

1040

Tax Return Summary

2020

Taxpayer

Mahbubul H Sarker
XXX-XX-9291

Spouse

Ayesha Akhter
XXX-XX-2030

425 Foe Creek Drive
Roswell, GA 30076

Dependents

Name	SSN	Relationship
Rehnuma H Sarker	XXX-XX-2146	DAUGHTER
Farheen H Sarker	XXX-XX-8467	DAUGHTER
Ridwan H Sarker	XXX-XX-0547	SON

2020 Federal Return Information

Prepared: 05-03-2021

Filing Status: Married Filing Jointly

Wages, Salaries, Tips, etc.:	\$	30,000
Total Income:	\$	30,000
Total Adjustments:	\$	0
Adjusted Gross Income:	\$	30,000
Total Deductions:	\$	24,800
QBI Amount:	\$	0
Taxable Income:	\$	5,200
Tax (before credits):	\$	523
Total Non-Refundable Credits:	\$	523
Tax (after credits):	\$	0
Earned Income Credit:	\$	5,648
Total Payments & Refundable Credits:	\$	10,668
Amount You Overpaid:	\$	10,668
Your Tax Refund:	\$	10,668
Refund You Applied to 2021:	\$	0
Amount of Tax Owed (balance due):	\$	0

Tax Rate (percentage): 10

State Return Information

Resident State: GA

State	AGI	Taxable Income	Tax	Refund	Balance Due
GA	\$ 30,000	\$ 7,600	\$ 220		\$ 220

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

Your first name and middle initial Mahbubul H		Last name Sarker		Your social security number 067-80-9291	
If joint return, spouse's first name and middle initial Ayesha		Last name Akhter		Spouse's social security number 081-90-2030	
Home address (number and street). If you have a P.O. box, see instructions. 425 Foe Creek Drive				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Roswell			State GA		ZIP code 30076
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):		
If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name	Last name		Child tax credit	Credit for other dependents	
	Rehnuma	Sarker	081-92-2146	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Farheen	Sarker	095-96-8467	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ridwan	Sarker	386-63-0547	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	FEC	30,000	1	30,000
	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
Standard Deduction for- • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	5a	Pensions and annuities	5a	220	5b	0
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	30,000
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	0
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	30,000
12	Standard deduction or itemized deductions (from Schedule A).			12	24,800	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.			15	5,200	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	523
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	523
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	523
21	Add lines 19 and 20	21	523
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax ▶	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	5,648
28	Additional child tax credit. Attach Schedule 8812	28	2,800
29	American opportunity credit from Form 8863, line 8	29	2,220
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	10,668
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	10,668
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,668
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	10,668
▶ b	Routing number 0 6 1 0 0 0 2 2 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 5 0 9 7 1 2 6 3 8 6 ▶		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36	
37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	0
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions) ▶	38	

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

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

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

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

06780

05-03-2021

IT

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

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

06780

05-03-2021

unemployed

Phone no. 470-461-4957

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Preparer's name

Phone no.

Firm's name ▶

Firm's address ▶

Firm's EIN ▶

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2020Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Mahbubul H Sarker & Ayesha Akhter

Your social security number

067-80-9291

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	523
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	523

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	0

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

Schedule 3 (Form 1040) 2020

Form **8863**Department of the Treasury
Internal Revenue Service (99)**Education Credits**
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **50**

Name(s) shown on return

Your social security number

Mahbubul H Sarker & Ayesha Akhter**067-80-9291****!**
CAUTION*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	5,550
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, qualifying widow(er)	2	180,000
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	30,000
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	150,000
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000
6	If line 4 is: <ul style="list-style-type: none"> Equal to or more than line 5, enter 1.000 on line 6 Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	5,550
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	2,220

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . .	9	3,330
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: <ul style="list-style-type: none"> Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	523

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

Form **8863** (2020)

Name(s) shown on return

Your social security number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Rehnuma Sarker	21 Student social security number (as shown on page 1 of your tax return) 081-92-2146
22 Educational institution information (see instructions)	
a. Name of first educational institution Milton High School	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 13025 Birmingham Hwy Alpharetta, GA 30009-0411	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 02-0665623	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	Yes - Stop! <input type="checkbox"/> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	Yes - Stop! <input type="checkbox"/> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	550
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	550

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Name(s) shown on return

Your social security number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Ridwan Sarker	21 Student social security number (as shown on page 1 of your tax return) 386-63-0547
22 Educational institution information (see instructions)	
a. Name of first educational institution ILM Academy (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1200 Grimes Bridge Rd Roswell, GA 30075	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 80-0200534	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (0.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Name(s) shown on return

Your social security number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Farheen Sarker	21 Student social security number (as shown on page 1 of your tax return) 095-96-8467
22 Educational institution information (see instructions)	
a. Name of first educational institution ILM Academy (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1200 Grimes Bridge Rd Roswell, GA 30075	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 80-0200534	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000
29 Multiply line 28 by 25% (0.25)	29	500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

- **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- **Go to www.irs.gov/ScheduleEIC for the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **43**

Your social security number

067-80-9291**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

**Ridwan
Sarker**

First name

Last name

**Farheen
Sarker**

First name

Last name

**Rehnuma
Sarker****2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

386-63-0547**095-96-8467****081-92-2146****3 Child's year of birth**Year **2011**

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year **2007**

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year **2002**

If born after 2001 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

- 4a** Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?

☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**☐ **Yes.**☐ **No.****Go to
line 5.****Go to line 4b.**

- b** Was the child permanently and totally disabled during any part of 2020?

☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.☐ **Yes.**☐ **No.****Go to
line 5.**The child is not a
qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

SON**DAUGHTER****DAUGHTER****6 Number of months child lived with you in the United States during 2020**

- If the child lived with you for more than half of 2020 but less than 7 months, enter "7."

- If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."

12 monthsDo not enter more than 12
months.**12** monthsDo not enter more than 12
months.**12** monthsDo not enter more than 12
months.

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

EEA

Schedule EIC (Form 1040) 2020

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Additional Child Tax Credit

► **Attach to Form 1040, 1040-SR, or 1040-NR.**

► **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Your social security number

067-80-9291

Mahbubul H Sarker & Ayesha Akhter

Part I All Filers

Caution: If you file Form 2555; **stop here**; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	4,500
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	4,500
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800
5	Enter the smaller of line 3 or line 4	5	2,800
6a	Earned income (see instructions)	6a	30,000
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	27,500
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	4,125

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27. 1040-SR filers: and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,800
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

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

Schedule 8812 (Form 1040) 2020

Credit Limit Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR	1.	523
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.	
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10		
	3.	523
4. Amount from Form 2441, line 11	4.	
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21		
	5.	523
6. Amount from Schedule R, line 22	6.	
7. Enter amount from Form 8863, line 18	7.	
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	523
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	
10. Enter amount from Form 8863, line 9	10.	3,330
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	523
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	523
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19		13. 523
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11		14. 0
15. Amount from Form 8880, line 12	15.	
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 29		16. 0
17. Amount from Form 5695, line 30	17.	
18. Reserved	18.	
19. Reserved	19.	
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8910, line 14		20. 0
21. Amount from Form 8910, line 15	21.	
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 22		22. 0
23. Amount from Form 8936, line 23	23.	
24. Amount from Line 14 of the line 14 Worksheet from Pub 972 (WK_8812.PG3)	24.	
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8		25. 0
26. Amount from Form 8396, line 9	26.	
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	0
28. Amount from Form 8839, line 14	28.	
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, line 16	29.	
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2		30. 0
31. Amount from Form 8859, line 3	31.	
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14		32. 0

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Statement for line 16 of Form 1040

Tax per Tax Table \$ 523

\$ 523 Tax computed using only available method

Foreign Employer Compensation

2020

Name as shown on return

SSN

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

SSN or ITIN of Employee of Foreign Employer

067-80-9291

Employee Name Line 1

Mahbubul H Sarker

Employee Name Line 2

Street address

K-114 South Bonosri

City

State

Zip Code

Dhaka

Foreign State or Province

Foreign Postal Code

Bangladesh

1219

Foreign Country

Bangladesh

Services Performed While Residing in U.S. ☐

Country code

BG

Foreign Employer's Name

North South University

Foreign Employer's Name Line 2

Foreign Employer's Street Address

Plot number 15 Block number B

Foreign Employer's City

State or Province

Postal Code

Bashundhara

Dhaka

1229

Foreign Employer's Country

Bangladesh

Foreign Employer's Identification Number

Foreign Employer Compensation Amount:

Earned income

Gross pension

Taxable pension

30,000

220

Child Tax Credit and Credit for Other
Dependents Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Before you begin:

- Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number:
_____ 2 _____ x \$2,000. Enter the result 1. _____ 4,000
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ 1 _____ x \$500. Enter the result 2. _____ 500
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.
3. Add lines 1 and 2 3. _____ 4,500
4. Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 4. _____ 30,000
5. **1040 and 1040-SR Filers.** Enter the total of any -
 - Exclusion of income from Puerto Rico; and
 - Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15.**1040-NR filers.** Enter -0-.
6. Add lines 4 and 5. Enter the total 6. _____ 30,000
7. Enter the amount shown below for your filing status.
 - Married filing jointly - \$400,000
 - All other filing statuses - \$200,000
8. Is the amount on line 6 more than the amount on line 7?
☒ **No.** Leave line 8 blank. Enter -0- on line 9.
☐ **Yes.** Subtract line 7 from line 6 8. _____
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.
9. Multiply the amount on line 8 by 5% (0.05). Enter the result 9. _____ 0
10. Is the amount on line 3 more than the amount on line 9?
☐ **No. STOP**
You cannot take the child tax credit or credit for other dependents on line 19 of your Form 1040, 1040-SR, or 1040-NR. You also cannot take the additional child tax credit on line 28 of your Form 1040, 1040-SR, or 1040-NR. Complete the rest of your Form 1040, 1040-SR, or 1040-NR.
☒ **Yes.** Subtract line 9 from line 3. Enter the result 10. _____ 4,500
Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4;
Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 211. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **11.** 523

12. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	
Schedule 3, Line 3	+	<u>523</u>
Schedule 3, Line 4	+	
Form 5695, line 30	+	
Form 8910, line 15	+	
Form 8936, line 23	+	
Schedule R, line 22	+	

Enter the total. **12.** 52313. Subtract line 12 from line 11 **13.** _____

14. Are you claiming any of the following credits?

- 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.

☒ **No.** Enter -0-.☐ **Yes.** If you are filing Form 2555, enter -0-.Otherwise, complete the Line 14 Worksheet, later, to figure
the amount to enter here.**14.** 015. Subtract line 14 from line 13. Enter the result **15.** 0

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

☐ **No.** Enter the amount from line 10.☒ **Yes.** Enter the amount from line 15.See the **TIP** below.**This is your child tax
credit and credit for
other dependents.****16.** 0Enter this amount on
Form 1040, line 19;
Form 1040-SR, line 19; or
Form 1040-NR, line 19.

TIP You may be able to take the **additional child tax** credit on Line 28
of your Form 1040, 1040-SR, or 1040-NR, only if you answered
"Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR, or 1040-NR
through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional
child tax credit.

Earned Income Credit Worksheet - Form 1040 or 1040-SR, line 27

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

1. Enter the amount from Form 1040 or 1040-SR, line 1 plus any nontaxable combat pay elected to be included in earned income 1. 30,000
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 2. _____
3. Subtract line 2 from line 1 3. 30,000
4. If you were self-employed or used Schedule C as a statutory employee, enter the amount from Worksheet B, line 4 4. _____
5. Add lines 3 and 4 5. 30,000
6. Look up the amount on **line 5** above in the **EIC Table** right after Worksheet B in the instructions to find your credit. Enter the credit here. If line 6 is zero, **stop**. You **cannot** take the credit. Enter "**No**" directly to the left of Form 1040 or 1040-SR, line 27 6. 5,648
7. Enter your **AGI** from Form 1040 or 1040-SR, line 11 7. 30,000
8. **Is line 7 less than -**
 - \$8,800 if you do not have a qualifying child? (\$14,700 if married filing joint)
 - \$19,350 if you have at least one qualifying child? (\$25,250 if married filing joint)

☐ Yes. Go to line 9 now.
☒ No. Look up the amount on **line 7** above in the **EIC Table** to find your credit.

Enter the credit here 8. 5,648
9. **Earned income credit.**
 - If you checked "Yes" on line 8, enter the amount from line 6.
 - If you checked "No" on line 8, enter the **smaller** of line 6 or line 8. 9. 5,648

For additional information on the EIC calculation see the form instructions or IRS Publication 596.

Adjusted Qualified Education Expenses Worksheet

Form 8863

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Student name

Student Tax ID Number

Farheen Sarker

095-96-8467

1. Total qualified education expenses paid for or on behalf of the student in 2020 for the academic period **6,500**
2. Less adjustments:
 - a. Tax-free educational assistance received in 2020 allocable to the academic period
 - b. Tax-free educational assistance received in 2021 (and before you file your 2020 tax return) allocable to the academic period
 - c. Refunds of qualified education expenses paid in 2020 if the refund is received in 2020 or in 2021 before you file your 2020 tax return
3. Total adjustments (add lines 2a, 2b, and 2c)
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- **6,500**

Adjusted Qualified Education Expenses Worksheet

Form 8863

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Student name

Student Tax ID Number

Rehnuma Sarker

081-92-2146

1. Total qualified education expenses paid for or on behalf of the student in 2020 for the academic period **550**
2. Less adjustments:
 - a. Tax-free educational assistance received in 2020 allocable to the academic period
 - b. Tax-free educational assistance received in 2021 (and before you file your 2020 tax return) allocable to the academic period
 - c. Refunds of qualified education expenses paid in 2020 if the refund is received in 2020 or in 2021 before you file your 2020 tax return
3. Total adjustments (add lines 2a, 2b, and 2c)
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- **550**

Adjusted Qualified Education Expenses Worksheet

Form 8863

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Mahbubul H Sarker & Ayesha Akhter

067-80-9291

Student name

Student Tax ID Number

Ridwan Sarker

386-63-0547

1. Total qualified education expenses paid for or on behalf of the student in 2020 for the academic period **6,300**
2. Less adjustments:
 - a. Tax-free educational assistance received in 2020 allocable to the academic period
 - b. Tax-free educational assistance received in 2021 (and before you file your 2020 tax return) allocable to the academic period
 - c. Refunds of qualified education expenses paid in 2020 if the refund is received in 2020 or in 2021 before you file your 2020 tax return
3. Total adjustments (add lines 2a, 2b, and 2c)
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- **6,300**

Account Transaction Summary**2020**

Name(s) as shown on return

Your ID Number

Mahbubul H Sarker & Ayesha Akhter

XXX-XX-9291

Account #1

Financial Institution	wells fargo
Routing Transit Number	061000227
Account Number	5097126386
Account Type	checking

Federal Main Form	
Federal Deposit	10,668

Net Deposit	10,668
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Account #2

Financial Institution	Wells Fargo
Routing Transit Number	121000248
Account Number	5097126386
Account Type	checking

State Main Form(s)		
GA Debit	(220)	Date of Debit 05-04-2021

Net Debit	(220)
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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize to use this account.

Your Signature

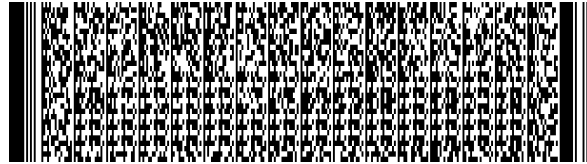
Date

Spouse's Signature (If Married Filing Jointly)

Date



2100402612

**Georgia Form 500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020 (Approved software version)**Page 1**Fiscal Year
Beginning 01/01/2020STATE
ISSUED GAFiscal Year
Ending 12/31/2020YOUR DRIVER'S
LICENSE/STATE ID 061697918YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. MAHBUBUL H 067-80-9291LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
SARKERSPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
AYESHA 081-90-2030LAST NAME SUFFIX
AKHTERADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
2. 425 FOE CREEK DRIVE

DEPARTMENT USE ONLY

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. ROSWELL GA 30076

(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

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

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

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☒ 6c. 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
067-80-9291

Page 2

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

First Name, MI. REHNUMA H	Last Name SARKER
Social Security Number 081-92-2146	Relationship to You DAUGHTER
First Name, MI. FARHEEN H	Last Name SARKER
Social Security Number 095-96-8467	Relationship to You DAUGHTER
First Name, MI. RIDWAN H	Last Name SARKER
Social Security Number 386-63-0547	Relationship to You SON
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. 30000
(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. 30000
11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**) 11a. 6000
(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. 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. 24000



YOUR SOCIAL SECURITY NUMBER
067-80-9291

Page 3

14a. Enter the number from Line 6c. **2** Multiply by \$2,700 for filing status A or D 14a. 7400
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. **3** Multiply by \$3,000. 14b. 9000

14c. Add Lines 14a. and 14b. Enter total 14c. 16400

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15a. 7600

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information) . . . 15b.

15c. Georgia Taxable Income (Line 15a less Line 15b). 15c. 7600

16. Tax (Use the Tax Table in the IT-511 Tax Booklet). 16. 220

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.

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 220

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 ☐

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(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**

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
067-80-9291

Page 4

(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
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s 23.
(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 2020 and Form IT-560 25.
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26). 27.
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29.
30. Amount to be credited to 2021 ESTIMATED TAX 30.
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)

220



YOUR SOCIAL SECURITY NUMBER
067-80-9291

Page 5

39. Public Safety Memorial Grant (**No gift of less than \$1.00**) 39.

40. Form 500 UET (**Estimated tax penalty**) ☐ 500 UET exception attached 40.

41. (**If you owe**) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE

220

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

42. (**If you are due a refund**) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND 42.

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

42a. **Direct Deposit (U.S. Accounts Only)**

Type: Checking ☐ Routing Number
Savings ☐ Account Number

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
470-461-4957

☐ 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 E-mail Address
MHSARKER@YAHOO.COM

Preparer's Phone Number

Signature of Preparer
Name of Preparer Other Than Taxpayer

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

GAWK_A5State / Local tax payments made after 12/31/2020 that
will be deductible on 2021 Federal Schedule A**2020**

Name(s) as shown on return

Mahbubul H Sarker & Ayesha Akhter

Your Social Security Number

067-80-9291

A. 2020 Income taxes due that were paid after 12/31/2020

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 220
A3. Total payments made in 2021 A. 220

B. Adjustments made to payments

B1. Interest & Penalty
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments B.

C. Total tax payments potentially deductible in 2021 (Line A less line B) C. 220