ID

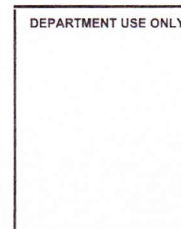
STATE ISSUED

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

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

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

LAST NAME SUFFIX
PALIS



ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 3155 BAYONET CT

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. MARIETTA GA 30068

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number Residency Status 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) Filing Status 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. 3

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

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

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

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

First Name, MI. JEREMIAH J Last Name PALIS
 Social Security Number XXX-XX-XXXX Relationship to You SON

First Name, MI. 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. 178181
 (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. 178181
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION). 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300= 11b
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b) 11c.
 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. 24227
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions 12c. 24227
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance 13. 153954



YOUR SOCIAL SECURITY NUMBER
XXX-XX-XXXX

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. 3 Multiply by \$3,000.	14b.	9000
14c. Add Lines 14a. and 14b. Enter total	14c.	16400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	137554
16. Tax (Use Tax Table in the IT-511 Tax Booklet)	16.	7993
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.	80
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.	80
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	7913

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

XXXXXXXXXX

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 1926742IZ

4. GA WAGES / INCOME
 65716

5. GA TAX WITHHELD
 3116

(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

XXXXXXXXXX

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 3248395DW

4. GA WAGES / INCOME
 109794

5. GA TAX WITHHELD
 6368

(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

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

(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.	9484
(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.	9484
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.	1571
29. Amount to be credited to 2019 ESTIMATED TAX	29.	
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.	



YOUR SOCIAL SECURITY NUMBER
XXX-XX-XXXX

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. 1571

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 063000047
Account Number 898015100974

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)

Date
03/23/2019

Taxpayer's Phone Number
561-543-3297

Spouse's Signature (Check box if deceased)

Date
03/23/2019

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
AJOSH_JOSE@YAHOO.COM

Signature of Preparer
Name of Preparer Other Than Taxpayer
PRABHAKAR BOYAPALLY
Preparer's Firm Name
REDDYCPA LLC

Preparer's Phone Number
404-513-9595
Preparer's FEIN
26-3078541
Preparer's SSN/PTIN/SIDN
XXXXXXXXXX



ERO MUST RETAIN THIS FORM.

DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

6 7 3 8 9 6 0 0 0 7 4

GA-8453 2018

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

Form with fields: First Name and Initial (AJOSH), Last Name (PALIS), Social Security Number (XXX-XX-XXXX), Spouse's Name (SWATHY), Home Address (3155 BAYONET CT), City (MARIETTA), State (GA), Zip Code (30068), Daytime Telephone Number (561-543-3297).

PART I TAX RETURN INFORMATION

Table with 5 rows of tax return information: Federal Adjusted Gross Income (178181), Georgia Taxable Income (137554), Net Georgia Tax (7913), Balance Due, Refund (1571).

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2018 Georgia Income Tax Return.

SIGN HERE: TAXPAYER'S SIGNATURE (AJOSH & SWATHY PALIS), Date (03-23-19), SPOUSE'S SIGNATURE (AJOSH JOSE@YAHOO.COM), Date (03/23/2019).

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only: ERO's Signature, Firm's Name (REDDYCPA LLC), Address (8995 MOOR PARK RUN), City, State, & Zip Code (DULUTH GA 30097), Date (03-23-19), FEIN/PTIN (26-3078541), SSN/TIN (XXXXXXXXXX).

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only: Paid Preparer's Signature, Firm's Name, Address, City, State, & Zip Code, Date, FID/TIN, SSN/TIN.

KEEP A COPY WITH YOUR RECORDS



1908102612

2018 (Rev. 06/25/18)
(Approved software version)

- Enclose with Form 500 or 500X, if this schedule is applicable. -

YOUR SOCIAL SECURITY NUMBER
XXX-XX-XXXX

SCHEDULE 202 Child and Dependent Care Expense Credit - Tax Credit 202

Child and Dependent Care Expense Credit - Tax Credit 202

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1. Amount of child & dependent care expense <i>credit</i> claimed on Federal Form 1040	1.	268
2. Georgia allowable rate	2.	30%
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30)	3.	80
4. Credit used this tax year (enter here and include in IND-CR Summary Worksheet Line 2)	4.	80



YOUR SOCIAL SECURITY NUMBER
 XXX-XX-XXXX

1. Only Georgia Individual Tax Credits (series 200) are claimed on Form IND-CR supporting schedules (IND-CR 201 through 209).
2. Enter the amount of credit used for the current tax year from each applicable IND-CR schedules on Lines 1-9.
3. If there is a credit remaining from previous years eligible for carryover for this tax year, the supporting IND-CR schedule must be completed even if the credit is not used for this tax year.
4. The total of Line 10 should be entered on Form 500 or Form 500X, Page 3, Line 19.
5. **All applicable IND-CR schedules must be attached to Form 500 or Form 500X for the credit(s) to be allowed on the return.**

Note: The other state(s) tax credit and low income credit are claimed directly on Form 500. Series 100 Georgia tax credits are claimed on Form 500 Schedule 2 and returns that include the series 100 credits must be filed electronically. The total credit amount used from the low income credit, the other state(s) tax credit, all IND-CR schedules, and all Schedules 2s cannot exceed the tax liability listed on Line 16 of Form 500 or 500X.

IND-CR SUMMARY SCHEDULE WORKSHEET

1. Disabled Person Home Purchase or Retrofit Credit (IND-CR 201, Line 3)	1.	
2. Child and Dependent Care Expense Credit (IND-CR 202, Line 4)	2.	80
3. Georgia National Guard / Air National Guard Credit (IND-CR 203, Line 3)	3.	
4. Qualified Caregiving Expense Credit (IND-CR 204, Line 6)	4.	
5. Driver Education Credit (IND-CR 205, Line 4)	5.	
6. Disaster Assistance Credit (IND-CR 206, Line 6)	6.	
7. Rural Physicians Credit (IND-CR 207, Line 7)	7.	
8. Adoption of a Foster Child Credit (IND-CR 208, Line 3)	8.	
9. Eligible Single-Family Residence Credit (IND-CR 209, Line 6)	9.	
10. Total of Lines 1 through 9 (Enter here and on Form 500/500X, Page 3 Line 19)	10.	80

All applicable IND-CR (201-209) Schedules must be attached to Form 500 or Form 500X

Keep IND-CR Summary Worksheet for your records.