

ORIGIN ID: CHUA
 (732) 696-8700
 STEVEN MARKAN, ESQ.
 STEVEN MARKAN
 401 TOWNE CENTER DR
 HILLSBOROUGH, NJ 08844
 UNITED STATES US

TO USCIS

ATLANTA FIELD OFFICE
 2150 PARKLAKE DRIVE

SHIP DATE: 04AUG23
 ACT/MGT:
 CAD: 104747190INNET4640

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ATLANTA GA 30345

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June 14, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
2150 Parklake Drive
Atlanta, GA 30345



U.S. Citizenship
and Immigration
Services



MSC2290440372



A206-820-710

SHEETAL MARKAN
MARKAN LAW LLC
401 TOWNE CENTER DR
HILLSBOROUGH, NJ 08844

RE: USMAN ADAM BASHA SHAIK
I-485, Application to Register Permanent Residence or
Adjust Status

REQUEST FOR EVIDENCE

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your Form I-485, Application to Register Permanent Residence or Adjust Status, filed on April 6, 2022 under section 245 of the Immigration and Nationality Act (INA) based on being the beneficiary of a employment-based immigrant petition. Please read this letter carefully, follow all of the instructions, and provide the requested evidence and information in order for us to make a final decision on your case. Include duplicate copies if you are requesting consular notification.

What You Need to Do

You must provide the following information in order for us to make a final decision on your case:

Submit documents relating to your current employment. Examples of such evidence includes, but is not limited to, the following:

- Current employment letter/offer from your current employer on the employer's letterhead, signed and dated by an official. The letter must describe your specific job duties in detail, salary, date hired, wage, if temporary or permanent, full or part time, length of employment, and likelihood of continued employment;
- Copies of your three (12) most recent pay stubs;
- Copies of your W-2 forms; and
- Copies of your 1040 forms.

Submit additional employment documents to support your employment-based application. Such evidence includes:

- According to a USCIS records and FDNS sites visit it was determined on March 04, 2017, and March 6, 2017, by FDNS officers that you (Usman Shaik) worked for Cloud Soft, Inc a company owned by you and your wife (Harita Banoth, CEO). Please submit evidence that you were authorized to work for Cloud Soft, Inc. The evidence must describe your specific job duties in detail, salary, date hired, wage, if temporary or permanent, full or part time, length of employment, and likelihood of continued employment;

- Additionally, Haritha Banoth was identified as the CEO of Cloud Soft, Inc. but your pay statements indicate your spouse is not employed. Please explain.

Your response must be received in this office by September 11, 2023.

Please note that you have been allotted the maximum period allowed for responding to a Request for Evidence (RFE). The time period for responding cannot be extended. 8 Code of Federal Regulations (8 CFR) 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by September 11, 2023. However, you should respond as soon as possible if you would like your case to be considered for visa allocation for this fiscal year, which ends on September 30, 2023. Please be aware that if you submit the requested documents after September 30, 2023, but on or before September 11, 2023, this will not prevent consideration of visa allocation for you in the next fiscal year. Please note, if the request is for original documents, you must submit that evidence by mail.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, it must be accompanied by a complete, accurate and certified English translation of the entire document including a translation of the registrar's name and information, signature and stamp of the civil authority. The translator must certify that the translation is accurate, and he or she is competent to translate from that language to English. **If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.**

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request. Processing of your Form I-485, Application to Register Permanent Residence or Adjust Status, will resume upon receipt of your response. If you have not heard from USCIS within **60 days of responding**, you may contact the USCIS Contact Center at **1-800-375-5283**. If you are hearing impaired, please call the USCIS Contact Center TTY at **1-800-767-1833**.

For questions about your application, please visit our web site at www.uscis.gov. You can use our online tools at www.uscis.gov/tools, including our virtual assistant Emma, for information and guidance. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center online by visiting www.uscis.gov/contactcenter.

Place a copy of this entire letter on top of your response. Submission of evidence without this letter may delay the processing of your case and could result in a denial.

Mail your response to this address:

**U.S. Citizenship and Immigration Services
Atlanta Field Office**

**2150 Parklake Drive
Atlanta, GA 30345**

Sincerely,

A handwritten signature in blue ink that reads "Jerry L. Addison". The signature is fluid and cursive, with a large, sweeping loop at the end.

Jerry L. Addison
Acting Field Office Director



SHEETAL MARKAN
Immigration Attorney
Markan Law LLC
401 Towne Center Dr
Hillsborough, NJ 08844

P (732) 696-8700/ Fax (732) 963-0707
E: immigration@markanlaw.com
Visit: www.MarkanLaw.com



Member: AILA (American Immigration Lawyers Association)
Practice Limited to Immigration Law, Admitted in N.Y

August 04, 2023

U.S. Citizenship and Immigration Services
Atlanta Field Office
2150 Parklake Drive
Atlanta, GA 30345

RE: FORM I-485; Application to Adjust Status (AOS)

RECEIPT: MSC2290440372

A # 206-820-710

APPLICANT: USMAN ADAM BASHA SHAIK

Response to Form I485 AOS - Request for Evidence

Dear Officer:

In the above referenced matter, the Applicant hereby respectfully responds as follows to the Request for Evidence, *ad seriatim*. All legal submissions herein made by counsel, while the factual submissions, production of evidentiary record and authenticity of the additional evidence are directly from the Applicant.

USCIS RFE letter states: "Submit documents relating to your current employment."

Please note that principal applicant, Usman Adam Basha Shaik, has been employed with original employer, First Tek Inc on a full time, permanent basis from March 1, 2013 to till date. The current I485 AOS filings are under employment-based preference classification.

In lieu of the above statement the document supports for Usman Adam Basha Shaik current employment - see below enclosed evidence -

Exhibit A: Copy of Employment Verification Letter by current employer 'First Tek Inc' on the employer's letterhead, signed and dated by an official with listed date of joining, job status, current salary, job duties etc.

Exhibit B: Copy of last 12 months pay slips & W2 from year 2015 till 2022.

Exhibit C: Copy of Tax Return Transcripts from year 2017 till 2022.

USCIS RFE letter states: "Submit additional employment (Cloud Soft Inc) documents to support your employment-based application"

- *According to USCIS records and FDNS sites visit it was determined on March 04, 2017, and March 6, 2017, by FDNS officers that you (Usman Shaik) worked for Cloud Soft, Inc a company owned by you and your wife (Haritha Banoth, CEO). Please submit evidence that you were authorized to work for Cloud Soft, Inc. The evidence must describe your specific job duties in detail, salary, date hired, wage, if temporary or permanent, full or part time, length of employment, and likelihood of continued employment;*
- *Additionally, Haritha Banoth was identified as the CEO of Cloud Soft, Inc. but your pay statements indicate your spouse is not employed. Please explain."*

Please note that principal applicant, Usman Adam Basha Shaik had no ownership and never worked for 'Cloud Soft, Inc' in any manner. Cloud Soft, Inc was owned by his spouse (Haritha Banoth, CEO). Cloud Soft, Inc was incorporated on September 17, 2015 in the State of Georgia with 100% ownership and shareholder under Haritha Banoth, CEO who was managing, controlling, and running the company. Cloud Soft, Inc was sold with 100% transfer of shares with closing date effective on Feb 1, 2018. Applicant, Usman Adam Basha Shaik was never part of Cloud Soft, Inc in any position or authority & same was conveyed to officer during FDNS sites visit on March 4, 2017. Haritha Banoth was 100% owner of the company Cloud Soft, Inc & was operating as CEO from September 17, 2015 till January 31, 2018.

In lieu of the above statement the document supports for - Usman Adam Basha Shaik & spouse - Haritha Banoth - see below enclosed evidence -

Exhibit D: Copy of self-declaration from Usman Adam Basha Shaik.

- Exhibit E:**
- i. Copy of 'Articles of Incorporation for Cloud Soft, Inc with authorized signatory, Haritha Banoth, CEO.
 - ii. Copy of 'stock sale & transfer agreement' dated Feb 1, 2018 signed by authorized signatory, Haritha Banoth, CEO selling Cloud Soft, Inc to Purchaser.
 - iii. Annual Corporate Tax returns for Cloud Soft, Inc from 2015 - '2017.

Exhibit F: Copy of W2's for year 2015-2018, 2021-2022 filed by Haritha Banoth

In light of the foregoing, we trust the foregoing submissions sufficiently address all issues raised by your office. We request expeditious adjudication of this matter. Thank you for your time and consideration.

Sincerely



Sheetal Markan, Esq.





August 3, 2023

USCIS
ATLANTA FIELD OFFICE

RE: Employment Verification for Mr. USMAN ADAM BASHA SHAIK
(A# 206 820 710/ USCIS FILE: I485/(I485 receipt # MSC2290440372)

Dear Sir/Madam,

This letter is to certify that Mr. Usman Adam Basha Shaik is currently employed with us on a full time, permanent basis as a Software QA Tester from March 1, 2013 to till date and his current annual salary is \$135,000.00 We are anticipated long-term, continued need for Beneficiary's services.

In his capacity he will continue to be responsible to:

- Define and refine the business process model within assigned functional area
- Work closely with the Project Manager and Delivery Manager to ensure project deliverables are on time and meet business expectations.
- Collect, Elicit and analyze the business requirement and analyze data and convert into decision making models for operation management, Business Development Fund process, portfolio management and risk management.
- Work closely with business partners to determine requirements and develop functional designs based on the analysis of line of business needs, objectives and existing systems infrastructure.

Mr. Usman Adam Basha Shaik is reporting to the following managers/supervisors:

Doreen Villaverde
Director, Immigration
doreen.villaverde@first-tek.com
732-745-0107

Should your office require any further information, please feel free to contact me at 732-745-0107. Please note, I have the signatory authority to sign documents on behalf of First Tek Inc.

Very truly yours,


Doreen Villaverde
Immigration Director
doreen.villaverde@first-tek.com
732-745-0107 – hr@first-tek.com

W2,S YEAR
2015 JULY 2022

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2015 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 469-53-8891	2 Federal income tax withheld 80367.00	6595.00
b Employer ID no. (EIN)	3 Social security wages 22-3786614	4 Social security tax withheld 80367.00	4982.75 5 Medicare wages and tips 80367.00
c Employer's name, address, and ZIP code FIRST TEK, INC			
1551 S WASHINGTON AVENUE, SUITE:			
PISCATAWAY		NJ	08854
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING			
Suff. GA 30041			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	80367.00	3615.23	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2015 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 469-53-8891	2 Federal income tax withheld 80367.00	6595.00
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GA 3004715-BA	80367.00	3615.23	
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c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 80367.00	6 Medicare tax withheld 1165.32	
1551 S WASHINGTON AVENUE, SUITE:			
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QBMB22C 11/03/15 FW2

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Copy B To Be Filed with Employee's FEDERAL Tax Return.			2016 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 68532.00	2 Federal income tax withheld 5215.74	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 68532.00	4 Social security tax withheld 4248.98	
	5 Medicare wages and tips 68532.00	6 Medicare tax withheld 993.71	
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
d Control number			
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GA 3004715-BA	68532.00	2997.96	
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2017 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67032.00	2 Federal income tax withheld 4788.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67032.00	4 Social security tax withheld 4155.98	
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67032.00	6 Medicare tax withheld 971.96	
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
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13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	67032.00	2907.96	
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b Employer ID no. (EIN) 22-3786614	3 Social security wages 67032.00	4 Social security tax withheld 4155.98	
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67032.00	6 Medicare tax withheld 971.96	
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.			
7 Social security tips 8 Allocated tips 9			
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12			
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	67032.00	2907.96	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees.)			2017 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67032.00	2 Federal income tax withheld 4788.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67032.00	4 Social security tax withheld 4155.98	
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67032.00	6 Medicare tax withheld 971.96	
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.			
7 Social security tips 8 Allocated tips 9			
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12			
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	67032.00	2907.96	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			2017 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67032.00	2 Federal income tax withheld 4788.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67032.00	4 Social security tax withheld 4155.98	
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67032.00	6 Medicare tax withheld 971.96	
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854			
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.			
7 Social security tips 8 Allocated tips 9			
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12			
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	67032.00	2907.96	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

REV 01/12/18 QBDT

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2018 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 71730.24	2 Federal income tax withheld 4351.00
b Employer ID no. (EIN) 22-3786614	3 Social security wages 71730.24	4 Social security tax withheld 4447.27
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 71730.24	6 Medicare tax withheld 1040.09
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041		
f Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12c Code 12d Code	12b Code
GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2018 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 71730.24	2 Federal income tax withheld 4351.00
b Employer ID no. (EIN) 22-3786614	3 Social security wages 71730.24	4 Social security tax withheld 4447.27
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 71730.24	6 Medicare tax withheld 1040.09
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041		
f Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12c Code 12d Code	12b Code
GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

REV 01/18/19 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2018 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 71730.24	2 Federal income tax withheld 4351.00
b Employer ID no. (EIN) 22-3786614	3 Social security wages 71730.24	4 Social security tax withheld 4447.27
c Employer's name, address, and ZIP code FIRST TEK, INC 1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854	5 Medicare wages and tips 71730.24	6 Medicare tax withheld 1040.09
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041		
f Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12c Code 12d Code	12b Code
GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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f Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other 12c Code 12d Code	12b Code
GA 3004715-BA MO 19851090	61506.44 10223.80	2781.25 359.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2019 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 67253.08	2 Federal income tax withheld 3748.00
b Employer ID no. (EIN) 22-3786614	3 Social security wages 67253.08	4 Social security tax withheld 4169.69
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67253.08	6 Medicare tax withheld 975.17
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854		
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.		
7 Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
IL 22-3786614 000 MO 19851090	10981.74 56271.34	468.52 1789.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

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Dept. of the Treasury - IRS

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b Employer ID no. (EIN) 22-3786614	3 Social security wages 67253.08	4 Social security tax withheld 4169.69
c Employer's name, address, and ZIP code FIRST TEK, INC	5 Medicare wages and tips 67253.08	6 Medicare tax withheld 975.17
1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854		
d Control number		
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.		
7 Social security tips 8 Allocated tips 9		
10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
IL 22-3786614 000 MO 19851090	10981.74 56271.34	468.52 1789.00
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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1551 S WASHINGTON AVENUE, SUITE: PISCATAWAY NJ 08854		
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13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041 Suff.		
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10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12		
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code
IL 22-3786614 000 MO 19851090	10981.74 56271.34	468.52 1789.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2020 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 47324.01	2 Federal income tax withheld 1876.22	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 47324.01	4 Social security tax withheld 2934.09	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 47324.01	6 Medicare tax withheld 686.20	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
IL 22-3786614 000 MO 19851090	32656.53 14667.48	1347.95 411.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

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b Employer ID no. (EIN) 22-3786614	3 Social security wages 47324.01	4 Social security tax withheld 2934.09	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 47324.01	6 Medicare tax withheld 686.20	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
IL 22-3786614 000 MO 19851090	32656.53 14667.48	1347.95 411.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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b Employer ID no. (EIN) 22-3786614	3 Social security wages 47324.01	4 Social security tax withheld 2934.09	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 47324.01	6 Medicare tax withheld 686.20	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
IL 22-3786614 000 MO 19851090	32656.53 14667.48	1347.95 411.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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b Employer ID no. (EIN) 22-3786614	3 Social security wages 47324.01	4 Social security tax withheld 2934.09	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 47324.01	6 Medicare tax withheld 686.20	
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7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
IL 22-3786614 000 MO 19851090	32656.53 14667.48	1347.95 411.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2021 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 88657.14	2 Federal income tax withheld 7266.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 88657.14	4 Social security tax withheld 5496.74	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 88657.14	6 Medicare tax withheld 1285.53	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING	Suff. GA 30041		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	88657.14	4595.06	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

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REV 12/17/21 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			2021 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 88657.14	2 Federal income tax withheld 7266.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 88657.14	4 Social security tax withheld 5496.74	
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7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	88657.14	4595.06	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employees).

2021
OMB No. 1545-0008

a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 88657.14	2 Federal income tax withheld 7266.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 88657.14	4 Social security tax withheld 5496.74	
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7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	88657.14	4595.06	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2022 OMB No. 1545-0008
a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 122280.76	2 Federal income tax withheld 12769.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 122280.76	4 Social security tax withheld 7581.41	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 122280.76	6 Medicare tax withheld 1773.07	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	122280.76	6496.78	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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Dept. of the Treasury - IRS

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c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 122280.76	6 Medicare tax withheld 1773.07	
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a Employee's SSN 469-53-8891	1 Wages, tips, other comp. 122280.76	2 Federal income tax withheld 12769.00	
b Employer ID no. (EIN) 22-3786614	3 Social security wages 122280.76	4 Social security tax withheld 7581.41	
c Employer's name, address, and ZIP code FIRST TEK, INC 371 HOES LANE, SUITE: 201 PISCATAWAY NJ 08854	5 Medicare wages and tips 122280.76	6 Medicare tax withheld 1773.07	
d Control number			
e Employee's name, address, and ZIP code USMAN A SHAIK 1475 APPLE BLOSSOM DR CUMMING GA 30041	Suff.		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
GA 3004715-BA	122280.76	6496.78	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

PAY STURS-

JANUARY 2022

TITLE CURRENT

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 01/01/2022 - 01/31/2022

Pay Date: 02/16/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		7,523.52	7,523.52
Salary-SICK	0.04		313.48	313.48
	1.00		7,837.00	7,837.00
Deductions From Gross				
		Current	YTD Amount	
Medical - PreTax		-1,200.00	-1,200.00	
Dental		-100.22	-100.22	
		-1,300.22	-1,300.22	
Taxes				
		Current	YTD Amount	
Medicare Employee Addl Tax		0.00	0.00	
Federal Withholding		-405.00	-405.00	
Social Security Employee		-405.28	-405.28	
Medicare Employee		-94.78	-94.78	
GA - Withholding		-331.33	-331.33	
		-1,236.39	-1,236.39	
Net Pay		5,300.39	5,300.39	

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 02/01/2022 - 02/28/2022

Pay Date: 03/17/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		16,277.76	23,801.28
Salary-SICK	0.04		678.24	991.72
	1.00		16,956.00	24,793.00
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-2,400.00
Dental			-100.22	-200.44
			-1,300.22	-2,600.44
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-2,081.00	-2,486.00
Social Security Employee			-970.66	-1,375.94
Medicare Employee			-227.01	-321.79
GA - Withholding			-855.68	-1,187.01
			-4,134.35	-5,370.74
Net Pay			11,521.43	16,821.82

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 03/01/2022 - 03/31/2022

Pay Date: 04/12/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		8,104.32	31,905.60
Salary-SICK	0.04		337.68	1,329.40
Bonus		10,000.00	10,000.00	10,000.00
	1.00		18,442.00	43,235.00
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-3,600.00
Dental			-100.22	-300.66
			-1,300.22	-3,900.66
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-2,408.00	-4,894.00
Social Security Employee			-1,062.79	-2,438.73
Medicare Employee			-248.56	-570.35
GA - Withholding			-941.12	-2,128.13
			-4,660.47	-10,031.21
Net Pay			12,481.31	29,303.13

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 04/01/2022 - 04/30/2022

Pay Date: 05/10/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN

***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		17,091.65	48,997.25
Salary-SICK	0.04		712.15	2,041.55
Bonus				10,000.00
	1.00		17,803.80	61,038.80
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-4,800.00
Dental			-100.22	-400.88
			-1,300.22	-5,200.88
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-2,268.00	-7,162.00
Social Security Employee			-1,023.22	-3,461.95
Medicare Employee			-239.30	-809.65
GA - Withholding			-904.43	-3,032.56
			-4,434.95	-14,466.16
Net Pay			12,068.63	41,371.76

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub

Check number:

Pay Period: 05/01/2022 - 05/31/2022

Pay Date: 06/13/2022

Employee

Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041

SSN
***-**-8891

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96		17,091.65	66,088.90
Salary-SICK	0.04		712.15	2,753.70
Bonus				10,000.00
	1.00		17,803.80	78,842.60
Deductions From Gross			Current	YTD Amount
Medical - PreTax			-1,200.00	-6,000.00
Dental			-100.22	-501.10
			-1,300.22	-6,501.10
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-2,268.00	-9,430.00
Social Security Employee			-1,023.22	-4,485.17
Medicare Employee			-239.30	-1,048.95
GA - Withholding			-904.43	-3,936.99
			-4,434.95	-18,901.11
Net Pay			12,068.63	53,440.39

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 06/01/2022 - 06/30/2022	Pay Date: 07/12/2022
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041			***-**-8891
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96	9,533.38	75,622.28
Salary-SICK	0.04	397.22	3,150.92
Bonus			10,000.00
	1.00	9,930.60	88,773.20
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-7,200.00
Dental		-100.22	-601.32
		-1,300.22	-7,801.32
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-656.00	-10,086.00
Social Security Employee		-535.09	-5,020.26
Medicare Employee		-125.14	-1,174.09
GA - Withholding		-451.72	-4,388.71
		-1,767.95	-20,669.06
Net Pay		6,862.43	60,302.82

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub		Check number:	Pay Period: 07/01/2022 - 07/31/2022	Pay Date: 08/10/2022
Employee		SSN		
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041				***-**-8891
Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	0.96	7,522.75	83,145.03	
Salary-SICK	0.04	313.45	3,464.37	
Bonus			10,000.00	
	1.00	7,836.20	96,609.40	
Deductions From Gross		Current	YTD Amount	
Medical - PreTax		-1,200.00	-8,400.00	
Dental		-100.22	-701.54	
		-1,300.22	-9,101.54	
Taxes		Current	YTD Amount	
Medicare Employee Addl Tax		0.00	0.00	
Federal Withholding		-405.00	-10,491.00	
Social Security Employee		-405.23	-5,425.49	
Medicare Employee		-94.77	-1,268.86	
GA - Withholding		-331.29	-4,720.00	
		-1,236.29	-21,905.35	
Net Pay		5,299.69	65,602.51	

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 08/01/2022 - 08/31/2022	Pay Date: 09/17/2022
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041			***-**-8891
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96	8,584.70	91,729.73
Salary-SICK	0.04	357.70	3,822.07
Bonus			10,000.00
	1.00	8,942.40	105,551.80
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-9,600.00
Dental		-100.22	-801.76
		-1,300.22	-10,401.76
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-538.00	-11,029.00
Social Security Employee		-473.81	-5,899.30
Medicare Employee		-110.82	-1,379.68
GA - Withholding		-394.89	-5,114.89
		-1,517.52	-23,422.87
Net Pay		6,124.66	71,727.17

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 09/01/2022 - 09/30/2022	Pay Date: 10/13/2022
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041			***-**-8891
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96	7,838.21	99,567.94
Salary-SICK	0.04	326.59	4,148.66
Bonus			10,000.00
	1.00	8,164.80	113,716.60
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-10,800.00
Dental		-100.22	-901.98
		-1,300.22	-11,701.98
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-445.00	-11,474.00
Social Security Employee		-425.61	-6,324.91
Medicare Employee		-99.53	-1,479.21
GA - Withholding		-350.18	-5,465.07
		-1,320.32	-24,743.19
Net Pay		5,544.26	77,271.43

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub		Check number:		Pay Period: 10/01/2022 - 10/31/2022	Pay Date: 11/10/2022		
Employee					SSN		
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041					***-**-8891		
Earnings and Hours	Qty	Rate	Current	YTD Amount			
Salary	0.96		7,838.21	107,406.15			
Salary-SICK	0.04		326.59	4,475.25			
Bonus				10,000.00			
	1.00		8,164.80	121,881.40			
Deductions From Gross			Current	YTD Amount			
Medical - PreTax			-1,200.00	-12,000.00			
Dental			-100.22	-1,002.20			
			-1,300.22	-13,002.20			
Taxes			Current	YTD Amount			
Medicare Employee Addl Tax			0.00	0.00			
Federal Withholding			-445.00	-11,919.00			
Social Security Employee			-425.60	-6,750.51			
Medicare Employee			-99.54	-1,578.75			
GA - Withholding			-350.18	-5,815.25			
			-1,320.32	-26,063.51			
Net Pay			5,544.26	82,815.69			

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub		Check number:		Pay Period: 11/01/2022 - 11/30/2022	Pay Date: 12/13/2022		
Employee					SSN		
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041					***-**-8891		
Earnings and Hours	Qty	Rate	Current	YTD Amount			
Salary	0.96		7,838.21	115,244.36			
Salary-SICK	0.04		326.59	4,801.84			
Bonus				10,000.00			
	1.00		8,164.80	130,046.20			
Deductions From Gross			Current	YTD Amount			
Medical - PreTax			-1,200.00	-13,200.00			
Dental			-100.22	-1,102.42			
			-1,300.22	-14,302.42			
Taxes			Current	YTD Amount			
Medicare Employee Addl Tax			0.00	0.00			
Federal Withholding			-445.00	-12,364.00			
Social Security Employee			-425.60	-7,176.11			
Medicare Employee			-99.53	-1,678.28			
GA - Withholding			-350.18	-6,165.43			
			-1,320.31	-27,383.82			
Net Pay			5,544.27	88,359.96			

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub		Check number: 504401		Pay Period: 12/01/2022 - 12/31/2022	Pay Date: 12/31/2022		
Employee					SSN		
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041					***-**-8891		
Earnings and Hours	Qty	Rate	Current	YTD Amount			
Salary	0.96		7,523.71	122,768.07			
Salary-SICK	0.04		313.49	5,115.33			
Bonus				10,000.00			
	1.00		7,837.20	137,883.40			
Deductions From Gross			Current	YTD Amount			
Medical - PreTax			-1,200.00	-14,400.00			
Dental			-100.22	-1,202.64			
			-1,300.22	-15,602.64			
Taxes			Current	YTD Amount			
Medicare Employee Addl Tax			0.00	0.00			
Federal Withholding			-405.00	-12,769.00			
Social Security Employee			-405.30	-7,581.41			
Medicare Employee			-94.79	-1,773.07			
GA - Withholding			-331.35	-6,496.78			
			-1,236.44	-28,620.26			
Net Pay			5,300.54	93,660.50			

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 01/01/2023 - 01/31/2023	Pay Date: 02/10/2023
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041			***-**-8891
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96	7,525.44	7,525.44
Salary-SICK	0.04	313.56	313.56
	1.00	7,839.00	7,839.00
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-1,200.00
Dental		-100.22	-100.22
		-1,300.22	-1,300.22
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-385.00	-385.00
Social Security Employee		-405.40	-405.40
Medicare Employee		-94.81	-94.81
GA - Withholding		-331.45	-331.45
		-1,216.66	-1,216.66
Net Pay		5,322.12	5,322.12

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 02/01/2023 - 02/28/2023	Pay Date: 03/13/2023
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041		***-**-8891	
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96		9,853.44 17,378.88
Salary-SICK	0.04		410.56 724.12
	1.00		10,264.00 18,103.00
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-2,400.00
Dental		-100.22	-200.44
		-1,300.22	-2,600.44
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-676.00	-1,061.00
Social Security Employee		-555.76	-961.16
Medicare Employee		-129.98	-224.79
GA - Withholding		-470.89	-802.34
		-1,832.63	-3,049.29
Net Pay		7,131.15	12,453.27

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 03/01/2023 - 03/31/2023	Pay Date: 04/10/2023
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041		***-**-8891	
Earnings and Hours	Qty	Rate	Current
Salary	0.96	10,899.46	28,278.34
Salary-SICK	0.04	454.14	1,178.26
	1.00	11,353.60	29,456.60
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-3,600.00
Dental		-100.22	-300.66
		-1,300.22	-3,900.66
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-807.00	-1,868.00
Social Security Employee		-623.31	-1,584.47
Medicare Employee		-145.77	-370.56
GA - Withholding		-533.54	-1,335.88
		-2,109.62	-5,158.91
Net Pay		7,943.76	20,397.03

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 04/01/2023 - 04/30/2023	Pay Date: 05/10/2023
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041		***-**-8891	
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96	9,853.44	38,131.78
Salary-SICK	0.04	410.56	1,588.82
	1.00	10,264.00	39,720.60
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-4,800.00
Dental		-100.22	-400.88
		-1,300.22	-5,200.88
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-676.00	-2,544.00
Social Security Employee		-555.75	-2,140.22
Medicare Employee		-129.98	-500.54
GA - Withholding		-470.89	-1,806.77
		-1,832.62	-6,991.53
Net Pay		7,131.16	27,528.19

First Tek, Inc
371 Hoes Lane, Suite: 201
Piscataway, NJ 08854

Usman A Shaik
1475 Apple Blossom Dr
Cumming, GA 30041

Employee Pay Stub	Check number:	Pay Period: 05/01/2023 - 05/31/2023	Pay Date: 06/13/2023
Employee		SSN	
Usman A Shaik , 1475 Apple Blossom Dr, Cumming, GA 30041			***-**-8891
Earnings and Hours	Qty	Rate	Current YTD Amount
Salary	0.96		7,523.71 45,655.49
Salary-SICK	0.04		313.49 1,902.31
	1.00		7,837.20 47,557.80
Deductions From Gross		Current	YTD Amount
Medical - PreTax		-1,200.00	-6,000.00
Dental		-100.22	-501.10
		-1,300.22	-6,501.10
Taxes		Current	YTD Amount
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-385.00	-2,929.00
Social Security Employee		-405.30	-2,545.52
Medicare Employee		-94.78	-595.32
GA - Withholding		-331.35	-2,138.12
		-1,216.43	-8,207.96
Net Pay		5,320.55	32,848.74





This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2021
Response Date: 08-04-2021
Tracking Number: 100986282712

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2017

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822

NAME(S) SHOWN ON RETURN: USMA SHAI & HARI BANO

ADDRESS: 1475 A

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20181602
RECEIVED DATE:	Apr.15, 2018
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	SHAI
DEPENDENT 1 SSN:	XXX-XX-8807
DEPENDENT 2 NAME CTRL:	SHAI
DEPENDENT 2 SSN:	XXX-XX-8893
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	XXX-XX-9914
PREPARER EIN:	XX-XXX8541

Income

WAGES, SALARIES, TIPS, ETC:.....	\$79,055.00
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$1,278.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$15,768.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$15,768.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$15,768.00
FARM INCOME OR LOSS (Schedule F):.....	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$20,000.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
TOTAL INCOME:.....	\$116,101.00
TOTAL INCOME PER COMPUTER:.....	\$116,101.00

Adjustments to Income

EDUCATOR EXPENSES:.....	\$0.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:.....	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:.....	\$0.00

HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$0.00
ADJUSTED GROSS INCOME:	\$116,101.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$116,101.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$93,387.00
EXEMPTION AMOUNT PER COMPUTER:	\$16,200.00
TAXABLE INCOME:	\$77,187.00
TAXABLE INCOME PER COMPUTER:	\$77,187.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$116,101.00
TENTATIVE TAX:	\$10,771.00
TENTATIVE TAX PER COMPUTER:	\$10,771.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$1,650.00
CHILD TAX CREDIT PER COMPUTER:	\$1,650.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$1,650.00
TOTAL CREDITS PER COMPUTER:	\$1,650.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$9,121.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00

SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
IRAF TAX PER COMPUTER:.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$9,121.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$9,121.00
OTHER TAXES PER COMPUTER:.....	\$0.00
UNPAID FICA ON REPORTED TIPS:.....	\$0.00
OTHER TAXES:.....	\$0.00
RECAPTURE TAX: F8611:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....	\$0.00
RECAPTURE TAXES:.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....	\$9,121.00
TOTAL TAX LIABILITY TP FIGURES:.....	\$9,121.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....	\$9,121.00

Payments

FEDERAL INCOME TAX WITHHELD:.....	\$11,863.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....	1
ESTIMATED TAX PAYMENTS:.....	\$0.00
OTHER PAYMENT CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$0.00
EARNED INCOME CREDIT:.....	\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....	\$0.00
AMOUNT PAID WITH FORM 4868:.....	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
HEALTH COVERAGE TX CR: F8885:.....	\$0.00
PREMIUM TAX CREDIT AMOUNT:.....	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....	\$0.00
FORM 2439 AND OTHER CREDITS:.....	\$0.00
TOTAL PAYMENTS:.....	\$11,863.00
TOTAL PAYMENTS PER COMPUTER:.....	\$11,863.00

Refund or Amount Owed

REFUND AMOUNT:.....	\$-2,742.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....	\$0.00
ESTIMATED TAX PENALTY:.....	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....	\$-2,742.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	\$-2,742.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....	X2345
AUTHORIZATION INDICATOR:.....	1
THIRD PARTY DESIGNEE NAME:.....	PRABHAKAR BOYAPALLY

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....	\$0.00
ADJUSTED GROSS INCOME PERCENTAGE:.....	\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....	\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....	\$8,707.00
NET MEDICAL DEDUCTION:.....	\$0.00
NET MEDICAL DEDUCTION PER COMPUTER:.....	\$0.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:.....	\$3,428.00
INCOME TAX OR GENERAL SALES TAX:.....	1
REAL ESTATE TAXES:.....	\$3,765.00
PERSONAL PROPERTY TAXES:.....	\$0.00
OTHER TAXES AMOUNT:.....	\$0.00

SCH A TAX DEDUCTIONS:.....\$7,193.00
SCH A TAX PER COMPUTER:.....\$7,193.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$14,776.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTION:.....\$14,776.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$14,776.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$545.00
OTHER THAN CASH: Form 8283:.....\$200.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$745.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$745.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBs AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$22,714.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$22,714.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....\$0.00
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Schedule E--Supplemental Income and Loss

INCOME OR LOSS FROM RENTAL REAL ESTATE AND ROYALTIES

SCHEDULE E FORM 1099 REQUIRED:.....Neither box checked
SCHEDULE E FORM 1099 FILED:.....Neither box checked
TOTAL RENTS RECEIVED:.....\$0.00
TOTAL ROYALTIES RECEIVED:.....\$0.00
TOTAL MORTGAGE INTEREST ALL PROPERTIES:.....\$0.00
TOTAL DEPRECIATION OR DEPLETION FOR ALL PROPERTIES:.....\$0.00
TOTAL EXPENSES FOR ALL PROPERTIES:.....\$0.00
TOTAL RENTAL REAL ESTATE AND ROYALTY INCOME OR LOSS:.....\$0.00
RENT & ROYALTY INCOME:.....\$0.00
RENT & ROYALTY LOSSES:.....\$0.00
REPAIRS EXPENSE COLUMN A:.....\$0.00
REPAIRS EXPENSE COLUMN B:.....\$0.00
REPAIRS EXPENSE COLUMN C:.....\$0.00

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPS

PRTSHP/CORP PASSIVE INCOME:.....\$0.00
PRTSHP/CORP NONPASSIVE INCOME:.....\$15,768.00
PRTSHP/CORP PASSIVE LOSS:.....\$0.00
PRTSHP/CORP NONPASSIVE LOSS:.....\$0.00
PARTNERSHIP INCOME:.....\$15,768.00
PARTNERSHIP LOSS:.....\$0.00

INCOME OR LOSS FROM ESTATES AND TRUSTS

ESTATE/TRUST PASSIVE INCOME:.....\$0.00
ESTATE/TRUST PASSIVE LOSS:.....\$0.00
ESTATE AND TRUST INCOME:.....\$0.00
ESTATE AND TRUST LOSS:.....\$0.00
PASSIVE LOSS NOT REPORTED ON F8582:.....2
SCH K1 ES PAYMENT INDICATOR:.....N

INCOME OR LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS

REAL ESTATE MORTGAGE INCOME/LOSS:.....\$0.00

SUMMARY

NET FARM RENT INCOME/LOSS:.....\$0.00
GROSS FARMING & FISHING INCOME:.....\$0.00

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER PROVIDED INFORMATION:.....Yes box checked
WORKSHEET COMPLETED:.....Yes box checked
KNOWLEDGE REQUIREMENT:.....Yes box checked
INCORRECT INFORMATION:.....No box checked
INCORRECT INFORMATION AOTC:.....
RECORD RETENTION REQUIREMENT:.....Yes box checked
TAXPAYER PROVIDED DOCUMENTS:.....Yes box checked
SELF EMPLOYMENT INCOME:.....Neither box checked
TIEBREAKER RULES EXPLAINED EIC:.....Neither box checked
CHILD LIVED WITH TAXPAYER CTC:.....Neither box checked
TAXPAYER PROVIDED 1098T AOTC:.....Neither box checked
F8867 CERTIFICATION:.....Yes box checked
EIC CLAIMED:.....Neither box checked
CTC ACTC CLAIMED:.....Yes box checked
AOTC CLAIMED:.....Neither box checked
ELIGIBLE TO CLAIM EIC:.....Yes box checked

This Product Contains Sensitive Taxpayer Data



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2021
Response Date: 08-04-2021
Tracking Number: 100986281443

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2018

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: USMA A SHAI & HARI BANO
SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822

ADDRESS: 1475 A

FILING STATUS:	Married	Filing Joint
FORM NUMBER:	1040	
CYCLE POSTED:	20191605	
RECEIVED DATE:	Apr.15, 2019	
REMITTANCE:	\$0.00	
EXEMPTION NUMBER:	4	
DEPENDENT 1 NAME CTRL:	SHAI	
DEPENDENT 1 SSN:	XXX-XX-8807	
DEPENDENT 2 NAME CTRL:	SHAI	
DEPENDENT 2 SSN:	XXX-XX-8893	
DEPENDENT 3 NAME CTRL:		
DEPENDENT 3 SSN:		
DEPENDENT 4 NAME CTRL:		
DEPENDENT 4 SSN:		
PTIN:		
PREPARER EIN:		

Income

WAGES, SALARIES, TIPS, ETC:.....	\$74,730.00
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
IRAs, PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE IRAs, PENSIONS AND ANNUITIES:.....	\$0.00
SCHEDULE 2 INDICATOR:.....	0
SCHEDULE 3 INDICATOR:.....	0
ADDITIONAL INCOME:.....	\$0.00
ADDITIONAL INCOME PER COMPUTER:.....	\$0.00
REFUNDABLE CREDITS PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$0.00
FARM INCOME OR LOSS (Schedule F):.....	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
TOTAL INCOME:.....	\$74,730.00
TOTAL INCOME PER COMPUTER:.....	\$74,730.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$0.00
ADJUSTED GROSS INCOME:	\$74,730.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$74,730.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$24,000.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$50,730.00
EXEMPTION AMOUNT PER COMPUTER:	\$0.00
TAXABLE INCOME:	\$50,730.00
TAXABLE INCOME PER COMPUTER:	\$50,730.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$74,730.00
TENTATIVE TAX:	\$5,706.00
TENTATIVE TAX PER COMPUTER:	\$5,706.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:	\$1,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:	\$1,000.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$1,000.00
TOTAL CREDITS PER COMPUTER:	\$1,000.00

INCOME TAX AFTER CREDITS PER COMPUTER:.....\$4,706.00

Other Taxes

SE TAX:.....	\$0.00
SE TAX PER COMPUTER:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
IRAF TAX PER COMPUTER:.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$4,706.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$4,706.00
TOTAL OTHER TAXES PER COMPUTER:.....	\$0.00
UNPAID FICA ON REPORTED TIPS:.....	\$0.00
F8959-8960 OTHER TAXES:.....	\$0.00
TOTAL OTHER TAXES:.....	\$0.00
RECAPTURE TAX: F8611:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:.....	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....	\$0.00
RECAPTURE TAXES:.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....	\$4,706.00
TOTAL TAX LIABILITY TP FIGURES:.....	\$4,706.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....	\$4,706.00

Payments

FEDERAL INCOME TAX WITHHELD:.....	\$4,700.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....	1
ESTIMATED TAX PAYMENTS:.....	\$0.00
OTHER PAYMENT CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$0.00
REFUNDABLE CREDITS:.....	\$0.00
EARNED INCOME CREDIT:.....	\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....	\$0.00
AMOUNT PAID WITH FORM 4868:.....	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
HEALTH COVERAGE TX CR: F8885:.....	\$0.00
SEC 965 TAX INSTALLMENT:.....	\$0.00
SEC 965 TAX LIABILITY:.....	\$0.00
PREMIUM TAX CREDIT AMOUNT:.....	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....	\$0.00
FORM 2439 AND OTHER CREDITS:.....	\$0.00
TOTAL PAYMENTS:.....	\$4,700.00
TOTAL PAYMENTS PER COMPUTER:.....	\$4,700.00

Refund or Amount Owed

AMOUNT YOU OWE:.....	\$6.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....	\$0.00
ESTIMATED TAX PENALTY:.....	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....	\$6.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	\$6.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....	
AUTHORIZATION INDICATOR:.....	0
THIRD PARTY DESIGNEE NAME:.....	

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....	\$0.00

This Product Contains Sensitive Taxpayer Data



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2021
Response Date: 08-04-2021
Tracking Number: 100986279207

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2019

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: USMA A SHAI & HARI BANO SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822

ADDRESS: 1475 A

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20212205
RECEIVED DATE:	Apr.27, 2020
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	SHAI
DEPENDENT 1 SSN:	XXX-XX-8893
DEPENDENT 2 NAME CTRL:	SHAI
DEPENDENT 2 SSN:	XXX-XX-8807
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	XXX-XX-6500
PREPARER EIN:	XX-XXX2203

Income

WAGES, SALARIES, TIPS, ETC:.....	\$67,253.00
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
ADDITIONAL INCOME:.....	\$125,000.00
ADDITIONAL INCOME PER COMPUTER:.....	\$125,000.00
REFUNDABLE CREDITS PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$0.00
FARM INCOME OR LOSS (Schedule F):.....	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$125,000.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:.....	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:.....	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT:.....	\$0.00

SCHOLARSHIP FELLOWSHIP GRANT:	\$0.00
TOTAL INCOME:	\$192,253.00
TOTAL INCOME PER COMPUTER:	\$192,253.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	
ALIMONY PAID:	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$0.00
ADJUSTED GROSS INCOME:	\$192,253.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$192,253.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$24,400.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$167,853.00
EXEMPTION AMOUNT PER COMPUTER:	\$0.00
TAXABLE INCOME:	\$167,853.00
TAXABLE INCOME PER COMPUTER:	\$167,853.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$192,253.00
TENTATIVE TAX:	\$28,645.00
TENTATIVE TAX PER COMPUTER:	\$28,645.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LNGB:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:	\$1,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:	\$1,000.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00

SICK FAMILY LEAVE CREDIT:	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:	\$0.00
RECOVERY REBATE CREDIT:	\$0.00
RECOVERY REBATE CREDIT PER COMPUTER:	\$0.00
RECOVERY REBATE CREDIT VERIFIED:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$1,000.00
TOTAL CREDITS PER COMPUTER:	\$1,000.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$27,645.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$27,645.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$27,645.00
TOTAL OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
F8959-8960 OTHER TAXES:	\$0.00
TOTAL OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
IRC 453 TAX:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:	\$0.00
DEFERRED TAX SCH H SE:	\$0.00
MAX DEFERRED TAX PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$27,645.00
TOTAL TAX LIABILITY TP FIGURES:	\$27,645.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$27,645.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$41,248.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	0
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
REFUNDABLE CREDITS:	\$0.00
EARNED INCOME CREDIT:	\$0.00
EARNED INCOME CREDIT PER COMPUTER:	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
SEC 965 TAX INSTALLMENT:	\$0.00
SEC 965 TAX LIABILITY:	\$0.00
PREMIUM TAX CREDIT AMOUNT:	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	\$0.00
FORM 2439 AND OTHER CREDITS:	\$0.00
TOTAL PAYMENTS:	\$41,248.00
TOTAL PAYMENTS PER COMPUTER:	\$41,248.00

Refund or Amount Owed

REFUND AMOUNT:	\$-13,603.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$0.00
ESTIMATED TAX PENALTY:	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$-13,603.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$-13,603.00
FORM 8888 TOTAL REFUND PER COMPUTER:	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

INCORRECT INFORMATION AOTC:.....
F8867 CERTIFICATION:.....Yes box checked
EIC CLAIMED:.....Neither box checked
CTC ACTC CLAIMED:.....Yes box checked
AOTC CLAIMED:.....Neither box checked
HEAD OF HOUSEHOLD FILING STATUS CLAIMED:.....Neither box checked

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2021
Response Date: 08-04-2021
Tracking Number: 100986271886

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2020

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: USMA A SHAI & HARI BANO SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822

ADDRESS: 1475 A

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20210805
RECEIVED DATE:	Apr.15, 2021
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	SHAI
DEPENDENT 1 SSN:	XXX-XX-8893
DEPENDENT 2 NAME CTRL:	SHAI
DEPENDENT 2 SSN:	XXX-XX-8807
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	XXX-XX-0416
PREPARER EIN:	XX-XXXX2203

Income

WAGES, SALARIES, TIPS, ETC:.....	\$50,564.00
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
ADDITIONAL INCOME:.....	\$0.00
ADDITIONAL INCOME PER COMPUTER:.....	\$0.00
REFUNDABLE CREDITS PER COMPUTER:.....	\$1,200.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....	\$0.00
FARM INCOME OR LOSS (Schedule F):.....	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
OTHER INCOME:.....	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:.....	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:.....	\$50,564.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:.....	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:.....	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:.....	\$1,200.00
SECONDARY ECONOMIC IMPACT PAYMENT:.....	\$1,200.00

SCHOLARSHIP FELLOWSHIP GRANT:	\$0.00
TOTAL INCOME:	\$50,564.00
TOTAL INCOME PER COMPUTER:	\$50,564.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$300.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$300.00
ADJUSTED GROSS INCOME:	\$50,264.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$50,264.00

Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$24,800.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$25,464.00
EXEMPTION AMOUNT PER COMPUTER:	\$0.00
TAXABLE INCOME:	\$25,464.00
TAXABLE INCOME PER COMPUTER:	\$25,464.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$50,564.00
TENTATIVE TAX:	\$2,662.00
TENTATIVE TAX PER COMPUTER:	\$2,662.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:	\$1,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:	\$1,000.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00

SICK FAMILY LEAVE CREDIT:	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:	\$300.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:	\$300.00
RECOVERY REBATE CREDIT:	\$1,200.00
RECOVERY REBATE CREDIT PER COMPUTER:	\$1,200.00
RECOVERY REBATE CREDIT VERIFIED:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$1,000.00
TOTAL CREDITS PER COMPUTER:	\$1,000.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$1,662.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$1,662.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$1,662.00
TOTAL OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
F8959-8960 OTHER TAXES:	\$0.00
TOTAL OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
IRC 453 TAX:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:	\$0.00
DEFERRED TAX SCH H SE:	\$0.00
MAX DEFERRED TAX PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$1,662.00
TOTAL TAX LIABILITY TP FIGURES:	\$1,662.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$1,662.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$1,876.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	0
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
REFUNDABLE CREDITS:	\$1,200.00
EARNED INCOME CREDIT:	\$0.00
EARNED INCOME CREDIT PER COMPUTER:	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
SEC 965 TAX INSTALLMENT:	\$0.00
SEC 965 TAX LIABILITY:	\$0.00
PREMIUM TAX CREDIT AMOUNT:	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	\$0.00
FORM 2439 AND OTHER CREDITS:	\$0.00
TOTAL PAYMENTS:	\$3,076.00
TOTAL PAYMENTS PER COMPUTER:	\$3,076.00

Refund or Amount Owed

REFUND AMOUNT:	\$-1,414.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$0.00
ESTIMATED TAX PENALTY:	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$-1,414.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$-1,414.00
FORM 8888 TOTAL REFUND PER COMPUTER:	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

INCORRECT INFORMATION AOTC:.....
F8867 CERTIFICATION:.....Yes box checked
EIC CLAIMED:.....Neither box checked
CTC ACTC CLAIMED:.....Yes box checked
AOTC CLAIMED:.....Neither box checked
HEAD OF HOUSEHOLD FILING STATUS CLAIMED:.....Neither box checked

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 12-26-2022
Response Date: 12-26-2022
Tracking Number: 103324676016

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2021

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: USMA A SHAI & HARI BANO SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822
ADDRESS: 1475 A

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20221005
RECEIVED DATE:	Apr.15, 2022
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	SHAI
DEPENDENT 1 SSN:	XXX-XX-8893
DEPENDENT 2 NAME CTRL:	SHAI
DEPENDENT 2 SSN:	XXX-XX-8807
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	XXX-XX-4560
PREPARER EIN:	XX-XXX2203

Income

WAGES, SALARIES, TIPS, ETC:.....	\$91,809.00
TAXABLE INTEREST INCOME: SCH B:.....	\$529.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00

ADDITIONAL INCOME:	\$0.00
ADDITIONAL INCOME PER COMPUTER:	\$0.00
REFUNDABLE CREDITS PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
EXCESS ADV CHILD TAX CREDIT PER COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT 2:	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT 2:	\$0.00
PRIMARY ADVANCED CTC PAYMENTS:	\$0.00
SECONDARY ADVANCED CTC PAYMENTS:	\$0.00
ADDITIONAL CTC EARNED INCOME:	\$0.00
EIC PRIOR YEAR EARNED INCOME:	\$0.00
CTC PRIOR YEAR EARNED INCOME:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:	\$1,400.00
SECONDARY ECONOMIC IMPACT PAYMENT:	\$1,400.00
SCHOLARSHIP FELLOWSHIP GRANT:	\$0.00
TOTAL INCOME:	\$92,338.00
TOTAL INCOME PER COMPUTER:	\$92,338.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00

TOTAL ADJUSTMENTS:.....	\$ 0.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$ 0.00
ADJUSTED GROSS INCOME:.....	\$92,338.00
ADJUSTED GROSS INCOME PER COMPUTER:.....	\$92,338.00

Tax and Credits

65-OR-OVER:.....	NO
BLIND:.....	NO
SPOUSE 65-OR-OVER:.....	NO
SPOUSE BLIND:.....	NO
STANDARD DEDUCTION PER COMPUTER:.....	\$25,100.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
TAX TABLE INCOME PER COMPUTER:.....	\$66,638.00
EXEMPTION AMOUNT PER COMPUTER:.....	\$0.00
TAXABLE INCOME:.....	\$66,638.00
TAXABLE INCOME PER COMPUTER:.....	\$66,638.00
TOTAL POSITIVE INCOME PER COMPUTER:.....	\$92,338.00
TENTATIVE TAX:.....	\$7,597.00
TENTATIVE TAX PER COMPUTER:.....	\$7,597.00
FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
FOREIGN TAX CREDIT:.....	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
EDUCATION CREDIT:.....	\$0.00
EDUCATION CREDIT PER COMPUTER:.....	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:.....	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:.....	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....	\$0.00
RESIDENTIAL ENERGY CREDIT:.....	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:.....	\$1,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....	\$1,000.00
ADOPTION CREDIT: F8839:.....	\$0.00
ADOPTION CREDIT PER COMPUTER:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....	\$0.00
TOTAL OTHER NON REFUNDABLE CREDIT:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
SICK FAMILY LEAVE CREDIT:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....	\$600.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....	\$600.00
REFUNDABLE CHILD CARE CREDIT:.....	\$0.00

SICK FAMILY LEAVE CREDIT AFTER 3-31-21:.....	\$0.00
REFUNDABLE CHILD CARE CREDIT VERIFIED:.....	\$0.00
RECOVERY REBATE CREDIT:.....	\$1,400.00
RECOVERY REBATE CREDIT PER COMPUTER:.....	\$0.00
RECOVERY REBATE CREDIT VERIFIED:.....	\$0.00
OTHER CREDITS:.....	\$0.00
TOTAL CREDITS:.....	\$1,000.00
TOTAL CREDITS PER COMPUTER:.....	\$1,000.00
INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$6,597.00

Other Taxes

SE TAX:.....	\$0.00
SE TAX PER COMPUTER:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
IRAF TAX PER COMPUTER:.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$6,597.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$6,597.00
TOTAL OTHER TAXES PER COMPUTER:.....	\$0.00
UNPAID FICA ON REPORTED TIPS:.....	\$0.00
INTEREST ON DEFERRED TAX:.....	\$0.00
TOTAL OTHER TAXES:.....	\$0.00
RECAPTURE TAX: F8611:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
INTEREST DUE ON INSTALLMENT:.....	\$0.00
SCH 8812 ADDITIONAL TAX COMPUTER:.....	\$0.00
REFUNDABLE CHILD CARE COMPUTER:.....	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....	\$0.00
DEFERRED TAX SCH H SE:.....	\$0.00
MAX DEFERRED TAX PER COMPUTER:.....	\$0.00
TOTAL ADDITIONAL TAXES:.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....	\$6,597.00
TOTAL TAX LIABILITY TP FIGURES:.....	\$6,597.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....	\$6,597.00

Payments

FEDERAL INCOME TAX WITHHELD:.....	\$7,299.00
SCH 8812 ADDITIONAL TAX:.....	\$0.00
ESTIMATED TAX PAYMENTS:.....	\$0.00
OTHER PAYMENT CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$0.00
REFUNDABLE CREDITS:.....	\$1,400.00
EARNED INCOME CREDIT:.....	\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....	\$0.00
AMOUNT PAID WITH FORM 4868:.....	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
HEALTH COVERAGE TX CR: F8885:.....	\$0.00

SEC 965 TAX INSTALLMENT:.....	\$0.00
SEC 965 TAX LIABILITY:.....	\$0.00
PREMIUM TAX CREDIT AMOUNT:.....	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....	\$0.00
TOTAL OTHER PAYMENTS REFUNDABLE:.....	\$0.00
TOTAL PAYMENTS:.....	\$8,699.00
TOTAL PAYMENTS PER COMPUTER:.....	\$7,299.00

Refund or Amount Owed

REFUND AMOUNT:.....	\$-2,102.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....	\$0.00
ESTIMATED TAX PENALTY:.....	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....	\$-2,102.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	\$-702.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....	
AUTHORIZATION INDICATOR:.....	0
THIRD PARTY DESIGNEE NAME:.....	

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....	\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

INCORRECT INFORMATION AOTC:.....	
F8867 CERTIFICATION:.....	Yes box checked
EIC CLAIMED:.....	Neither box checked
CTC ACTC CLAIMED:.....	Yes box checked
AOTC CLAIMED:.....	Neither box checked
HEAD OF HOUSEHOLD FILING STATUS CLAIMED:.....	Neither box checked

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Request Date: 05-17-2023
Response Date: 05-17-2023
Tracking Number: 104623333169

Tax Return Transcript

SSN Provided: XXX-XX-8891
Tax Period Ending: Dec. 31, 2022

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-8891
SPOUSE SSN: XXX-XX-8822

NAME(S) SHOWN ON RETURN: USMA A SHAI & HARI BANO

ADDRESS: 1475 A

FILING STATUS:	Married Filing Joint
FORM NUMBER:	1040
CYCLE POSTED:	20230804
RECEIVED DATE:	Apr.15, 2023
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	SHAI
DEPENDENT 1 SSN:	XXX-XX-7608
DEPENDENT 2 NAME CTRL:	SHAI
DEPENDENT 2 SSN:	XXX-XX-5687
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PTIN:	XXX-XX-0997
PREPARER EIN:	XX-XXX2203

Income

TOTAL WAGES:.....	\$141,124.00
FORM W-2 WAGES:.....	\$141,124.00
TAXABLE INTEREST INCOME: SCH B:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
REFUNDS OF STATE/LOCAL TAXES:.....	\$0.00
ALIMONY RECEIVED:.....	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):.....	\$0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
OTHER GAINS OR LOSSES (Form 4797):.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00

TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
ADDITIONAL INCOME:	\$0.00
ADDITIONAL INCOME PER COMPUTER:	\$0.00
REFUNDABLE CREDITS PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION:	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
OTHER INCOME:	\$0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
EXCESS ADV CHILD TAX CREDIT PER COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT 2:	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT 2:	\$0.00
PRIMARY ADVANCED CTC PAYMENTS:	\$0.00
SECONDARY ADVANCED CTC PAYMENTS:	\$0.00
ADDITIONAL CTC EARNED INCOME:	\$0.00
EIC PRIOR YEAR EARNED INCOME:	\$0.00
CTC PRIOR YEAR EARNED INCOME:	\$0.00
QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:	\$0.00
PRIMARY ECONOMIC IMPACT PAYMENT:	\$0.00
SECONDARY ECONOMIC IMPACT PAYMENT:	\$0.00
SCHOLARSHIP FELLOWSHIP GRANT:	\$0.00
TOTAL INCOME:	\$141,124.00
TOTAL INCOME PER COMPUTER:	\$141,124.00

Adjustments to Income

EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
ALIMONY PAID SSN:	\$0.00
ALIMONY PAID:	\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:	\$0.00
IRA DEDUCTION:	\$0.00
IRA DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION:	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00

ARCHER MSA DEDUCTION PER COMPUTER:.....	\$0.00
TOTAL ADJUSTMENTS:.....	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$0.00
ADJUSTED GROSS INCOME:.....	\$141,124.00
ADJUSTED GROSS INCOME PER COMPUTER:.....	\$141,124.00

Tax and Credits

65-OR-OVER:.....	NO
BLIND:.....	NO
SPOUSE 65-OR-OVER:.....	NO
SPOUSE BLIND:.....	NO
STANDARD DEDUCTION PER COMPUTER:.....	\$25,900.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....	\$0.00
TAX TABLE INCOME PER COMPUTER:.....	\$115,224.00
EXEMPTION AMOUNT PER COMPUTER:.....	\$0.00
TAXABLE INCOME:.....	\$115,224.00
TAXABLE INCOME PER COMPUTER:.....	\$115,224.00
TOTAL POSITIVE INCOME PER COMPUTER:.....	\$141,124.00
TENTATIVE TAX:.....	\$16,583.00
TENTATIVE TAX PER COMPUTER:.....	\$16,583.00
FORM 8814 ADDITIONAL TAX AMOUNT:.....	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....	\$0.00
FOREIGN TAX CREDIT:.....	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT:.....	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED:.....	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....	\$0.00
EDUCATION CREDIT:.....	\$0.00
EDUCATION CREDIT PER COMPUTER:.....	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:.....	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:.....	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:.....	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....	\$0.00
RESIDENTIAL ENERGY CREDIT:.....	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....	\$0.00
CHILD AND OTHER DEPENDENT CREDIT:.....	\$4,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....	\$4,000.00
ADOPTION CREDIT: F8839:.....	\$0.00
ADOPTION CREDIT PER COMPUTER:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....	\$0.00
TOTAL OTHER NON REFUNDABLE CREDIT:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:.....	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:.....	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....	\$0.00
EARLIER YEAR INCOME REPAYMENT CREDIT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....	\$0.00
SICK FAMILY LEAVE CREDIT:.....	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:.....	\$0.00

NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:.....	\$0.00
REFUNDABLE CHILD CARE CREDIT:.....	\$0.00
SICK FAMILY LEAVE CREDIT AFTER 3-31-21:.....	\$0.00
REFUNDABLE CHILD CARE CREDIT VERIFIED:.....	\$0.00
RECOVERY REBATE CREDIT:.....	\$0.00
RECOVERY REBATE CREDIT PER COMPUTER:.....	\$0.00
RECOVERY REBATE CREDIT VERIFIED:.....	\$0.00
OTHER CREDITS:.....	\$0.00
TOTAL CREDITS:.....	\$4,000.00
TOTAL CREDITS PER COMPUTER:.....	\$4,000.00
INCOME TAX AFTER CREDITS PER COMPUTER:.....	\$12,583.00

Other Taxes

SE TAX:.....	\$0.00
SE TAX PER COMPUTER:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:.....	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....	\$0.00
IRAF TAX PER COMPUTER:.....	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....	\$12,583.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....	\$12,583.00
TOTAL OTHER TAXES PER COMPUTER:.....	\$0.00
UNPAID FICA ON REPORTED TIPS:.....	\$0.00
F8959 ADDITIONAL MEDICARE TAX:.....	\$0.00
F8960 NET INVESTMENT INCOME TAX:.....	\$0.00
INTEREST ON DEFERRED TAX:.....	\$0.00
TOTAL OTHER TAXES:.....	\$0.00
RECAPTURE TAX: F8611:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....	\$0.00
INTEREST DUE ON INSTALLMENT:.....	\$0.00
SCH 8812 ADDITIONAL TAX COMPUTER:.....	\$0.00
REFUNDABLE CHILD CARE COMPUTER:.....	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....	\$0.00
DEFERRED TAX SCH H SE:.....	\$0.00
MAX DEFERRED TAX PER COMPUTER:.....	\$0.00
TOTAL ADDITIONAL TAXES:.....	\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....	\$12,583.00
TOTAL TAX LIABILITY TP FIGURES:.....	\$12,583.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....	\$12,583.00

Payments

FEDERAL INCOME TAX WITHHELD:.....	\$12,916.00
SCH 8812 ADDITIONAL TAX:.....	\$0.00
ESTIMATED TAX PAYMENTS:.....	\$0.00
OTHER PAYMENT CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT:.....	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....	\$0.00
REFUNDABLE CREDITS:.....	\$0.00
EARNED INCOME CREDIT:.....	\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....	\$0.00
NONTAXABALE COMBAT PAY:.....	\$0.00
SCHEDULE 8812 NONTAXABALE COMBAT PAY:.....	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....	\$0.00
AMOUNT PAID WITH FORM 4868:.....	\$0.00

FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....	\$0.00
HEALTH COVERAGE TX CR: F8885:.....	\$0.00
SEC 965 TAX INSTALLMENT:.....	\$0.00
SEC 965 TAX LIABILITY:.....	\$0.00
PREMIUM TAX CREDIT AMOUNT:.....	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....	\$0.00
TOTAL OTHER PAYMENTS REFUNDABLE:.....	\$0.00
TOTAL PAYMENTS:.....	\$12,916.00
TOTAL PAYMENTS PER COMPUTER:.....	\$12,916.00

Refund or Amount Owed

REFUND AMOUNT:.....	\$-333.00
ESTIMATED TAX CREDIT APPLIED TO NEXT YEAR:.....	\$0.00
ESTIMATED TAX PENALTY:.....	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....	\$-333.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....	\$-333.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....	\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....	
AUTHORIZATION INDICATOR:.....	0
THIRD PARTY DESIGNEE NAME:.....	

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....	\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....	\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

INCORRECT INFORMATION AOTC:.....	
F8867 CERTIFICATION:.....	Yes box checked
EIC CLAIMED:.....	Neither box checked
CTC ACTC CLAIMED:.....	Yes box checked
AOTC CLAIMED:.....	Neither box checked
HEAD OF HOUSEHOLD FILING STATUS CLAIMED:.....	Neither box checked

This Product Contains Sensitive Taxpayer Data

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES
ATLANTA FIELD OFFICE
USCIS FILE # MSC2290440372
A# 206 820 710

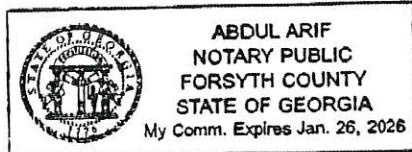
DECLARATION OF USMAN A. BASHA SHAIK
AFFIDAVIT MADE PURSUANT
TO 28 U.S.C. § 1746

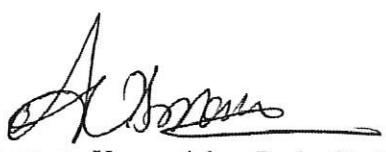
RE: Additional employment documents to support employment-based application

I, Usman Adam Basha Shaik, Principal Applicant I485 AOS being duly sworn & depose that:

- I have been employed with my original employer, First Tek Inc on a full time, permanent basis from March 1, 2013 to till date.
- USCIS conducted FDNS Cite Visit on March 4, 2017 and March 6, 2017 and inquired about Cloud Soft, Inc, company owned by my spouse (Haritha Banoth, CEO).
- I wish to offer explanation that Cloud Soft, Inc was incorporated on September 17, 2015 in the State of Georgia with 100% ownership and shareholder under my spouse's name, Haritha Banoth, CEO. She used to manage, control and direct the company, Cloud Soft, Inc.
- I wish to further explain that I have no ownership and never worked for 'Cloud Soft, Inc' in any manner. Cloud Soft, Inc was sold with 100% transfer of shares with closing date effective on Feb 1, 2018. I was never part of Cloud Soft, Inc in any position or authority & same was conveyed to officer during FDNS sites visit on March 4, 2017. I am enclosing following supporting evidence herewith to address issued raised by USCIS:-
 - i. Copy of 'Articles of Incorporation for Cloud Soft, Inc with authorized signatory, Haritha Banoth, CEO.
 - ii. Copy of 'stock sale & transfer agreement dated Feb 1, 2018 signed by authorized signatory, Haritha Banoth, CEO selling Cloud Soft, Inc to Purchaser.
 - iii. Annual Corporate Tax returns for Cloud Soft, Inc from 2015 -2017.
- My spouse, Haritha Banoth was 100% owner of the company 'Cloud Soft, Inc' & was operating as CEO from September 17, 2015 till January 31, 2018. I am enclosing following supporting evidence herewith to address issued raised by USCIS:-
 - i. Copy of W2's for year 2015-2018 filed by Haritha Banoth

I affirm under penalty of perjury that the above statements and facts are true and accurate.




Signature- Usman Adam Basha Shaik
Date: 08/03/2023

CLOUD SOFT, INC-
ARTICLES OF
INCORPORATION

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFIED COPY

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

CLOUD SOFT INC

a Domestic Nonprofit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number	: 12164530
Date Inc/Auth/Filed	: 09/17/2015
Jurisdiction	: Georgia
Print Date	: 05/11/2017
Form Number	: 215



A handwritten signature in black ink, appearing to read "B.P.K." followed by a stylized "w".

Brian P. Kemp
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

CLOUD SOFT INC

a Domestic Nonprofit Corporation

has been duly incorporated under the laws of the State of Georgia on **09/17/2015** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 09/22/2015



A handwritten signature in black ink that reads "B.P.K." followed by a stylized "h".

Brian P. Kemp
Secretary of State

ARTICLES OF INCORPORATION

Electronically Filed
Secretary of State
Filing Date: 9/17/2015 1:54:40 PM

BUSINESS INFORMATION

CONTROL NUMBER 15091830
BUSINESS NAME CLOUD SOFT INC
BUSINESS TYPE Domestic Nonprofit Corporation
EFFECTIVE DATE 09/17/2015

The corporation is organized pursuant to the Georgia Nonprofit Corporation Code.

PRINCIPAL OFFICE ADDRESS

ADDRESS 1106 DUNWOODY GABLES DR, ATLANTA, GA, 30338, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME **ADDRESS**
HARITHA BANOTH 1106 Dunwoody Gables Dr, Dekalb, Atlanta, GA, 30338, USA

INCORPORATOR(S)

NAME	TITLE	ADDRESS
Haritha Banoth	INCORPORATOR	1106 Dunwoody Gables Dr, Atlanta, GA, 30338, USA

MEMBER INFORMATION

No

OPTIONAL PROVISIONS

No Director of the Corporation shall be personally liable to the Corporation or its shareholders for any money damages for any action taken or any failure to take any action as a Director, except liability for any of the following:- 1. The amount of a financial benefit received by a director to which he or she is not entitled. 2. Intentional infliction of harm on the corporation or the shareholders. 3. An intentional criminal act.

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE HARITHA BANOTH
AUTHORIZER TITLE Incorporator

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed

Secretary of State

Filing Date: 1/14/2016 6:15:33 PM

BUSINESS INFORMATION

CONTROL NUMBER	15091830
BUSINESS NAME	CLOUD SOFT INC
BUSINESS TYPE	Domestic Nonprofit Corporation
EFFECTIVE DATE	01/14/2016

PRINCIPAL OFFICE ADDRESS

ADDRESS	5490 McGinnis Village Place, Suite 237,, Alpharetta, GA, 30005, USA
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REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
HARITHA BANOOTH	5490 McGinnis Village Place, Suite 237, Forsyth, Alpharetta, GA, 30005, USA

OFFICERS INFORMATION

NAME	TITLE	ADDRESS
Haritha Banoth	CEO	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA
Haritha Banoth	CFO	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA
Haritha Banoth	SECRETARY	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Haritha Banoth
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AUTHORIZER TITLE	Officer
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A handwritten signature in black ink that reads "B.P.K." followed by a stylized "h".

Brian P. Kemp
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed

Secretary of State

Filing Date: 1/18/2017 11:56:38 AM

BUSINESS INFORMATION

CONTROL NUMBER 15091830
BUSINESS NAME CLOUD SOFT INC
BUSINESS TYPE Domestic Nonprofit Corporation
EFFECTIVE DATE 01/18/2017

PRINCIPAL OFFICE ADDRESS

ADDRESS 5490 McGinnis Village Place, Suite 237,, Alpharetta, GA, 30005, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
HARITHA BANOTH	5490 McGinnis Village Place, Suite 237, Forsyth, Alpharetta, GA, 30005, USA

OFFICERS INFORMATION

NAME	TITLE	ADDRESS
Haritha Banoth	CEO	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA
Haritha Banoth	CFO	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA
Haritha Banoth	SECRETARY	5490 McGinnis Village Place Ste 237, Alpharetta, GA, 30005, USA

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE Haritha Banoth

AUTHORIZER TITLE Officer



A handwritten signature in black ink that reads "B.P.K." followed by a stylized "h".

Brian P. Kemp
Secretary of State

CLOUD SOFT, INC-
STOCK SALE & TRANSFER
AGREEMENT

STOCK SALE & TRANSFER AGREEMENT

This Stock Sale, Transfer and Proxy Agreement is made effective February 1, 2018, by and among Ms. Haritha Banoth (referred to as the “Sellers”), Cloud Soft Inc., a Georgia corporation (the “Corporation”), and Mr. Sairam Pamulapati (the “Purchaser”) and Mr. Sunil C. Savili (the “Purchaser”).

WHEREAS, Seller is the record owners and holders of all 1000 shares of stock in the Corporation and have 100% interest in the Corporation;

WHEREAS, Seller desires to sell all 100% of their interest in the Corporation to Purchasers;

WHEREAS, Purchasers desires to purchase 100% of Sellers’ stock in the Corporation;
WHEREAS, the parties to this Agreement wish to make certain agreements as to the transfer of stock; and

NOW, THEREFORE, in consideration of the mutual covenants and agreements of the parties hereto, it is mutually agreed by and among Sellers, the Corporation, and Purchaser as follows:

ARTICLE ONE **STOCK TRANSFER**

1.1 CURRENT OWNERSHIP

As of the effective date of this Agreement, Sellers own 100% of the stock in the Corporation.

1.2 PURCHASE OF UNITS

The Sellers agree to transfer to Purchasers all 1000 of Sellers’ shares of stock or 100% of Sellers’s interest in the Corporation to Mr. Sairam Pamulapati and Mr. Sunil C. Savili

ARTICLE TWO

CLOSING

2.1 PLACE OF CLOSING

The closing shall be at the corporate offices of Cloud Soft Inc.

2.2 CLOSING

The closing is effective as of February 1, 2018

2.3 DELIVERIES

2.3.1. Purchaser's Delivery

At closing, as per the agreement between the parties; the Purchasers have agreed to deliver to Seller the following items:

- (a) Cash or certified funds in 3 installments to Ms. Haritha Banoth as per payment schedule given below:
 1. \$53,000 on closing day which is 1st Feb. 2018.
 2. \$53,000 in 2nd quarter of the year 2018 (Quarter starting on May 1st, 2018)
 3. \$54,000 on last day of the third quarter of the year 2018 (Quarter starting August 1st, 2018)
- (b) Consent action authorizing Purchaser to purchase the stocks of Seller.

2.3.2 Seller's Delivery

At closing, Sellers shall deliver to Purchaser the following items:

- (a) Bill of Sale;
- (b) Corporate Record Book with Bylaws and Minutes to date;

- (c) Corporate Seal;
- (d) Stock Certificates to Purchaser for 1000 Shares owned by seller
- (e) Cloud Soft Inc.'s Resolution to allow Sellers to transfer the Corporation's stock to Purchaser.

2.3.3 Documents to be Jointly Executed

- (a) Closing Statement.

ARTICLE FOUR COVENANTS AND AGREEMENTS

4.1 Cooperation

Purchasers and Seller acknowledge that it may be necessary to execute documents other than those specifically referred to herein in order to complete the transaction contemplated by this agreement. Both Purchasers and Seller hereby agree to cooperate with one another by executing such other documents or taking such other action as may be reasonably necessary to complete this transaction in accordance with the intent of the parties as set out in this agreement.

ARTICLE FIVE REPRESENTATIONS, WARRANTIES AND POST CLOSING AGREEMENTS

5.1 Assets Owned Free and Clear

Seller warrants that the stock being sold to Purchaser pursuant to this agreement is owned free and clear and not subject to any liens, encumbrances, judgments or other liabilities.

ARTICLE SIX GENERAL PROVISIONS

6.1 ENTIRE AGREEMENT

This Agreement (including the exhibits hereto and any written amendments hereof executed by the parties) constitutes the entire Agreement and supersedes all prior agreements and

understandings, oral and written, between the parties hereto with respect to the subject matter hereof.

6.2 SECTIONS AND OTHER HEADINGS

The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

6.3 GOVERNING LAW

This agreement, and all transactions contemplated hereby, shall be governed by, construed and enforced in accordance with the laws of the State of Georgia. The parties herein waive trial by jury and agree to submit to the personal jurisdiction and venue of a court of subject matter jurisdiction located in Fulton County, State of Georgia. In the event that litigation results from or arises out of this Agreement or the performance thereof, the parties agree to reimburse the prevailing party's reasonable attorney's fees, court costs, and expenses in addition to any other relief to which the prevailing party may be entitled.

ARTICLE SEVEN
SPECIAL STIPULATIONS

7.1 TAXES

Each party to this agreement acknowledges that it is responsible for any taxable consequences that may occur due to the execution and consummation of this agreement.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed as of the date first written above.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

COMPANY:

Cloud Soft Inc.
a Georgia Corporation

Haritha
By: Haritha Banoth
Its: President CEO
Date: 02/01/2018

SELLERS:

Haritha
Haritha Banoth

Date: 02/01/2018

PURCHASERS:

Sairam Pamulapati

Sunil C. Savili
Date 02/01/2018

NOTARY SEAL: Subscribed and sworn to before me this 23rd day of February 2018

Signed Haritha Banoth Notary Public and County of Forsyth
State of Ga, My commission expires April 6, 2019



BILL OF SALE

WHEREAS, Cloud Soft Inc., a Georgia Corporation ("Corporation"), was formed by Ms. Haritha Banoth on or about September 17th, 2015 for the purpose of owning and operating an information technology outsourcing company located at 5490 McGinnis Village Place, Suite 237 Alpharetta, Georgia 30005;

WHEREAS, the Corporation was authorized to issue 1000 shares of stock, and did so issue all 1000 shares of said stock of the Corporation to Haritha Banoth;

WHEREAS, Haritha Banoth wish to sell all 1000 shares of the Corporation's stock to Mr. Sairam Pamulapati and Mr. Sunil Savili as follows: 800 shares to Mr. Sairam Pamulapati for a purchase price of \$128,000 (One Hundred Twenty-Eight Thousand Dollars) and 200 shares to Mr. Sunil C. Savili for a purchase price of \$32,000 (Thirty-two Thousand Dollars);

NOW, for the consideration of Ten Dollars (\$10.00), and the other promises herein, the adequacy, receipt and sufficiency of which is hereby acknowledged, Haritha Banoth (hereinafter together referred to as the "SELLERS") by these presents do hereby bargain, sell, convey, transfer, and deliver to Mr. Sairam Pamulapati and Mr. Suni C Savili (hereinafter referred to as the "PURCHASERS") the following assets (hereinafter referred to as the "PROPERTY"), to wit:

1000 shares of Haritha Banoth's stock of Cloud Soft, Inc.

SELLER hereby warrants and represent to PURCHASERS that, (i) there are no liens, claims or encumbrances against the property; and (ii) SELLER is the rightful owners of the PROPERTY with good and marketable title and the full powers and rights to transfer, convey, assign and deliver such PROPERTY to PURCHASER; (iii) SELLER backs this Bill of Sale with his/her personal guarantee for projected sales revenue of \$ _____ with anticipated gross profit for \$ _____ for 6 (six) months period starting from February 1, 2018 to July

31st, 2018. If consultants transitioned don't generate or fail to generate desired anticipated sales and gross profit as promised at the beginning of such transaction; Seller is liable to reimburse towards the losses incurred by the Buyers.

NOW, upon execution of this BILL OF SALE by SELLER, SELLER hereby sell, transfer, convey and deliver all of their rights, title and interest in and to the PROPERTY to PURCHASER its successors, designees and assigns and SELLERS fully warrant the rights, title and interest to such PROPERTY unto the PURCHASER, and its successors, designees and assigns, now and forever.

Agreed and effective as of the 1st Day of February, 2018

Haritha
Haritha Banoth

Sairam Pamulapati

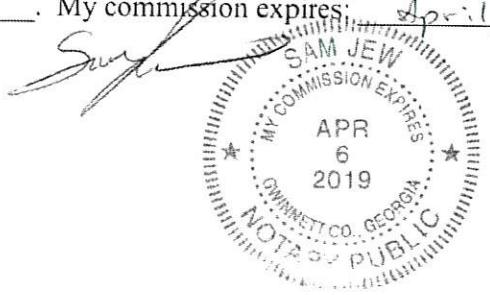
Sunil C Savili

Consented to by:

Cloud Soft, Inc.

Haritha
By: Haritha Banoth
Its: President

NOTARY SEAL: Subscribed and sworn to before me this 23rd day of February 2018
Signed Haritha Banoth Notary Public and County of Forsyth
State of Ga. My commission expires: April, 6, 2019



CLOSING STATEMENT

CLOSING DATE: February 1, 2018

SELLERS: Haritha Banoth (1000 Shares)

PURCHASER: Sairam Pamulapati and Sunil C. Savili

ASSETS: 1000 shares or 100% of the stock, rights, and interests of Cloud Soft Inc.

I. AMOUNT DUE FROM PURCHASER	
PURCHASE & SALE AGREEMENT PURCHASE PRICE	\$ 160,000.00
Plus:	
1. Filing Fee – Secretary of State	\$ 20.00
NET AMOUNT DUE FROM PURCHASER	\$ 160,020.00
II. AMOUNT DUE TO SELLERS	
PURCHASE & SALE AGREEMENT PURCHASE PRICE	<u>\$ 160,000.00</u>
NET AMOUNT DUE SELLERS:	\$ 160,000.00
III. RECEIPTS OUTSIDE OF CLOSING	
1. Check to Haritha Banoth	\$ 160,000.00
2. Secretary of State	\$ 20.00
TOTAL RECEIPTS	\$ 160,020.00
IV. DISBURSEMENTS MADE	
1. Haritha Banoth – Sellers's proceeds	\$ 160,000.00
2. Secretary of State	\$ 20.00
TOTAL DISBURSEMENTS	\$ 160,000.00

Post Closing Agreement

The parties below agree for good and sufficient consideration of Ten Dollars (\$10.00) and other valuable consideration hereby agree as follows:

1.

Purchaser and Sellers acknowledge that each have received, reviewed and approved all entries appearing on the Settlement Statement.

2.

Purchaser and Sellers agree that should any inadvertent errors or omissions later be discovered in any documents executed at the Closing, they shall promptly execute such corrective documents and remit such sums as may be required to adjust or correct such errors or

omissions.

3.

The parties hereby acknowledge that all funds in accordance with the Settlement Statement shall be paid outside of closing on even date herewith.

Read, Agreed to and Approved this 1st day of February 2018:

SELLERS:

Haritha
Haritha Banoth

PURCHASERS:

Sairam Pamulapati

Sunil C. Savili

Approved by:
Cloud Soft, Inc.
a Georgia corporation

Haritha
By: Haritha Banoth
Its: President

NOTARY SEAL: Subscribed and sworn to
before me this 23rd day of
February 2018

Signed Sunil J

Notary Public and County
of: Forsyth

State of Ga. My commission

expires April 6, 2019



**MINUTES OF ACTIONS OF THE SHAREHOLDERS AND DIRECTORS OF
CLOUD SOFT, INC. TAKEN BY UNANIMOUS WRITTEN CONSENT IN LIEU
OF MEETING**

Pursuant the Georgia Business Corporation Code and the Bylaws of Cloud Soft, Inc. (the "Corporation"), the undersigned being all the Shareholder and Director of the Corporation, do hereby consent to the following resolutions, which action shall have the same force and effect as if taken by unanimous affirmative vote at a meeting of the Shareholder and Director of the Corporation, duly called and held pursuant to the applicable provisions of the Georgia Business Corporation Code, and the Bylaws of the Corporation and further direct that this written consent be filed with the minutes of the proceedings of the Shareholder and Director of the Corporation.

WHEREAS there are currently one (1) shareholder who have interest in the Corporation in the following manner:

Haritha Banoth 1000 shares (100%)

WHEREAS, Haritha Banoth agree to transfer all 1000 shares or 100% of her interest in the Corporation to Mr. Sairam Pamulapati and Mr. Sunil C. Savili

WHEREAS, the following persons serve in accordance with the Bylaws as officers of the Corporation in the offices set forth beside their names:

President:	Haritha Banoth
Secretary:	Haritha Banoth
Treasurer:	Haritha Banoth

WHEREAS, the following persons were elected to serve in accordance with the Bylaws as Directors of the Corporation: Haritha Banoth

WHEREAS, Haritha Banoth agrees to resign as President of Cloud Soft Inc.;

WHEREAS, Haritha Banoth agrees to resign as a Director of Cloud Soft, Inc.;

RESOLVED, that there are now two (2) new Shareholders of the Corporation who has replaced Haritha Banoth and now holds shares in the Corporation in the following manner:

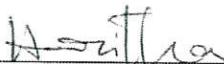
Sairam Pamulapati	800 shares (80%)
Sunil C. Savili	200 shares (20%)

RESOLVED, that the following persons shall now serve in accordance with the Bylaws as officers of the Corporation in the offices set forth beside their names:

President:	Sairam Pamulapati
Secretary:	Sunil C. Savili
Treasurer:	Sairam Pamulapati

RESOLVED, the new shareholders, Sairam Pamulapati and Sunil C. Savili, have elected as the Directors of Cloud Soft, Inc.

IN WITNESS WHEREOF, this unanimous consent action is effective as of the 1st day of February, 2018, and is hereby consented to by all the former and new Shareholders and Directors of the Corporation as of said date.


Haritha Banoth
Former Shareholder & Former Sole Director
Date: 02/01/2018

Cloud Soft Inc.

By: **Sairam Pamulapati**
Its: Managing Member
New Shareholder

Date: 02/01/2018

By: **Sunil C. Savili**
Its: Member
New Shareholder

NOTARY SEAL: Subscribed and sworn to before me this 23rd day of
February 2018

Signed Sam JEW Notary Public and County
of: Gwinnett

State of GA. My commission expires: April 1, 2019



U.S. Income Tax Return for an S Corporation

- Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
- Go to [www.irs.gov/Form 1120S](http://www.irs.gov/Form_1120S) for instructions and the latest information.

2017

For calendar year 2017 or tax year beginning , 2017, ending , 20

A S election effective date 09-22-2015	TYPE OR PRINT	Name CLOUD SOFT INC	D Employer identification number 47-5121285
B Business activity code number (see instructions) 541511		Number, street, and room or suite no. If a P.O. box, see instructions. 5490 MCGINNIS VILLAGE PL SUITE 237	E Date incorporated 09-22-2015
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code ALPHARETTA GA 30005	F Total assets (see instructions) \$ 92,173

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filedH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ► 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 868,517	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 868,517	
	2 Cost of goods sold (attach Form 1125-A)	2 157,975	
	3 Gross profit. Subtract line 2 from line 1c	3 710,542	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5 Other income (loss) (see instructions - attach statement)	5		
6 Total income (loss). Add lines 3 through 5	6 710,542		
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7 12,023	
	8 Salaries and wages (less employment credits)	8 496,168	
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11 21,990	
	12 Taxes and licenses	12 57,284	
	13 Interest	13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16 489	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18 31,688	
	19 Other deductions (attach statement)	19 75,132	
	20 Total deductions. Add lines 7 through 19	20 694,774	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 15,768	
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2018 estimated tax ►	Refunded ► 27		

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

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here

HARITHA BANOTH

Signature of officer

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name Prabhakar Boyapally	Preparer's signature	Date 04-11-2018	Check <input type="checkbox"/> if self-employed	PTIN P00969914
Firm's name ► ReddyCPA LLC		Firm's EIN ► 26-3078541		
Firm's address ► 8995 Moor Park Run Duluth GA 30097		Phone no.	(404) 513-9595	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2017)

Schedule B Other Information (see instructions)

				Yes	No
1 Check accounting method:	a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ► _____				
2 See the instructions and enter the:	a Business activity ► CONSULTING b Product or service ► SERVICE				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				
4 At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.				
	(i) Total shares of restricted stock	►		
	(ii) Total shares of non-restricted stock	►		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.				
	(i) Total shares of stock outstanding at the end of the tax year	►		
	(ii) Total shares of stock outstanding if all instruments were exercised	►		
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?				
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount	► <input type="checkbox"/>			
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ► \$	\$		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year.	\$			
10 Does the corporation satisfy both of the following conditions?					
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000				
b The corporation's total assets at the end of the tax year were less than \$250,000				
If "Yes," the corporation is not required to complete Schedules L and M-1.				
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$	\$		
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions				
13 a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?					
b If "Yes," did the corporation file or will it file required Forms 1099?					

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 15,768
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
b Collectibles (28%) gain (loss)	8b	
c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) . . . Type ►	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ► _____ (2) Amount ► _____	12c(2)
	d Other deductions (see instructions) . . . Type ►	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) . . . Type ►	13d
	e Other rental credits (see instructions) . . . Type ►	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) . . . Type ►	13g
Foreign Transactions	14a Name of country or U.S. possession ► _____	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive category	14d
	e General category	14e
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive category	14i
	j General category	14j
	k Other (attach statement) Other information	14k
	l Total foreign taxes (check one): ► <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18 15,768

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		23,414		12,763
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		0	Statement #19	79,410
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (attach statement)				
15 Total assets		23,414		92,173
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)		0	Statement #22	91,909
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings		23,414		264
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		()		()
27 Total liabilities and shareholders' equity		23,414		92,173

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	15,768	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$ _____ _____	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation \$ _____ b Travel and entertainment \$ _____ _____		6 Deductions included on Schedule K, lines 1 through 12 and 14l , not charged against book income this year (itemize): a Depreciation \$ _____ _____	
4 Add lines 1 through 3	15,768	7 Add lines 5 and 6 8 Income (loss) (Schedule K, line 18). Line 4 less line 7	15,768

Schedule M-2**Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders'
Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	(9,954)		
2 Ordinary income from page 1, line 21	15,768		
3 Other additions Statement #29	17,600		
4 Loss from page 1, line 21	()		
5 Other reductions	()		
6 Combine lines 1 through 5	23,414		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	23,414		

Cost of Goods Sold

- Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

CLOUD SOFT INC

Employer identification number
47-5121285

1	
2	
3	
4	
5	Statement #5.
6	157,975
7	157,975
8	157,975

9a	Check all methods used for valuing closing inventory:
(i)	<input type="checkbox"/> Cost
(ii)	<input type="checkbox"/> Lower of cost or market
(iii)	<input type="checkbox"/> Other (Specify method used and attach explanation.) ►
b	Check if there was a writedown of subnormal goods ► <input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ► <input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d <input type="checkbox"/>
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No

Cloud Soft Inc

5490 McGinnis Village P1 Suite 237
Alpharetta, GA 30005

Phone: (404)539-6275 | Fax:

April 11, 2018

Haritha Banoth
1475 Apple Blossom Dr
Cumming, GA 30041

Haritha Banoth:

Attached is a copy of the Schedule K-1 for Cloud Soft Inc. Use the information on this schedule when preparing your 2017 individual income tax return.

If you have questions regarding the amounts on this Schedule K-1, please submit your questions to the following address:

ACCOUNTING
Cloud Soft Inc
5490 McGinnis Village P1 Suite 237
Alpharetta, GA 30005

Also enclosed is supplemental K-1 information to assist you in preparing your tax return.

Sincerely,

Haritha Banoth
President

Enclosure

**Schedule K-1
(Form 1120S)**

 Department of the Treasury
Internal Revenue Service
2017

For calendar year 2017, or tax year

beginning 2017 ending _____
**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

47-5121285

B Corporation's name, address, city, state, and ZIP code

CLOUD SOFT INC

5490 MCGINNIS VILLAGE PL SUITE 237

ALPHARETTA GA 30005

C IRS Center where corporation filed return

KANSAS CITY

Part II Information About the Shareholder

D Shareholder's identifying number

729-32-8822

E Shareholder's name, address, city, state, and ZIP code

HARITHA BANOTH

1475 APPLE BLOSSOM DR

CUMMING GA 30041

F Shareholder's percentage of stock ownership for tax year

100.00000 %

For IRS Use Only



Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 15,768	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	
11	Section 179 deduction	16	
12	Other deductions		
17	Other information		

* See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040.

For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
Passive loss	Report on	
Passive income	See the Shareholder's Instructions	
Nonpassive loss	Schedule E, line 28, column (g)	
Nonpassive income	See the Shareholder's Instructions	
2. Net rental real estate income (loss)	Schedule E, line 28, column (j)	
3. Other net rental income (loss)	See the Shareholder's Instructions	
Net income	Schedule E, line 28, column (g)	
Net loss	See the Shareholder's Instructions	
4. Interest income	Form 1040, line 8a	
5a. Ordinary dividends	Form 1040, line 9a	
5b. Qualified dividends	Form 1040, line 9b	
6. Royalties	Schedule E, line 4	
7. Net short-term capital gain (loss)	Schedule D, line 5	
8a. Net long-term capital gain (loss)	Schedule D, line 12	
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	
10. Other income (loss)	See the Shareholder's Instructions	
Code	I Passive category J General category K Other	Deductions allocated and apportioned at shareholder level
A Other portfolio income (loss)	L Total foreign taxes paid	Form 1116, Part I
B Involuntary conversions	M Total foreign taxes accrued	Form 1116, Part I
C Sec. 1256 contracts & straddles	N Reduction in taxes available for credit	Form 1116, line 12
D Mining exploration costs recapture	O Foreign trading gross receipts	Form 8873
E Other income (loss)	P Extraterritorial income exclusion	Form 8873
11. Section 179 deduction	Q Other foreign transactions	See the Shareholder's Instructions
12. Other deductions	See the Shareholder's Instructions	
A Cash contributions (50%)	A Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
B Cash contributions (30%)	B Adjusted gain or loss	
C Noncash contributions (50%)	C Depletion (other than oil & gas)	
D Noncash contributions (30%)	D Oil, gas, & geothermal - gross income	
E Capital gain property to a 50% organization (30%)	E Oil, gas, & geothermal - deductions	
F Capital gain property (20%)	F Other AMT items	
G Contributions (100%)	See the Shareholder's Instructions	
H Investment interest expense	B Tax-exempt interest income	Form 1040, line 8b
I Deductions - royalty income	C Other tax-exempt income	
J Section 59(e)(2) expenditures	D Nondeductible expenses	See the Shareholder's Instructions
K Deductions - portfolio (2% floor)	E Distributions	
L Deductions - portfolio (other)	F Repayment of loans from shareholders	
M Preproductive period expenses	See the Shareholder's Instructions	
N Commercial revitalization deduction from rental real estate activities	G Investment income	Form 4952, line 4a
O Reforestation expense deduction	H Investment expenses	Form 4952, line 5
P Domestic production activities information	C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
Q Qualified production activities income	D Basis of energy property	See the Shareholder's Instructions
R Employer's Form W-2 wages	E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
S Other deductions	F Recapture of low-income housing credit (other)	Form 8611, line 8
13. Credits	G Recapture of investment credit	See Form 4255
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	H Recapture of other credits	See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings	I Look-back interest - completed long-term contracts	See Form 8697
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	J Look-back interest - income forecast method	See Form 8866
D Low-income housing credit (other) from post-2007 buildings	K Dispositions of property with section 179 deductions	
E Qualified rehabilitation expenditures (rental real estate)	L Recapture of section 179 deduction	
F Other rental real estate credits	M Section 453(l)(3) information	
G Other rental credits	N Section 453A(c) information	
H Undistributed capital gains credit	O Section 1260(b) information	
I Biofuel producer credit	P Interest allocable to production expenditures	
J Work opportunity credit	Q CCF nonqualified withdrawals	
K Disabled access credit	R Depletion information - oil and gas	
L Empowerment zone employment credit	S Reserved	
M Credit for increasing research activities	T Section 108(i) information	
	U Net investment income	
	V Other information	

Shareholder's Adjusted Basis Worksheet

2017

Keep for your records.

Shareholder Number:	TIN: 729-32-8822	Tax year ending: 12-31-2017	Ownership %: 100.000000
Shareholder Name:	HARITHA BANOTH		
Corporation Name:	CLOUD SOFT INC	EIN 47-5121285	

Stock basis

1 Stock basis, beginning of year (Not less than zero)	1	367
2 Additional Capital Contributions of Stock Purchased	2	
3 Increases for income and gain items:		
a Ordinary Income (Sch K-1, Line 1)	a	15,768
b Real Estate Rental Income (Sch K-1, Line 2)	b	
c Other Rental Income (Sch K-1, Line 3c)	c	
d Interest, Dividends & Royalties (Sch K-1, Lines 4, 5 & 6)	d	
e Capital Gain (Sch K-1, Lines 7 & 8a)	e	
f Other Portfolio Income (Sch K-1, Line 10a)	f	
g Section 1231 Gain (Sch K-1, Line 9)	g	
h Other Income (Sch K-1, Line 10)	h	
Total Income and Gain Items (Total lines 3a-3h)	3a-h	15,768
i Increase for Non-Taxable Income (Sch K-1, Lines 16a & b)	3i	
j Increase for Excess Depletion Adjustment	3j	
k Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k	
l Gain from 179 asset disposition	3l	
4 Stock Basis Before Distributions (Add lines 1 through 3)	4	16,135
5 Reduction for Non-Taxable Distributions (Sch K-1, Line 16d)	5	
6 Stock Basis Before Non-Ded. Expense & Depletion (Cannot be negative)	6	16,135
7a Decrease for Non-Deductible Expense/Credit Adj (Sch K-1, Line 16c & 13)	a	
b Decrease for Depletion (Sch K-1, Line 17r)	b	
8 Stock Basis Before Allowable Losses & Deductions (Cannot be negative)	7	
9 Decreases for Loss and Deduction items	8	16,135
a Ordinary Loss (Page 2, Col e, Line 9a)	a	
b Real Estate Rental Loss (Page 2, Col e, Line 9b)	b	
c Other Rental Loss (Page 2, Col e, Line 9c)	c	
d Capital Loss (Page 2, Col e, Line 9d)	d	
e Other Portfolio Loss (Page 2, Col e, Line 9e)	e	
f Section 1231 Loss (Page 2, Col e, Line 9f)	f	
g Other Loss (Page 2, Col e, Line 9g)	g	
h Charitable Contributions (Page 2, Col e, Line 9h)	h	
i Section 179 Expense (Page 2, Col e, Line 9i)	i	
j Portfolio Income Expenses (Page 2, Col e, Line 9j)	j	
k Other Deductions (Page 2, Col e, Line 9k)	k	
l Interest Expense on Investment Debt (Page 2, Col e, Line 9l)	l	
m Total Foreign Taxes Paid/Accrued (Page 2, Col e, Line 9m)	m	
n Section 59(e) Expenditures (Page 2, Col e, Line 9n)	n	
Total Loss and Deduction Items (Total Lines 9a-9n)	9a-n	
o Other decreases (Page 2, Col e, Line 9o)	9o	
p Loss from 179 asset disposition (Page 2, Col e, Line 9n)	9p	
Total Decrease for Loss and Deductions Items and Business Credits	9	
10 Less: net increase applied to debt basis	10	
11 Stock Basis at End of Year (Cannot be negative)	11	16,135

Debt Basis

12 Debt basis at beginning of year (not less than zero)	12	
13 New loans to corporation during year	13	
14 Restoration of Debt Basis (Line 10)	14	
15 Less: Loans repaid by corporation during the year	15	
16 Less: Applied against excess loss and deductions / non-deductible items	16	
17 Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	
18 Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	16,135

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year		
20 Add: Losses and deductions this year		
21 Less: Applied this year		
22 End of year (Not less than zero)		

Allocation of Losses and Deductions

Keep for your records.

Shareholder Number:	TIN: 729-32-8822	Year Ended: 12-31-2017
Shareholder Name: HARITHA BANOOTH		
Corporation Name: CLOUD SOFT INC		

	(a) Beginning of Year Losses and Deductions (Sch K, Line 1)	(b) Current Year Losses and Deductions (Sch K, Line 2)	(c) Total Losses and Deductions (Sch K, Line 3c)	(d) % (Sch K, Lines 7 & 8a)
9a Ordinary losses from trade or business				
b Net losses from rental real estate activities				
c Net losses from other rental activities				
d Net short-term capital losses				
d Net long-term capital losses				
e Other portfolio losses				
f Net losses under Section 1231				
g Other losses				
h Charitable contributions				
i Section 179 expense deduction				
j Portfolio income expenses				
k Other deductions				
l Interest expense on investment debts				
m Foreign taxes paid or accrued				
n Section 59(e) expenditures				
o Other decreases				
p Loss from 179 asset				
Total deductible losses and deductions				
7a Nondeductible expenses & credit adj	(Sch K, Line 16c & 13)			
b Oil and gas depletion	(Sch K, Line 17r)			
Total nondeductible losses and deductions				
Totals				

Compensation of Officers

- Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.
- Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name _____

CLOUD SOFT INC

Employer identification number
47-5121285

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

Form **7004**(Rev. December 2017)
Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

OMB No. 1545-0233

► Go to www.irs.gov/Form7004 for instructions and the latest information.**Print
or
Type**

Name CLOUD SOFT INC	Identifying number 47-5121285
Number, street, and room or suite no. (If P.O. box, see instructions.) 5490 MCGINNIS VILLAGE PL SUITE 237	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). ALPHARETTA GA 30005	

Note: File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for 2 5

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ►
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ►
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . ►
- 5a The application is for calendar year 20 17, or tax year beginning _____, 20_____, and ending _____, 20_____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2017)

EEA

IRS e-file Signature Authorization for Form 1120S

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20_____

Name of corporation

CLOUD SOFT INC

Employer identification number
47-5121285**Part I Tax Return Information (Whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	868,517
2	Gross profit (Form 1120S, line 3)	2	710,542
3	Ordinary business income (loss) (Form 1120S, line 21)	3	15,768
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	15,768

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize _____ to enter my PIN _____ as my signature
 ERO firm name _____ Don't enter all zeros
- on the corporation's 2017 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

32165

Officer's signature ► _____ Date ► 03-07-2018 Title ► PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

673896 12345
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ► _____ Date ► 04-11-2018

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Federal Supporting Statements**2017 PG01**

Name(s) as shown on return

CLOUD SOFT INC

FEIN

47-5121285

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

DESCRIPTION	AMOUNT
ACCOUNTING FEE	425
BANK CHARGES	283
CORPORATE FEES	295
DUES AND SUBSCRIPTIONS	95
IMMIGRATION EXPENSES	33,620
INSURANCE	10,006
LEGAL FEES	20,137
OFFICE SUPPLIES	51
OTHER TAXES	10
REIMBURSEMENTS	1,421
SHIPPING	1,545
TELEPHONE	1,675
TRAVEL	5,282
UTILITIES	287
TOTAL	75,132

SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01
Statement #19

DESCRIPTION	BEG OF YEAR	END OF YEAR
EMPLOYEE ADVANCE	8,324	
LOAN		71,086
TOTAL	79,410	

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES

PG01
Statement #22

DESCRIPTION	BEG OF YEAR	END OF YEAR
CREDIT CARDS	(8,091)	
LOAN		100,000
TOTAL	91,909	

CLOUD SOFT, INC-
ANNUAL CORPORATE TAX
RETURNS-
YEAR 2015-2017

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

2015

► Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning

09-22, 2015, ending

12-31, 2015

A S election effective date
09-22-2015**B** Business activity code
number (see instructions)
541511**C** Check if Sch. M-3
attached TYPE
OR
PRINT

Name

CLOUD SOFT INC

Number, street, and room or suite no. If a P.O. box, see instructions.

5490 MCGINNIS VILLAGE PL SUITE 237

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

47-5121285

E Date incorporated

09-22-2015

F Total assets (see instructions)

ALPHARETTA

GA 30005

\$

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year ► 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
	5 Other income (loss) (see instructions - attach statement)	5	
	6 Total income (loss). Add lines 3 through 5	6	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7	
	8 Salaries and wages (less employment credits)	8	
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11	1,350
	12 Taxes and licenses	12	
	13 Interest	13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement)	19	8,971
	20 Total deductions. Add lines 7 through 19	20	10,321
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	(10,321)
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23 a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
	27 Enter amount from line 26 Credited to 2016 estimated tax ► Refunded ►	27	

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

May the IRS discuss this return
with the preparer shown below
(see instructions)? Yes No**Sign
Here**

HARITHA BANOTH

Signature of officer

PRESIDENT

Title

**Paid
Preparer
Use Only**Print/Type preparer's name
Prabhakar Boyapally

Preparer's signature

Date

02-11-2016

Check if self-employed

PTIN

P00969914

Firm's name ► ReddyCPA LLC

Firm's EIN ► 26-3078541

Firm's address ► 8995 Moor Park Run
Duluth GA 30097

Phone no.

(404) 513-9595

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2015)

EEA

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 (10,321)
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
b Collectibles (28%) gain (loss)	8b	
c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) . . . Type ▶	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
d Other deductions (see instructions) . . . Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) . . . Type ▶	13d
	e Other rental credits (see instructions) . . . Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) . . . Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession ▶	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
Other information		
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note.** The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l , not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ _____			
4 Add lines 1 through 3		7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	

Schedule M-2**Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(10,321)		
5 Other reductions	()	()	
6 Combine lines 1 through 5	(10,321)		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	(10,321)		

EEA

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
Passive loss	Report on	
Passive income	See the Shareholder's Instructions	
Nonpassive loss	Schedule E, line 28, column (g)	
Nonpassive income	Schedule E, line 28, column (h)	
	Schedule E, line 28, column (j)	
2. Net rental real estate income (loss)	See the Shareholder's Instructions	
3. Other net rental income (loss)	Schedule E, line 28, column (g)	
Net income	See the Shareholder's Instructions	
Net loss	Form 1040, line 8a	
4. Interest income	Form 1040, line 9a	
5a. Ordinary dividends	Form 1040, line 9b	
5b. Qualified dividends	Schedule E, line 4	
6. Royalties	Schedule D, line 5	
7. Net short-term capital gain (loss)	Schedule D, line 12	
8a. Net long-term capital gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8b. Collectibles (28%) gain (loss)	See the Shareholder's Instructions	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	
10. Other income (loss)	Code	
A Other portfolio income (loss)	See the Shareholder's Instructions	
B Involuntary conversions	See the Shareholder's Instructions	
C Sec. 1256 contracts & straddles	Form 6781, line 1	
D Mining exploration costs recapture	See Pub. 535	
E Other income (loss)	See the Shareholder's Instructions	
11. Section 179 deduction	See the Shareholder's Instructions	
12. Other deductions	See the Shareholder's Instructions	
A Cash contributions (50%)	Form 4952, line 1	
B Cash contributions (30%)	Schedule E, line 19	
C Noncash contributions (50%)	See the Shareholder's Instructions	
D Noncash contributions (30%)	Schedule A, line 23	
E Capital gain property to a 50% organization (30%)	Schedule A, line 28	
F Capital gain property (20%)	See the Shareholder's Instructions	
G Contributions (100%)	See Form 8582 instructions	
H Investment interest expense	See the Shareholder's Instructions	
I Deductions - royalty income	See Form 8903 instructions	
J Section 59(e)(2) expenditures	Form 8903, line 7b	
K Deductions - portfolio (2% floor)	Form 8903, line 17	
L Deductions - portfolio (other)	See the Shareholder's Instructions	
M Preproductive period expenses	Form 8903, line 17	
N Commercial revitalization deduction from rental real estate activities	See the Shareholder's Instructions	
O Reforestation expense deduction	See Form 8611, line 8	
P Domestic production activities information	See the Shareholder's Instructions	
Q Qualified production activities income	Form 8611, line 8	
R Employer's Form W-2 wages	See Form 4255	
S Other deductions	See the Shareholder's Instructions	
13. Credits	See the Shareholder's Instructions	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	Form 1040, line 73, box a	
B Low-income housing credit (other) from pre-2008 buildings	See the Shareholder's Instructions	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	Form 1040, line 73, box a	
D Low-income housing credit (other) from post-2007 buildings	See the Shareholder's Instructions	
E Qualified rehabilitation expenditures (rental real estate)	Form 1040, line 73, box a	
F Other rental real estate credits	See the Shareholder's Instructions	
G Other rental credits	Form 1040, line 73, box a	
H Undistributed capital gains credit	See the Shareholder's Instructions	
I Biofuel producer credit	Form 1040, line 73, box a	
J Work opportunity credit	See the Shareholder's Instructions	
K Disabled access credit	Form 1040, line 73, box a	
L Empowerment zone employment credit	See the Shareholder's Instructions	
M Credit for increasing research activities	See the Shareholder's Instructions	
14. Foreign transactions	Code	
A Name of country or U.S. possession	See the Shareholder's Instructions	
B Gross income from all sources	Form 1116, Part I	
C Gross income sourced at shareholder level	Foreign gross income sourced at corporate level	
D Passive category	Form 1116, Part I	
E General category	Form 1116, Part I	
F Other	Deductions allocated and apportioned at shareholder level	
G Interest expense	Form 1116, Part I	
H Other	Form 1116, Part I	
I Deductions allocated and apportioned at corporate level to foreign source income	Form 1116, Part I	
J Passive category	Form 1116, Part II	
K General category	Form 1116, Part II	
L Total foreign taxes paid	Form 1116, line 12	
M Total foreign taxes accrued	Form 8873	
N Reduction in taxes available for credit	Form 8873	
O Foreign trading gross receipts	See the Shareholder's Instructions	
P Extraterritorial income exclusion	See the Shareholder's Instructions	
Q Other foreign transactions	See the Shareholder's Instructions	
15. Alternative minimum tax (AMT) items	See the Shareholder's Instructions and the Instructions for Form 6251	
A Post-1986 depreciation adjustment	Form 1040, line 8b	
B Adjusted gain or loss	See the Shareholder's Instructions	
C Depletion (other than oil & gas)	Form 4952, line 4	
D Oil, gas, & geothermal - gross income	Form 4952, line 5	
E Oil, gas, & geothermal - deductions	See the Shareholder's Instructions	
F Other AMT items	See the Shareholder's Instructions	
16. Items affecting shareholder basis	See the Shareholder's Instructions	
A Tax-exempt interest income	Form 8611, line 8	
B Other tax-exempt income	See Form 4255	
C Nondeductible expenses	See the Shareholder's Instructions	
D Distributions	See Form 8697	
E Repayment of loans from shareholders	See Form 8866	
17. Other information	See the Shareholder's Instructions	
A Investment income	Form 8611, line 8	
B Investment expenses	See the Shareholder's Instructions	
C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions	
D Basis of energy property	See the Shareholder's Instructions	
E Recapture of low-income housing credit (section 42(j)(5))	See the Shareholder's Instructions	
F Recapture of low-income housing credit (other)	See the Shareholder's Instructions	
G Recapture of investment credit	See the Shareholder's Instructions	
H Recapture of other credits	See the Shareholder's Instructions	
I Look-back interest - completed long-term contracts	See the Shareholder's Instructions	
J Look-back interest - income forecast method	See the Shareholder's Instructions	
K Dispositions of property with section 179 deductions	See the Shareholder's Instructions	
L Recapture of section 179 deduction	See the Shareholder's Instructions	
M Section 453(l)(3) information	See the Shareholder's Instructions	
N Section 453A(c) information	See the Shareholder's Instructions	
O Section 1280(b) information	See the Shareholder's Instructions	
P Interest allocable to production expenditures	See the Shareholder's Instructions	
Q CCF nonqualified withdrawals	See the Shareholder's Instructions	
R Depletion information - oil and gas	See the Shareholder's Instructions	
S Reserved	See the Shareholder's Instructions	
T Section 108(l) information	See the Shareholder's Instructions	
U Net investment income	See the Shareholder's Instructions	
V Other information	See the Shareholder's Instructions	

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

2015Department of the Treasury
Internal Revenue ServiceFor calendar year 2015, or tax year beginning 09-22, 2015, and ending 12-31, 2015.

Name of corporation

CLOUD SOFT INC

Employer identification number
47-5121285**Part I Tax Return Information (Whole dollars only)**

<u>1</u>	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	<u>1</u>
<u>2</u>	Gross profit (Form 1120S, line 3)	<u>2</u>
<u>3</u>	Ordinary business income (loss) (Form 1120S, line 21)	<u>3</u>
<u>4</u>	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	<u>4</u>
<u>5</u>	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	<u>5</u>

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize ReddyCPA LLC to enter my PIN 32165 as my signature
 ERO firm name do not enter all zeros
- on the corporation's 2015 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ►

Date ► 02-11-2016Title ► PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

673896 12345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ► 02-11-2016

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 1120S

K-K1 Comparison Worksheet

(Keep for your records)

2015

S CORPORATION NAME

CLOUD SOFT INC

EIN

47-5121285

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	(10,321)	(10,321)	

1120S TAX RETURN COMPARISON
2013 / 2014 / 2015

2015

Page 2

Name(s) as shown on return
CLOUD SOFT INC

Identifying number
47-5121285

	2013 FEDERAL	2014 FEDERAL	2015 FEDERAL	DIFFERENCE BETWEEN 2014 & 2015
Deductions				
Section 179 deduction				
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses				
Property distributions				
Repayment of loans from shareholders				
Other information				
Investment income				
Investment expenses				
Dividend distributions paid from accum earnings and profits				
RESIDENT STATE			GA	
Taxable income				
Total tax				
Overpayment				
Balance due			10	10
	2013	2014	2015	DIFFERENCE

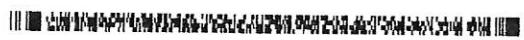
GAINST**Filing Instructions****2015**

Name(s) as shown on return

CLOUD SOFT INC

SSN or EIN

47-5121285**DATE TO FILE BY:** 03-15-2016**FORM TO BE FILED:** GA600S AND SUPPLEMENTAL FORMS AND SCHEDULES**SIGN AND DATE:** SIGN AND DATE AT THE BOTTOM OF FORM GA600S PAGE 2.**PAYMENT:** \$10.00**ADDRESS TO FILE:** GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 740317
ATLANTA, GA 30374-0317**TRANSACTION METHOD:** INCLUDE FORM PV-CORP WITH YOUR PAYMENT. MAKE YOUR CHECK PAYABLE TO: GEORGIA DEPARTMENT OF REVENUE. INCLUDE YOUR FEDERAL EIN, "2015 GA600S" ON YOUR PAYMENT. IF THE RETURN WAS FILED ELECTRONICALLY, MAIL ONLY THE VOUCHER AND PAYMENT TO THE ADDRESS ABOVE.**OTHER INSTRUCTIONS:** IF MAILING YOUR GA RETURN, ATTACH A COMPLETE COPY OF THE FEDERAL RETURN.



U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

- Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

► Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2016

For calendar year 2016 or tax year beginning

, 2016, ending

, 20

A S election effective date 09-22-2015	TYPE OR PRINT	Name CLOUD SOFT INC Number, street, and room or suite no. If a P.O. box, see instructions. 5490 MCGINNIS VILLAGE PL SUITE 237 City or town, state or province, country, and ZIP or foreign postal code ALPHARETTA GA 30005	D Employer identification number 47-5121285
B Business activity code number (see instructions) 541511		E Date incorporated 09-22-2015	
C Check if Sch. M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$	

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filedH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocationI Enter the number of shareholders who were shareholders during any part of the tax year **1**

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 167,885	1c 2 3 4 5 6	167,885
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			
	2 Cost of goods sold (attach Form 1125-A)			
	3 Gross profit. Subtract line 2 from line 1c			
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			
5 Other income (loss) (see instructions - attach statement)				
6 Total income (loss). Add lines 3 through 5				
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7 18,629		
	8 Salaries and wages (less employment credits)	8 125,290		
	9 Repairs and maintenance	9		
	10 Bad debts	10		
	11 Rents	11		
	12 Taxes and licenses	12 6,532		
	13 Interest	13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		
	19 Other deductions (attach statement)	19 17,067		
	20 Total deductions. Add lines 7 through 19	20 167,518		
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 367		
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	22c 23a 23b 23c 23d 24 25 26 27	
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			
	23 a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			
27 Enter amount from line 26 Credited to 2017 estimated tax ►	Refunded ►			

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

May the IRS discuss this return with the preparer shown below
(see instructions)? Yes No

Sign Here

HARITHA BANOTH

Signature of officer

PRESIDENT

Title

Paid Preparer Use Only	Print/Type preparer's name Prabhakar Boyapally	Preparer's signature Prabhakar Boyapally	Date 02-24-2017	Check <input type="checkbox"/> if self-employed	PTIN P00969914
	Firm's name ► ReddyCPA LLC		Firm's EIN ►	26-3078541	
	Firm's address ► 8995 Moor Park Run Duluth GA 30097		Phone no.	(404) 513-9595	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120S (2016)

Schedule B Other Information (see instructions)

		Yes	No
1 Check accounting method:	a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►		
2 See the instructions and enter the:	a Business activity ► <u>CONSULTING</u> b Product or service ► <u>SERVICE</u>		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation			
4 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned
(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made			
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization
(v) Maximum Percentage Owned in Profit, Loss, or Capital			
5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.			
(i) Total shares of restricted stock			
(ii) Total shares of non-restricted stock			
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.			
(i) Total shares of stock outstanding at the end of the tax year			
(ii) Total shares of stock outstanding if all instruments were exercised			
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?			
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.			
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ► \$			
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$			
10 Does the corporation satisfy both of the following conditions?			
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000			
b The corporation's total assets at the end of the tax year were less than \$250,000			
If "Yes," the corporation is not required to complete Schedules L and M-1.			
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$			
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions			
13 a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? b If "Yes," did the corporation file or will it file required Forms 1099?			

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 367
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) . . Type►	10
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type► _____ (2) Amount► _____	12c(2)
	d Other deductions (see instructions) . . Type►	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) . . Type► _____	13d
	e Other rental credits (see instructions) . . Type► _____	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) . . Type► _____	13g
Foreign Transactions	14a Name of country or U.S. possession ► _____	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive category	14d
	e General category	14e
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive category	14i
	j General category	14j
	k Other (attach statement) Other information	14k
	l Total foreign taxes (check one): ► <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18

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Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$ _____ _____	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation \$ _____ b Travel and entertainment \$ _____ _____		6 Deductions included on Schedule K, lines 1 through 12 and 14l , not charged against book income this year (itemize): a Depreciation \$ _____ _____	
4 Add lines 1 through 3		7 Add lines 5 and 6 8 Income (loss) (Schedule K, line 18). Line 4 less line 7	

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	(10,321)		
2 Ordinary income from page 1, line 21	367		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions	()	()	
6 Combine lines 1 through 5	(9,954)		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	(9,954)		

**Schedule K-1
(Form 1120S)**

 Department of the Treasury
Internal Revenue Service
2016
 For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20_____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

47-5121285

B Corporation's name, address, city, state, and ZIP code

CLOUD SOFT INC

5490 MCGINNIS VILLAGE PL SUITE 237

ALPHARETTA GA 30005

C IRS Center where corporation filed return

E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number

729-32-8822

E Shareholder's name, address, city, state, and ZIP code

HARITHA BANOTH

1475 APPLE BLOSSOM DR

CUMMING GA 30041

F Shareholder's percentage of stock

ownership for tax year 100.00000 %

For IRS Use Only



<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1 OMB No. 1545-0123			
Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 367	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
17	Other information		

* See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
Passive loss	See the Shareholder's Instructions	
Passive income	Schedule E, line 28, column (g)	
Nonpassive loss	Schedule E, line 28, column (h)	
Nonpassive income	Schedule E, line 28, column (j)	
2. Net rental real estate income (loss)	See the Shareholder's Instructions	
3. Other net rental income (loss)		
Net income	Schedule E, line 28, column (g)	
Net loss	See the Shareholder's Instructions	
4. Interest income	Form 1040, line 8a	
5a. Ordinary dividends	Form 1040, line 9a	
5b. Qualified dividends	Form 1040, line 9b	
6. Royalties	Schedule E, line 4	
7. Net short-term capital gain (loss)	Schedule D, line 5	
8a. Net long-term capital gain (loss)	Schedule D, line 12	
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	
10. Other income (loss)	See the Shareholder's Instructions	
	Code	
A Other portfolio income (loss)	See the Shareholder's Instructions	
B Involuntary conversions	See the Shareholder's Instructions	
C Sec. 1256 contracts & straddles	Form 6781, line 1	
D Mining exploration costs recapture	See Pub. 535	
E Other income (loss)	See the Shareholder's Instructions	
11. Section 179 deduction	See the Shareholder's Instructions	
12. Other deductions		
A Cash contributions (50%)	See the Shareholder's Instructions	
B Cash contributions (30%)	Form 4952, line 1	
C Noncash contributions (50%)	Schedule E, line 19	
D Noncash contributions (30%)	See the Shareholder's Instructions	
E Capital gain property to a 50% organization (30%)	Schedule A, line 23	
F Capital gain property (20%)	Schedule A, line 28	
G Contributions (100%)	See the Shareholder's Instructions	
H Investment interest expense	See Form 8582 instructions	
I Deductions - royalty income	See the Shareholder's Instructions	
J Section 59(e)(2) expenditures	See Form 8903 instructions	
K Deductions - portfolio (2% floor)	Form 8903, line 7b	
L Deductions - portfolio (other)	Form 8903, line 17	
M Preproductive period expenses	See the Shareholder's Instructions	
N Commercial revitalization deduction from rental real estate activities		
O Reforestation expense deduction		
P Domestic production activities information		
Q Qualified production activities income		
R Employer's Form W-2 wages		
S Other deductions		
13. Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	
B Low-income housing credit (other) from pre-2008 buildings	Form 1040, line 73, box a	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		
I Biofuel producer credit		
J Work opportunity credit		
K Disabled access credit		
L Empowerment zone employment credit		
M Credit for increasing research activities	See the Shareholder's Instructions	
14. Foreign transactions		
A Name of country or U.S. possession	Form 1116, Part I	
B Gross income from all sources	See the Shareholder's Instructions	
C Gross income sourced at shareholder level	Foreign gross income sourced at corporate level	
D Passive category	Form 1116, Part I	
E General category	Form 1116, Part I	
F Other	Deductions allocated and apportioned at shareholder level	
G Interest expense	Form 1116, Part I	
H Other	Deductions allocated and apportioned at corporate level to foreign source income	
I Passive category	Form 1116, Part I	
J General category	Form 1116, Part I	
K Other	Other information	
L Total foreign taxes paid	Form 1116, Part II	
M Total foreign taxes accrued	Form 1116, Part II	
N Reduction in taxes available for credit	Form 1116, line 12	
O Foreign trading gross receipts	Form 8873	
P Extraterritorial income exclusion	Form 8873	
Q Other foreign transactions	See the Shareholder's Instructions	
15. Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251	
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal - gross income		
E Oil, gas, & geothermal - deductions		
F Other AMT items		
16. Items affecting shareholder basis		
A Tax-exempt interest income	Form 1040, line 8b	
B Other tax-exempt income		
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders	See the Shareholder's Instructions	
17. Other information		
A Investment income	Form 4952, line 4a	
B Investment expenses	Form 4952, line 5	
C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions	
D Basis of energy property	See the Shareholder's Instructions	
E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8	
F Recapture of low-income housing credit (other)	See Form 4255	
G Recapture of investment credit	See the Shareholder's Instructions	
H Recapture of other credits		
I Look-back interest - completed long-term contracts	See Form 8697	
J Look-back interest - income forecast method	See Form 8866	
K Dispositions of property with section 179 deductions		
L Recapture of section 179 deduction		
M Section 453(l)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information - oil and gas		
S Reserved		
T Section 108(i) information		
U Net investment income		
V Other information	See the Shareholder's Instructions	

Shareholder's Adjusted Basis Worksheet

2016

Keep for your records.

Shareholder Number:	TIN: 729-32-8822	Tax year ending: 12-31-2016	Ownership %: 100.000000
Shareholder Name:	HARITHA BANOTH		
Corporation Name:	CLOUD SOFT INC	EIN	47-5121285

Stock basis

1 Stock basis, beginning of year (Not less than zero)	1 _____
2 Additional Capital Contributions of Stock Purchased	2 _____
3 Increases for income and gain items:	
a Ordinary Income (Sch K-1, Line 1)	a 367
b Real Estate Rental Income (Sch K-1, Line 2)	b _____
c Other Rental Income (Sch K-1, Line 3c)	c _____
d Interest, Dividends & Royalties (Sch K-1, Lines 4, 5 & 6)	d _____
e Capital Gain (Sch K-1, Lines 7 & 8a)	e _____
f Other Portfolio Income (Sch K-1, Line 10a)	f _____
g Section 1231 Gain (Sch K-1, Line 9)	g _____
h Other Income (Sch K-1, Line 10)	h _____
Total Income and Gain Items (Total lines 3a-3h)	3a-h 367
i Increase for Non-Taxable Income (Sch K-1, Lines 16a & b)	3i _____
j Increase for Excess Depletion Adjustment	3j _____
k Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k _____
l Gain from 179 asset disposition	3l _____
4 Stock Basis Before Distributions (Add lines 1 through 3)	4 367
5 Reduction for Non-Taxable Distributions (Sch K-1, Line 16d)	5 _____
6 Stock Basis Before Non-Ded. Expense & Depletion (Cannot be negative)	6 367
7a Decrease for Non-Deductible Expense/Credit Adj (Sch K-1, Line 16c & 13)	a _____
b Decrease for Depletion (Sch K-1, Line 17r)	b _____
8 Stock Basis Before Allowable Losses & Deductions (Cannot be negative)	7 _____
9 Decreases for Loss and Deduction items	8 367
a Ordinary Loss (Page 2, Col e, Line 9a)	a _____
b Real Estate Rental Loss (Page 2, Col e, Line 9b)	b _____
c Other Rental Loss (Page 2, Col e, Line 9c)	c _____
d Capital Loss (Page 2, Col e, Line 9d)	d _____
e Other Portfolio Loss (Page 2, Col e, Line 9e)	e _____
f Section 1231 Loss (Page 2, Col e, Line 9f)	f _____
g Other Loss (Page 2, Col e, Line 9g)	g _____
h Charitable Contributions (Page 2, Col e, Line 9h)	h _____
i Section 179 Expense (Page 2, Col e, Line 9i)	i _____
j Portfolio Income Expenses (Page 2, Col e, Line 9j)	j _____
k Other Deductions (Page 2, Col e, Line 9k)	k _____
l Interest Expense on Investment Debt (Page 2, Col e, Line 9l)	l _____
m Total Foreign Taxes Paid/Accrued (Page 2, Col e, Line 9m)	m _____
n Section 59(e) Expenditures (Page 2, Col e, Line 9n)	n _____
Total Loss and Deduction Items (Total Lines 9a-9n)	9a-n _____
o Other decreases (Page 2, Col e, Line 9o)	9o _____
p Loss from 179 asset disposition (Page 2, Col e, Line 9n)	9p _____
Total Decrease for Loss and Deductions Items and Business Credits	9 _____
10 Less: net increase applied to debt basis	10 _____
11 Stock Basis at End of Year (Cannot be negative)	11 367

Debt Basis

12 Debt basis at beginning of year (not less than zero)	12 _____
13 New loans to corporation during year	13 _____
14 Restoration of Debt Basis (Line 10)	14 _____
15 Less: Loans repaid by corporation during the year	15 _____
16 Less: Applied against excess loss and deductions / non-deductible items	16 _____
17 Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17 _____
18 Shareholder's total basis at end of tax year (combine lines 11 and 17)	18 367

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year	_____	_____
20 Add: Losses and deductions this year	_____	_____
21 Less: Applied this year	_____	_____
22 End of year (Not less than zero)	_____	_____

2016

Allocation of Losses and Deductions

Keep for your records.

Shareholder Number:	TIN:	Year Ended:	Ownership %:
Shareholder Name:	729-32-8822	12-31-2016	100.000000
Corporation Name:			
CLOUD SOFT INC	EIN	47-5121285	

	(a) Beginning of Year Losses and Deductions	(b) Current Year Losses and Deductions	(c) Total Losses and Deductions	(d) % of Total Losses and Deductions	(e) Allocable Losses and Deductions in Current Year	(f) Disallow ed Losses and Deductions (Carryover to Next Year)
9a Ordinary losses from trade or business	(Sch K, Line 1)					
b Net losses from rental real estate activities	(Sch K, Line 2)					
c Net losses from other rental activities	(Sch K, Line 3c)					
d Net short-term capital losses	(Sch K, Lines 7 & 8a)					
d Net long-term capital losses						
e Other portfolio losses	(Sch K, Line 10a)					
f Net losses under Section 1231	(Sch K, Line 9)					
g Other losses	(Sch K, Line 10e)					
h Charitable contributions	(Sch K, Line 12a-9)					
i Section 179 expense deduction	(Sch K, Line 11)					
j Portfolio income expenses	(Sch K, Line 12)					
k Other deductions	(Sch K, Ln 12, i.m-o.s)					
l Interest expense on investment debts	(Sch K, Line 12h)					
m Foreign taxes paid or accrued	(Sch K, Line 14l & m)					
n Section 56(e) expenditures	(Sch K, Line 12l)					
o Other decreases						
p Loss from 179 asset						
Total deductible losses and deductions						
7a Nondeductible expenses & credit adj	(Sch K, Line 16c & 13)					
b Oil and gas depletion	(Sch K, Line 17r)					
Total nondeductible losses and deductions						
Totals						

WK_SBA-S-LD2

Summary of Stock Ownership

2016

Shareholder Information					Shares	% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending	
HARITHA BANOOTH	729-32-8822		_____	_____		100.00000	
TOTAL			=====	=====			

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

- Don't send to the IRS. Keep for your records.
- Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.

2016Department of the Treasury
Internal Revenue Service

For calendar year 2016, or tax year beginning

, 2016, and ending

, 20

Name of corporation

CLOUD SOFT INC

Employer identification number

47-5121285

Part I Tax Return Information (Whole dollars only)

1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	167,885
2 Gross profit (Form 1120S, line 3)	2	167,885
3 Ordinary business income (loss) (Form 1120S, line 21)	3	367
4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	367

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize ReddyCPA LLC to enter my PIN 32165 as my signature
 ERO firm name don't enter all zeros
- on the corporation's 2016 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ► _____ Date ► 02-24-2017 Title ► PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

673896 12345
don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Prabhakar Boyapally Date ► 02-24-2017

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements**2016 PG01**

Name(s) as shown on return

CLOUD SOFT INC

FEIN

47-5121285

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

DESCRIPTION	AMOUNT
BANK CHARGES	1,619
COMPANY RENEWAL/LICENSE CHARGES	250
DUES AND SUBSCRIPTIONS	886
MEETINGS	1,100
OTHER EXPENSES	3,000
SHIPPING	170
SOFTWARE	552
TELEPHONE	3,490
TRAINING	3,500
TRAVEL	2,500
TOTAL	<u>17,067</u>

K-K1 Comparison Worksheet

2016

(Keep for your records)

S CORPORATION NAME

CLOUD SOFT INC

EIN

47-5121285

Description	Schedule K	K-1 Totals	Difference
1 Ordinary business income (loss)	367	367	

Client copy

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2016

S CORPORATION NAME

CLOUD SOFT INC

EIN

47-5121285

Taxes and Licenses**Form 1120S**

Page 1, Line 12

- 1 State income taxes
- 2 State franchise taxes
- 3 City income taxes
- 4 City franchise taxes
- 5 Local property taxes
- 6 Intangible property taxes
- 7 Payroll taxes
- 8 Less: credit from Form 8846
- 9 Foreign taxes paid
- 10 Occupancy taxes
- 11 Other miscellaneous taxes
- 12 Built in gains tax allocated to ordinary income
- 13 Licenses

14 Total to Form 1120S, Page 1, Line 12

1	
2	
3	
4	
5	
6	
7	6,532
8	
9	
10	
11	
12	
13	
14	6,532

1120S TAX RETURN COMPARISON
2014 / 2015 / 2016

2016

Name(s) as shown on return
CLOUD SOFT INC

Identifying number
47-5121285

	2014 FEDERAL	2015 FEDERAL	2016 FEDERAL	DIFFERENCE BETWEEN 2015 & 2016
Income				
Net receipts			167,885	167,885
Cost of goods sold				
Gross profit			167,885	167,885
Net gain/loss from 4797				
Other income				
Total income			167,885	167,885
Deductions				
Compensation of officers			18,629	18,629
Salaries and wages			125,290	125,290
Repairs and maintenance				
Bad debts				
Rents	1,350			(1,350)
Taxes and licenses			6,532	6,532
Interest				
Net depreciation				
Depletion				
Advertising				
Pension, profit-sharing				
Employee benefits				
Other deductions	8,971	17,067	8,096	
Total deductions	10,321	167,518	157,197	
Ordinary business income(loss)	(10,321)	367	10,688	
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

	2014	2015	2016	DIFFERENCE
Income				
Ordinary business income (loss)		(10,321)	367	10,688
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income				
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

1120S TAX RETURN COMPARISON
2014 / 2015 / 2016

2016

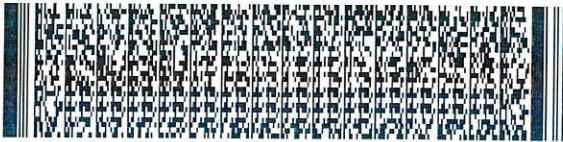
Page 2

Name(s) as shown on return
CLOUD SOFT INC

Identifying number
47-5121285

	2014 FEDERAL	2015 FEDERAL	2016 FEDERAL	DIFFERENCE BETWEEN 2015 & 2016
Deductions				
Section 179 deduction				
Contributions				
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) items				
Post-1986 depreciation adjustment				
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses				
Property distributions				
Repayment of loans from shareholders				
Other information				
Investment income				
Investment expenses				
Dividend distributions paid from accum earnings and profits				

RESIDENT STATE	GA	GA	
2014	2015	2016	DIFFERENCE
Taxable income			
Total tax			
Overpayment			
Balance due	10	10	



Page 1

Georgia Form 600S (Rev. 07/26/16)

Corporation Tax Return

Georgia Department of Revenue (Approved software version)

2016 Income Tax Return

Beginning 01-01-2016
Ending 12-31-2016

2017 Net Worth Tax Return

Beginning 01-01-2017
Ending 12-31-2017A. Federal Employer ID Number
47-5121285

Amount of nonresident, withholding tax paid:

- | | | |
|---|---|---|
| <input type="checkbox"/> Original Return | <input type="checkbox"/> UET Annualization Exception attached | |
| <input type="checkbox"/> Amended Return | <input type="checkbox"/> Initial Net Worth | <input type="checkbox"/> C Corp Last Year |
| <input type="checkbox"/> Amended due to IRS Audit | <input type="checkbox"/> Address Change | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Final Return (<i>Attach explanation</i>) | <input type="checkbox"/> PL 86-272 | <input type="checkbox"/> QSSS Exempt |
| <input type="checkbox"/> Extension | | |
| <input type="checkbox"/> Composite Return Filed | | |

B. Name (Corporate title) Please give former name if applicable.
CLOUD SOFT INCC. GA. Withholding Tax Acct. Number
Payroll WH Number Nonresident WH Number

D. Business Address (Number and Street)

5490 MCGINNIS VILLAGE PL SUITE 237

E. GA Sales Tax Reg. Number

F. City or Town

G. State H. ZIP Code

I. Foreign Country Name

ALPHARETTA

GA 30005

J. NAICS Code

K. Date of Incorporation

L. Incorporated under laws of what state

M. Date admitted into GA

541511

09-22-2015

GA

N. Location of Books for Audit (City) & (State)

O. Telephone Number

P. Kind of Business

09-17-2015

ALPHARETTA,

GA

404-539-6275

CONSULTING

Q. Total Shareholders 1 R. Total Nonresident Shareholders 0 S. Federal Ordinary Income 367

T. Indicate the latest taxable year adjusted by IRS

U. And when reported to Georgia ►

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX

(ROUND TO NEAREST DOLLAR)

SCHEDULE 1

1. Georgia Taxable Income (See instructions)
2. Tax-6% x Line 1

COMPUTATION OF NET WORTH RATIO (to be used by Foreign Corporations only)

(ROUND TO NEAREST DOLLAR)

SCHEDULE 2

A. WITHIN GEORGIA B. TOTAL EVERYWHERE

C. GA Ratio (A/B)
DO NOT ROUND
COMPUTE TO SIX
DECIMALS

1. Total value of property owned (Total assets from Federal balance sheet) 1.
2. Gross receipts from business
3. Totals (Line 1 + 2)
4. Georgia ratio (Divide Line 3A by 3B)

COMPUTATION OF NET WORTH TAX

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Total Capital stock issued
2. Paid in or Capital surplus
3. Total Retained earnings
4. Net Worth (Total of Lines 1, 2, and 3)
5. Ratio (GA and Dom. For. Corp.-100%) (Foreign Corp. - Line 4, Sch. 2)
6. Net Worth Taxable by Georgia (Line 4 x Line 5)
7. Net Worth Tax (from table in instructions)

10



(Corporation) Name CLOUD SOFT INC

FEIN 47-5121285

COMPUTATION OF TAX DUE OR OVERPAYMENT

(ROUND TO NEAREST DOLLAR)

SCHEDULE 4

	A. Income Tax	B. Net Worth Tax	C. Total
1. Total Tax (Schedule 1, Line 2 and Schedule 3, Line 7)	10	1.	10
2. Credits and payments of estimated tax		2.	
3. Credits used from Schedule 10*		3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)		4.	
5. Balance of tax due (Line 1, less Lines 2, 3 and 4)		5.	
6. Amount of overpayment (Lines 2, 3 and 4 less Line 1)		6.	
7. Interest due (See Instructions)		7.	
8. Form 600 UET (Estimated tax penalty)		8.	
9. Other penalty due (See Instructions)		9.	
10. Balance of tax, interest and penalty due with return	10.		
11. Amount of Line 6 less Line 8 to be credited to 2017 estimated tax ►		Refunded ►	

*NOTE: Any tax credits from Schedule 10 may be applied against income tax liability only, **not** net worth tax liability.

SEE PAGE 3 SIGNATURE SECTION FOR DIRECT DEPOSIT OPTIONS**COMPUTATION OF GEORGIA NET INCOME**

(ROUND TO NEAREST DOLLAR)

SCHEDULE 5

1. Total Income for Georgia purposes (Line 11, Schedule 6)	1.	367
2. Income allocated everywhere (Must Attach Schedule)	2.	
3. Business Income subject to apportionment (Line 1 less Line 2)	3.	367
4. Georgia Ratio (Schedule 9, Column C)	4. 1.000000	
5. Net business income apportioned to Georgia (Line 3 x Line 4)	5.	367
6. Net income allocated to Georgia (Attach Schedule)	6.	
7. Total Georgia net income (Add Line 5 and Line 6)	7.	367

COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES

(ROUND TO NEAREST DOLLAR)

SCHEDULE 6

1. Ordinary income (loss) per Federal return	1.	367
2. Net income (loss) from rental real estate activities	2.	
3. a. Gross income from other rental activities	3a.	
b. Less: expenses	3b.	
c. Net business income from other rental activities (Line 3a less Line 3b)	3c.	
4. Portfolio income (loss):		
a. Interest Income	4a.	
b. Dividend Income	4b.	
c. Royalty Income	4c.	
d. Net short-term capital gain (loss)	4d.	
e. Net long-term capital gain (loss)	4e.	
f. Other portfolio income (loss)	4f.	
5. Net gain (loss) under section 1231	5.	
6. Other Income (loss)	6.	
7. Total Federal Income (Add Lines 1 through 6)	7.	367
8. Additions to Federal Income (Schedule 7)	8.	
9. Total (Add Lines 7 & 8)	9.	367
10. Subtractions from Federal Income (Schedule 8)	10.	
11. Total Income for Georgia purposes (Subtract Line 10 from Line 9)	11.	367



(Corporation) Name CLOUD SOFT INC

FEIN 47-5121285

ADDITIONS TO FEDERAL TAXABLE INCOME		(ROUND TO NEAREST DOLLAR)	SCHEDULE 7
1.	State and municipal bond interest (other than Georgia or political subdivision thereof)	1.
2.	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2.
3.	Expense attributable to tax exempt income	3.
4.	Federal deduction for income attributable to domestic production activities (IRC Section 199)	4.
5.	Intangible expenses and related interest costs	5.
6.	Captive REIT expenses and costs	6.
7.	Other Additions (Attach Schedule)	7.
8.	TOTAL - Enter here and on Line 8, Schedule 6	8.

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME		(ROUND TO NEAREST DOLLAR)	SCHEDULE 8
1.	Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1.
2.	Exception to intangible expenses and related interest costs (Attach IT-Addback)	2.
3.	Exception to captive REIT expenses and costs (Attach IT-REIT)	3.
4.	Other Subtractions (Must Attach Schedule)	4.
5.	TOTAL - Enter here and on Line 10, Schedule 6	5.

APPORTIONMENT OF INCOME**SCHEDULE 9**

A. WITHIN GEORGIA

B. EVERYWHERE

C. DO NOT ROUND COL (A)/ COL (B)
COMPUTE TO SIX DECIMALS

1.	1.	
2.	Georgia Ratio (Divide Column A by Column B)	2.
		1.000000

A Copy of the Federal Return and supporting Schedules must be attached, otherwise this return shall be deemed incomplete.**No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.****Make check payable to:** Georgia Department of Revenue**Mail to:** Georgia Department of Revenue, Processing Center, PO Box 740391, Atlanta, Georgia 30374-0391**DIRECT DEPOSIT OPTIONS**

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions. If Direct Deposit is not selected, a paper check will be issued.

Type: Checking Savings

Routing Number

Account Number

Declaration: 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, 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.

I authorize the Georgia Department of Revenue to electronically notify me at the below email address regarding any updates to my account(s).

Email Address: _____

Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

SIGNATURE OF OFFICER

REDDYCPA LLC

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

TITLE

REDDYCPA LLC

FIRM PREPARING THE RETURN

02-24-2017

26-3078541

DATE

IDENTIFICATION OR SOCIAL SECURITY NUMBER



1701502647

(Corporation) Name CLOUD SOFT INC

FEIN 47-5121285

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. See the tax booklet for a list of credit codes.
4. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
5. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 2 through 7 below.
6. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
7. Before the Line 14 carryover is applied to the next year, the amount must be reduced by any amounts elected to be applied to withholding in 2016 and by any carryovers that have expired and by any amounts that are subsequently sold.

For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits and credits received from an assignment should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.

1. Credit Code
2. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

3. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

4. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

5. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

6. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

7. Company Name

Credit Certificate #

% of Credit

ID Number

Credit Generated in 2016

8. Total available credit for 2016 (sum of Lines 2 through 7)

8.

9. Enter the amount assigned to affiliated entities (See Schedule 12)

9.

10. Enter the amount of the credit sold (Conservation and Film Tax Credits)

10.

11. Credit Used in 2016 (Only when income tax is paid by the S Corporation)

11.

12. Total allocated to owners on Schedule 11

12.

13. Conservation or Film Tax Credits not sold or allocated to owners from previous years (do not include amounts elected to be applied to withholding)

13.

14. Potential carryover to 2017 (Line 8 less Lines 9, 10, 11, and 12 plus Line 13)

14.

Instructions for the Payment Voucher (PV CORP)

1. Only complete this voucher if you owe taxes.
2. If you are filing a paper return mail your return, PV Corp and your payment to the address that appears on the return.
3. **Do not** mail your paper return with your voucher and payment if you are filing electronically. Mail only your voucher and payment to the address below.
4. Write your Federal Employer Identification Number on your check or money order.
5. **Do not** use staples to attach your check. Remove your check stub and keep with your records.
6. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website <http://dor.georgia.gov> or one produced by an approved software company listed at <http://dor.georgia.gov/approved-software-vendors>.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

Cut along dotted line

PV CORP (Rev. 06/08/16)
Corporate Payment Voucher



1703002615

MAIL TO:
Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

Paper Return

Electronically Filed

FEI Number 47-5121285	Income Tax Year 2016	Fiscal Begin Date 01-01-2016	Fiscal End Date 12-31-2016	Vendor Code 026
Name (Type or print plainly the exact Corporation Name) CLOUD SOFT INC		E-mail Address		
Business Address 5490 MCGINNIS VILLAGE PL SUITE		City ALPHARETTA	State GA	Zip Code 30005
Title 404-539-6275		Signature		

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$

10.00

0304751212850001231162100000000000002600000010001

Corporation Name
CLOUD SOFT INC

Corporation FEIN
47-5121285

SCHEDULE OF SHAREHOLDERS		5. PROFIT SHARING %	6. GEORGIA SOURCE INCOME
A	1 HARITHA BANOTH 2 1475 APPLE BLOSSOM DR 3 CUMMING GA 430041	100.0000	367
B	1 2 3 4		
C	1 2 3 4		
D	1 2 3 4		
E	1 2 3 4		
F	1 2 3 4		
G	1 2 3 4		
H	1 2 3 4		
I	1 2 3 4		
J	1 2 3 4		
K	1 2 3 4		
L	1 2 3 4		
M	1 2 3 4		
N	1 2 3 4		
O	1 2 3 4		
P	1 2 3 4		
TOTAL			367

GAK-1
(GA600S)

Shareholder's Share of
Georgia Income

For calendar year 2016 or other year starting _____ and ending _____

Shareholder's Identifying Number
729-32-8822

Federal Employer ID Number
47-5121285

Shareholder's Name, Address, and Zip Code
HARITHA BANOTH
1475 APPLE BLOSSOM DR
CUMMING GA 30041

Corporation's Name, Address, and Zip Code
CLOUD SOFT INC
5490 MCGINNIS VILLAGE PL SUITE 237
ALPHARETTA GA 30005

Shareholder's percentage of stock ownership for tax year
100 . 00%
Participating in composite return

Shareholder's Pro Rata Share Items	Amount
1. Share of corporation's federal income (loss)	367
2. GA Additions to income (loss)	
a. State and municipal bond interest (other than GA)	
b. Net income or net profits taxes imposed by taxing jurisdictions other than GA	
c. Expense attributable to tax exempt income	
d. Federal deduction for income attributable to domestic production activities	
e. Intangible expenses and related interest costs	
f. Other additions	
Total additions	
3. GA Subtractions from income (loss)	
a. Interest on obligation of United States	
b. Exception to intangible expenses and related interest costs	
c. Other subtractions	
Total subtractions	
4. Total income for GA purposes	367
5. Net business income apportioned to GA(Nonresidents only)	
6. Net income allocated to GA (Nonresidents only)	
7. Total GA net income	367

Credits

Credit Type Code	Corporation Name	FEIN	Certificate #	Amount of Credit
1			1	
2			2	
3			3	
4			4	
5			5	
6			6	
7			7	
8			8	
9			9	
10			10	
11			11	



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

0 0 6 7 3 8 9 6 0 0 0 0 0 7

GA-8453S
2016

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

2016 Income Tax Return	2017 Net Worth Return
Beginning 01-01-2016	Beginning 01-01-2017
Ending 12-31-2016	Ending 12-31-2017

<input type="checkbox"/> UET Annualization Exception attached	<input type="checkbox"/> Initial Net Worth
<input type="checkbox"/> C Corp Last Year	<input type="checkbox"/> Extension
<input type="checkbox"/> Composite Return Filed	<input type="checkbox"/> PL 86-272
<input type="checkbox"/> Original Return	<input type="checkbox"/> QSSS Exempt
<input type="checkbox"/> Amended Return	<input type="checkbox"/> Final

Federal Employer I.D. Number	Name (Corporate title)	Date admitted into GA
47-5121285	CLOUD SOFT INC	09-17-2015
Location of Books (City & State)	Business Address	Incorporated under laws of what state
ALPHARETTA, GA	5490 MCGINNIS VILLAGE PL SUITE 2	GA
Telephone Number	City or Town	State Zip Code
404-539-6275	ALPHARETTA	GA 30005

PART I

TAX RETURN INFORMATION

1. Federal ordinary income (Form 600S, Line S)
2. Total Income for Georgia purposes (Form 600S, Sch 6, Line 11)
3. Net Worth (Form 600S, Sch 3, Line 4)
4. Net Worth Taxable by Georgia (Form 600S, Sch 3, Line 6)
5. Tax Amounts (Form 600S, Sch 4, Line 1) Income ► [] 0 . . . Net Worth
6. Balance of Tax due with return (Form 600S, Sch 4, Line 10)
7. Refund (Form 600S, Sch 4, Line 11) . . . Credited to 2017 ► [] . . . Refunded

1.	367
2.	367
3.	0
4.	0
►	10
6.	10
►	

PART II

DECLARATION OF CORPORATE OFFICER

Under penalties of perjury, I declare that the information I have provided to the corporation's 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 the corporation's 2016 Georgia S Corporate Income Tax Return. I declare that I have examined the corporation's tax return including, accompanying schedules and statements, and to the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the electronic portion of the corporation's return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN
HERE ➔

SIGNATURE OF OFFICER

HARITHA BANOTH

PRINT NAME

02-24-2017

DATE

PRESIDENT

TITLE

ADMIN@CLOUDSOFT-INC.COM

E-MAIL

PART III

DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE CORPORATION'S RETURN AND THAT THE ENTRIES ON THE GA-8453S 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 02-24-2017
Check if also paid preparer

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

Paid
Preparer's
Use Only

Paid Preparer's Signature _____
Firm's Name _____
Address _____
City, State & Zip Code _____

Date _____
FEIN/PTIN _____
SSN/TIN _____

U.S. Income Tax Return for an S Corporation

- Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
- Go to www.irs.gov/Form_1120S for instructions and the latest information.

2017

For calendar year 2017 or tax year beginning , 2017, ending , 20

A S election effective date 09-22-2015	TYPE OR PRINT	Name CLOUD SOFT INC	D Employer identification number 47-5121285
B Business activity code number (see instructions) 541511		Number, street, and room or suite no. If a P.O. box, see instructions. 5490 MCGINNIS VILLAGE PL SUITE 237	E Date incorporated 09-22-2015
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code ALPHARETTA GA 30005	F Total assets (see instructions) \$ 92,173

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filedH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ► 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a 868,517	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 868,517	
	2 Cost of goods sold (attach Form 1125-A)	2 157,975	
	3 Gross profit. Subtract line 2 from line 1c	3 710,542	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5 Other income (loss) (see instructions - attach statement)	5		
6 Total income (loss). Add lines 3 through 5 ►	6 710,542		
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7 12,023	
	8 Salaries and wages (less employment credits)	8 496,168	
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11 21,990	
	12 Taxes and licenses	12 57,284	
	13 Interest	13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16 489	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18 31,688	
	19 Other deductions (attach statement)	19 75,132	
	20 Total deductions. Add lines 7 through 19 ►	20 694,774	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 15,768	
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2018 estimated tax ►	Refunded ►	27	

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

May the IRS discuss this return with the preparer shown below
(see instructions)? Yes No

Sign Here

HARITHA BANOTH

Signature of officer

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name Prabhakar Boyapally	Preparer's signature	Date 04-11-2018	Check <input type="checkbox"/> if self-employed	PTIN P00969914
Firm's name ► ReddyCPA LLC	Firm's EIN ► 26-3078541			
Firm's address ► 8995 Moor Park Run Duluth GA 30097	Phone no.			(404) 513-9595

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 1120S (2017)

Schedule B Other Information (see instructions)

		Yes	No	
1 Check accounting method:	a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ► _____			
2 See the instructions and enter the:	a Business activity ► CONSULTING b Product or service ► SERVICE			
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				
4 At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of restricted stock				
(ii) Total shares of non-restricted stock				
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.				
(i) Total shares of stock outstanding at the end of the tax year				
(ii) Total shares of stock outstanding if all instruments were exercised				
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?				
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ► <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ► \$ _____				
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____				
10 Does the corporation satisfy both of the following conditions?				
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000				
b The corporation's total assets at the end of the tax year were less than \$250,000				
If "Yes," the corporation is not required to complete Schedules L and M-1.				
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____				
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions				
13 a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?				
b If "Yes," did the corporation file or will it file required Forms 1099?				

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 15,768
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) . . Type►	10
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type► _____ (2) Amount ►	12c(2)
	d Other deductions (see instructions) . . Type►	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) . . Type ►	13d
	e Other rental credits (see instructions) . . Type ►	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) . . Type ►	13g
Foreign Transactions	14a Name of country or U.S. possession ► _____	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive category	14d
	e General category	14e
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive category	14i
	j General category	14j
	k Other (attach statement) Other information	14k
	l Total foreign taxes (check one): ► <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income b Investment expenses c Dividend distributions paid from accumulated earnings and profits d Other items and amounts (attach statement)	17a 17b 17c
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18 15,768

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		23,414		12,763
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		0	Statement #19	79,410
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (attach statement)				
15 Total assets		23,414		92,173
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)		0	Statement #22	91,909
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings		23,414		264
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		()		()
27 Total liabilities and shareholders' equity		23,414		92,173

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	15 , 768	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l , not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ _____			
4 Add lines 1 through 3	15 , 768	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	15 , 768

Schedule M-2**Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders'
Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	(9 , 954)		
2 Ordinary income from page 1, line 21	15 , 768		
3 Other additions Statement #29	17 , 600		
4 Loss from page 1, line 21	()		
5 Other reductions	()		
6 Combine lines 1 through 5	23 , 414		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	23 , 414		

Cost of Goods Sold

- Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name	Employer identification number
CLOUD SOFT INC	47-5121285
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 Additional section 263A costs (attach schedule)	4
5 Other costs (attach schedule)	5
6 Total. Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8
9a Check all methods used for valuing closing inventory: (i) <input type="checkbox"/> Cost (ii) <input type="checkbox"/> Lower of cost or market (iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ►	
b Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d <input type="checkbox"/>
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cloud Soft Inc

5490 McGinnis Village P1 Suite 237
Alpharetta, GA 30005

Phone: (404)539-6275 | Fax:

April 11, 2018

Haritha Banoth
1475 Apple Blossom Dr
Cumming, GA 30041

Haritha Banoth:

Attached is a copy of the Schedule K-1 for Cloud Soft Inc. Use the information on this schedule when preparing your 2017 individual income tax return.

If you have questions regarding the amounts on this Schedule K-1, please submit your questions to the following address:

ACCOUNTING
Cloud Soft Inc
5490 McGinnis Village P1 Suite 237
Alpharetta, GA 30005

Also enclosed is supplemental K-1 information to assist you in preparing your tax return.

Sincerely,

Haritha Banoth
President

Enclosure

**Schedule K-1
(Form 1120S)**

 Department of the Treasury
Internal Revenue Service
2017

For calendar year 2017, or tax year

beginning 2017 ending
**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See page 2 of form and separate instructions.

 Final K-1 Amended K-1**Part III**
**Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 15,768	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
17	Other information		

* See attached statement for additional information.

For IRS Use Only



This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040.

For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
Passive loss	Report on	
Passive income	See the Shareholder's Instructions	
Nonpassive loss	Schedule E, line 28, column (g)	
Nonpassive income	See the Shareholder's Instructions	
2. Net rental real estate income (loss)	Schedule E, line 28, column (j)	
3. Other net rental income (loss)	See the Shareholder's Instructions	
Net income	Schedule E, line 28, column (g)	
Net loss	See the Shareholder's Instructions	
4. Interest income	Form 1040, line 8a	
5a. Ordinary dividends	Form 1040, line 9a	
5b. Qualified dividends	Form 1040, line 9b	
6. Royalties	Schedule E, line 4	
7. Net short-term capital gain (loss)	Schedule D, line 5	
8a. Net long-term capital gain (loss)	Schedule D, line 12	
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	
10. Other income (loss)	See the Shareholder's Instructions	
Code		
A Other portfolio income (loss)	See the Shareholder's Instructions	
B Involuntary conversions	See the Shareholder's Instructions	
C Sec. 1256 contracts & straddles	Form 6781, line 1	
D Mining exploration costs recapture	See Pub. 535	
E Other income (loss)	See the Shareholder's Instructions	
11. Section 179 deduction	See the Shareholder's Instructions	
12. Other deductions	See the Shareholder's Instructions	
A Cash contributions (50%)	Form 4952, line 1	
B Cash contributions (30%)	Schedule E, line 19	
C Noncash contributions (50%)	See the Shareholder's Instructions	
D Noncash contributions (30%)	Schedule A, line 23	
E Capital gain property to a 50% organization (30%)	Schedule A, line 28	
F Capital gain property (20%)	See the Shareholder's Instructions	
G Contributions (100%)	See Form 8582 instructions	
H Investment interest expense	See the Shareholder's Instructions	
I Deductions - royalty income	See Form 8903 instructions	
J Section 59(e)(2) expenditures	Form 8903, line 7b	
K Deductions - portfolio (2% floor)	Form 8903, line 17	
L Deductions - portfolio (other)	See the Shareholder's Instructions	
M Preproductive period expenses	See Form 8903 instructions	
N Commercial revitalization deduction from rental real estate activities	Form 8903, line 7b	
O Reforestation expense deduction	Form 8903, line 17	
P Domestic production activities information	See the Shareholder's Instructions	
Q Qualified production activities income	See the Shareholder's Instructions	
R Employer's Form W-2 wages	See the Shareholder's Instructions	
S Other deductions	See the Shareholder's Instructions	
13. Credits	See the Shareholder's Instructions	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	Form 1040, line 73, box a	
B Low-income housing credit (other) from pre-2008 buildings	See the Shareholder's Instructions	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See the Shareholder's Instructions	
D Low-income housing credit (other) from post-2007 buildings	See the Shareholder's Instructions	
E Qualified rehabilitation expenditures (rental real estate)	See the Shareholder's Instructions	
F Other rental real estate credits	See the Shareholder's Instructions	
G Other rental credits	See the Shareholder's Instructions	
H Undistributed capital gains credit	See the Shareholder's Instructions	
I Biofuel producer credit	See the Shareholder's Instructions	
J Work opportunity credit	See the Shareholder's Instructions	
K Disabled access credit	See the Shareholder's Instructions	
L Empowerment zone employment credit	See the Shareholder's Instructions	
M Credit for increasing research activities	See the Shareholder's Instructions	
14. Foreign transactions	A Name of country or U.S. possession B Gross income from all sources C Gross income sourced at shareholder level D Passive category E General category F Other	Form 1116, Part I
	<i>Foreign gross income sourced at corporate level</i>	
	G Interest expense H Other	Form 1116, Part I
	<i>Deductions allocated and apportioned at shareholder level</i>	
	I Passive category J General category K Other	Form 1116, Part I
	<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
	L Total foreign taxes paid M Total foreign taxes accrued N Reduction in taxes available for credit O Foreign trading gross receipts P Extraterritorial income exclusion Q Other foreign transactions	Form 1116, Part II Form 1116, Part II Form 1116, line 12 Form 8873 Form 8873 See the Shareholder's Instructions
15. Alternative minimum tax (AMT) items	A Post-1986 depreciation adjustment B Adjusted gain or loss C Depletion (other than oil & gas) D Oil, gas, & geothermal - gross income E Oil, gas, & geothermal - deductions F Other AMT items	See the Shareholder's Instructions and the Instructions for Form 6251
16. Items affecting shareholder basis	A Tax-exempt interest income B Other tax-exempt income C Nondeductible expenses D Distributions E Repayment of loans from shareholders	Form 1040, line 8b See the Shareholder's Instructions
17. Other information	A Investment income B Investment expenses C Qualified rehabilitation expenditures (other than rental real estate) D Basis of energy property E Recapture of low-income housing credit (section 42(j)(5)) F Recapture of low-income housing credit (other) G Recapture of investment credit H Recapture of other credits I Look-back interest - completed long-term contracts J Look-back interest - income forecast method K Dispositions of property with section 179 deductions L Recapture of section 179 deduction M Section 453(l)(3) information N Section 453A(c) information O Section 1260(b) information P Interest allocable to production expenditures Q CCF nonqualified withdrawals R Depletion information - oil and gas S Reserved T Section 108(i) information U Net investment income V Other information	Form 4952, line 4a Form 4952, line 5 See the Shareholder's Instructions See the Shareholder's Instructions Form 8611, line 8 Form 8611, line 8 See Form 4255 See the Shareholder's Instructions See Form 8697 See Form 8866 See the Shareholder's Instructions

Shareholder's Adjusted Basis Worksheet

2017

Keep for your records.

Shareholder Number:	TIN: 729-32-8822	Tax year ending: 12-31-2017	Ownership %: 100.000000
Shareholder Name:	HARITHA BANOTH		
Corporation Name:	CLOUD SOFT INC	EIN	47-5121285

Stock basis

1 Stock basis, beginning of year (Not less than zero)	1	367
2 Additional Capital Contributions of Stock Purchased	2	
3 Increases for income and gain items:		
a Ordinary Income (Sch K-1, Line 1)	a	15,768
b Real Estate Rental Income (Sch K-1, Line 2)	b	
c Other Rental Income (Sch K-1, Line 3c)	c	
d Interest, Dividends & Royalties (Sch K-1, Lines 4, 5 & 6)	d	
e Capital Gain (Sch K-1, Lines 7 & 8a)	e	
f Other Portfolio Income (Sch K-1, Line 10a)	f	
g Section 1231 Gain (Sch K-1, Line 9)	g	
h Other Income (Sch K-1, Line 10)	h	
Total Income and Gain Items (Total lines 3a-3h)	3a-h	15,768
i Increase for Non-Taxable Income (Sch K-1, Lines 16a & b)	3i	
j Increase for Excess Depletion Adjustment	3j	
k Increase from Recapture of Business Credits (See IRC § 49(a), 50(a), 50(c)(2) & 1371(d))	3k	
l Gain from 179 asset disposition	3l	
4 Stock Basis Before Distributions (Add lines 1 through 3)	4	16,135
5 Reduction for Non-Taxable Distributions (Sch K-1, Line 16d)	5	
6 Stock Basis Before Non-Ded. Expense & Depletion (Cannot be negative)	6	16,135
7a Decrease for Non-Deductible Expense/Credit Adj (Sch K-1, Line 16c & 13)	a	
b Decrease for Depletion (Sch K-1, Line 17r)	b	
8 Stock Basis Before Allowable Losses & Deductions (Cannot be negative)		
9 Decreases for Loss and Deduction items		
a Ordinary Loss (Page 2, Col e, Line 9a)	a	
b Real Estate Rental Loss (Page 2, Col e, Line 9b)	b	
c Other Rental Loss (Page 2, Col e, Line 9c)	c	
d Capital Loss (Page 2, Col e, Line 9d)	d	
e Other Portfolio Loss (Page 2, Col e, Line 9e)	e	
f Section 1231 Loss (Page 2, Col e, Line 9f)	f	
g Other Loss (Page 2, Col e, Line 9g)	g	
h Charitable Contributions (Page 2, Col e, Line 9h)	h	
i Section 179 Expense (Page 2, Col e, Line 9i)	i	
j Portfolio Income Expenses (Page 2, Col e, Line 9j)	j	
k Other Deductions (Page 2, Col e, Line 9k)	k	
l Interest Expense on Investment Debt (Page 2, Col e, Line 9l)	l	
m Total Foreign Taxes Paid/Accrued (Page 2, Col e, Line 9m)	m	
n Section 59(e) Expenditures (Page 2, Col e, Line 9n)	n	
Total Loss and Deduction Items (Total Lines 9a-9n)	9a-n	
o Other decreases (Page 2, Col e, Line 9o)	9o	
p Loss from 179 asset disposition (Page 2, Col e, Line 9n)	9p	
Total Decrease for Loss and Deductions Items and Business Credits	9	
10 Less: net increase applied to debt basis	10	
11 Stock Basis at End of Year (Cannot be negative)	11	16,135

Debt Basis

12 Debt basis at beginning of year (not less than zero)	12	
13 New loans to corporation during year	13	
14 Restoration of Debt Basis (Line 10)	14	
15 Less: Loans repaid by corporation during the year	15	
16 Less: Applied against excess loss and deductions / non-deductible items	16	
17 Debt basis at the end of tax year (combine lines 12-16) (not less than zero)	17	
18 Shareholder's total basis at end of tax year (combine lines 11 and 17)	18	16,135

Carryover

	Total Disallowed Losses	Debt Basis Applied Against Excess Losses and Deductions
19 Total Beginning of year		
20 Add: Losses and deductions this year		
21 Less: Applied this year		
22 End of year (Not less than zero)		

Allocation of Losses and Deductions

Keep for your records.

Shareholder Number:	TIN:	Year Ended:
	729-32-8822	12-31-2017
Shareholder Name:		
HARITHA BANOOTH		
Corporation Name:		
CLOUD SOFT INC		

	(a) Beginning of Year Losses and Deductions	(b) Current Year Losses and Deductions	(c) Total Losses and Deductions	(d) %
9a Ordinary losses from trade or business	(Sch K, Line 1)			
b Net losses from rental real estate activities	(Sch K, Line 2)			
c Net losses from other rental activities	(Sch K, Line 3c)			
d Net short-term capital losses	(Sch K, Lines 7 & 8a)			
d Net long-term capital losses				
e Other portfolio losses	(Sch K, Line 10a)			
f Net losses under Section 1231	(Sch K, Line 9)			
g Other losses	(Sch K, Line 10e)			
h Charitable contributions	(Sch K, Line 12a-g)			
i Section 179 expense deduction	(Sch K, Line 11)			
j Portfolio income expenses	(Sch K, Line 12l)			
k Other deductions	(Sch K, Ln 12, i,m-o,s)			
l Interest expense on investment debts	(Sch K, Line 12h)			
m Foreign taxes paid or accrued	(Sch K, Line 14l & m)			
n Section 59(e) expenditures	(Sch K, Line 12j)			
o Other decreases				
p Loss from 179 asset				
Total deductible losses and deductions				
7a Nondeductible expenses & credit adj	(Sch K, Line 16c & 13)			
b Oil and gas depletion	(Sch K, Line 17r)			
Total nondeductible losses and deductions				
Totals				

Compensation of Officers

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

CLOUD SOFT INC

Employer identification number
47-5121285

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

For Paperwork Reduction Act Notice, see separate instructions

Form 1125-E (Rev. 10-2016)

7004

Form (Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

► File a separate application for each return.

OMB No. 1545-0233

► Go to www.irs.gov/Form7004 for instructions and the latest information.
**Print
or
Type**

Name	CLOUD SOFT INC	Identifying number
		47-5121285
Number, street, and room or suite no. (If P.O. box, see instructions.) 5490 MCGINNIS VILLAGE PL SUITE 237		
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). ALPHARETTA GA 30005		

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 2 5

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ►
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ►
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . ►
- 5a The application is for calendar year 20 17, or tax year beginning _____, 20_____, and ending _____, 20_____
- b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 7004 (Rev. 12-2017)

IRS e-file Signature Authorization for Form 1120S

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20

Name of corporation

CLOUD SOFT INC

Employer identification number
47-5121285**Part I Tax Return Information (Whole dollars only)**

1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	868,517
2 Gross profit (Form 1120S, line 3)	2	710,542
3 Ordinary business income (loss) (Form 1120S, line 21)	3	15,768
4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	15,768

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize _____ to enter my PIN _____ as my signature
 ERO firm name _____ Don't enter all zeros
- on the corporation's 2017 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

32165

Officer's signature ► _____ Date ► 03-07-2018 Title ► PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

673896 12345
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ► _____ Date ► 04-11-2018

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Federal Supporting Statements**2017 PG01**

Name(s) as shown on return

CLOUD SOFT INC

FEIN

47-5121285

FORM 1120S - LINE 19 - OTHER DEDUCTIONS

Statement #2

DESCRIPTION	AMOUNT
ACCOUNTING FEE	425
BANK CHARGES	283
CORPORATE FEES	295
DUES AND SUBSCRIPTIONS	95
IMMIGRATION EXPENSES	33,620
INSURANCE	10,006
LEGAL FEES	20,137
OFFICE SUPPLIES	51
OTHER TAXES	10
REIMBURSEMENTS	1,421
SHIPPING	1,545
TELEPHONE	1,675
TRAVEL	5,282
UTILITIES	287
TOTAL	75,132

SCHEDULE L - LINE 6 - OTHER CURRENT ASSETS

PG01
Statement #19

DESCRIPTION	BEG OF YEAR	END OF YEAR
EMPLOYEE ADVANCE		8,324
LOAN		71,086
TOTAL		79,410

SCHEDULE L - LINE 18 - OTHER CURRENT LIABILITIES

PG01
Statement #22

DESCRIPTION	BEG OF YEAR	END OF YEAR
CREDIT CARDS		(8,091)
LOAN		100,000
TOTAL		91,909



Notice to Employee

Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for a credit.

Earned income credit (EIC). You may be able to take the EIC for 2015 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2015 or if income is earned for services provided while you were an inmate at a penal institution. For 2015 income limits and more information, visit www.irs.gov/etc. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employee to file Form W-2c,

Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get copies of Form W-2c from your employer for all corrections made so you may file than with your tax return.

If you have an SSN and correct but are not the same as shown on your social security card, you should ask for a new card and display your correct name at any SSA office by calling 1-800-772-1213. You may also file with your state's department of labor.

Cost of employer-sponsored health coverage. If you had employer-sponsored health coverage for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2015 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see Your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate

the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. In filing Form 4137, your social security tips will be credited to your social security record used to figure your benefits.

Verification Code. If this field is populated, enter this code when it is requested by your tax return preparation software. It is possible your software or preparer will not request this code. The code is not entered on paper-filled returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongeneral retirement section 457(b) plan (or included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan) that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the defered amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-13, Employer Report of Specified Wage Payments, with the Social Security Administration and Box 12. The following list explains the codes shown in box 12. You may need this information to compute your tax return. Elective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$15,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to

\$15,000. However, if you were at least age 50 in 2015, your employer may have allowed an additional deferral of up to \$6,000 (\$5,000 for section 401(a)(9)(B) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contribution was made in the year shown.

Box 12—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

Box 13—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

Box 14—Medicare cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(a)(6) salary reduction SEP.

G—Eligible deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferral compensation plan.

H—Eligible deferrals to a section 501(c)(18)(K) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J—Nonqualified stock (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (not included in boxes 1, 3, or 5).

N—Uncollected Medicare tax on tips. See "Other Taxes" in the Form 1040 instructions.

O—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

P—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Nonqualified combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

U—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

W—Employee contributions from exercise of nonstock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

X—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8899, Health Savings Accounts (HSAs).

Y—Deferrals under a section 457(b) nonqualified deferred compensation plan that fails to satisfy section 409(A). This box is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

Z—Incomes under a qualified deferred compensation plan that fails to satisfy section 409(A). This box is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

MM—If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you deduct. See Pub. 990, Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable items, educational assistance payments, members of the clergy's parsonage allowance and utilities, Railroad employees may use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Information is being furnished to the Internal Revenue Service.

If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement

2015

Copy C, for employee's records

d Control number 0035-18076180	Void	c Employer's name, address, and ZIP code CLOUD SOFT INC 1106 DUNWOODY GABLES DR ATLANTA GA 30338	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
b Employer's identification number 47-5121285	a Employee's social security number 729-32-8822	1 Wages, tips, other compensation 100.00	2 Federal Income tax withheld
13 Statutory Employee	Retirement plan	3 Social Security wages 100.00	4 Social Security tax withheld 6.20
12 See Instrs. for Box 12		5 Medicare wages and tips 100.00	6 Medicare tax withheld 1.45
14 Other		7 Social Security tips	8 Allocated Tips
		10 Dependent care benefits	11 Nonqualified plans
Verification Code			
15 State GA	Employer's state I.D. No. 3197063-ZF	16 State wages, tips, etc. 100.00	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2015

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0035-18076180	Void	c Employer's name, address, and ZIP code CLOUD SOFT INC 1106 DUNWOODY GABLES DR ATLANTA GA 30338	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
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		10 Dependent care benefits	11 Nonqualified plans
Verification Code			
15 State GA	Employer's state I.D. No. 3197063-ZF	16 State wages, tips, etc. 100.00	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2015

Copy 2, to be filed with employee's tax return for GA

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0007194201 10-Jan-2017 10:46 31666614 1122

d Control number 0007194201	1 Wages, tips, other compensation 960.00	2 Federal income tax withheld 77.25
OMB No. 1545-0008	3 Social security wages 960.00	4 Social security tax withheld 59.52
	5 Medicare wages and tips 960.00	6 Medicare tax withheld 13.92

C Employer's name, address, and ZIP code

Cloud Soft Inc
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

7 Social security tips .00	8 Allocated tips .00	9
10 Dependent care benefits .00	11 Nonqualified plans .00	C 12a See Instructions for box 12 Code
C 12b Code	C 12c Code	C 12d Code

b Employer identification number (EIN) **47-5121285** a Employee's social security number **729-32-8822**

13 Statutory Retirement Third-party
employee plan sick pay 14 Other

e Employee's first name and initial
Haritha Banoth Last name Suff.
1475 Apple Blossom Dr.
Cumming, GA 30041

f Employee's address and ZIP code

2016	15 State GA Employer's state ID number 3197063-ZF	16 State wages, tips, etc. 960.00
Form W-2 Wage and Tax Statement	17 State income tax 30.27	18 Local wages, tips, etc.
Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

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Department of the Treasury - Internal Revenue Service

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Form W-2 Wage and Tax Statement	17 State income tax 30.27	18 Local wages, tips, etc.
Copy B--To Be Filed With Employee's FEDERAL TAX RETURN	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

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Copy 2-To Be filed With Employee's State, City, or Local Income Tax Return	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

c Tax year/Form corrected 2016 / W2		OMB No. 1545-0008 Form W-2c (Rev. 8-2014)		Copy B-To Be Filed with Employee's FEDERAL TAX RETURN		Visit the IRS website at www.irs.gov .																
d Employee's correct SSN 729-32-8822	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)	b Employer's Federal EIN 47-5121285	<p>Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).</p> <table border="1"> <thead> <tr> <th colspan="2">Previously reported</th> <th colspan="2">Correct Information</th> </tr> </thead> <tbody> <tr> <td>1 Wages, tips, other compensation 960.00</td> <td>2 Federal income tax withheld 77.25</td> <td>1 Wages, tips, other compensation 18629.35</td> <td>2 Federal income tax withheld 5354.27</td> </tr> <tr> <td>3 Social security wages 960.00</td> <td>4 Social security tax withheld 59.52</td> <td>3 Social security wages 18629.35</td> <td>4 Social security tax withheld 1155.02</td> </tr> <tr> <td>5 Medicare wages and tips 960.00</td> <td>6 Medicare tax withheld 13.92</td> <td>5 Medicare wages and tips 18629.35</td> <td>6 Medicare tax withheld 270.13</td> </tr> </tbody> </table>				Previously reported		Correct Information		1 Wages, tips, other compensation 960.00	2 Federal income tax withheld 77.25	1 Wages, tips, other compensation 18629.35	2 Federal income tax withheld 5354.27	3 Social security wages 960.00	4 Social security tax withheld 59.52	3 Social security wages 18629.35	4 Social security tax withheld 1155.02	5 Medicare wages and tips 960.00	6 Medicare tax withheld 13.92	5 Medicare wages and tips 18629.35	6 Medicare tax withheld 270.13
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Corrected Wage and Tax Statement																						
Department of the Treasury Internal Revenue Service																						

c Tax year/Form corrected 2016 / W2		OMB No. 1545-0008 Form W-2c (Rev. 8-2014)		Copy C-For EMPLOYEE's RECORDS		Visit the IRS website at www.irs.gov .																
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Department of the Treasury Internal Revenue Service																						

d Control number 0007194201	1 Wages, tips, other compensation 12,023.08	2 Federal income tax withheld 1,481.04
OMB No. 1545-0008	3 Social security wages 12,023.08	4 Social security tax withheld 745.43
	5 Medicare wages and tips 12,023.08	6 Medicare tax withheld 174.33

c Employer's name, address, and ZIP code

Cloud Soft Inc
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) 47-5121285	a Employee's social security number 729-32-8822
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13 Statutory Retirement Third-party
employee plan sick pay

14 Other

e Employee's first name and initial Haritha Banoth	Last name 1475 Apple Blossom Dr.	Suff.
Cumming, GA 30041		

f Employee's address and ZIP code

2017	15 State Employer's state ID number GA 3258271HU	16 State wages, tips, etc. 12,023.08
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Form
W-2
Wage and Tax Statement
Copy C--For
EMPLOYEE'S
RECORDS (See Notice to
Employee on the back of
Copy B.)

Department of the Treasury - Internal Revenue Service

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Form
W-2
Wage and Tax Statement
Copy 2--To Be filed
With Employee's
State, City, or Local
Income Tax Return

Department of the Treasury - Internal Revenue Service

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Form
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Wage and Tax Statement
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	5 Medicare wages and tips 12,023.08	6 Medicare tax withheld 174.33

c Employer's name, address, and ZIP code

Cloud Soft Inc
5490 McGinnis Village Place

Suite 237

Alpharetta, GA 30005

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) 47-5121285	a Employee's social security number 729-32-8822
---	---

13 Statutory Retirement Third-party
employee plan sick pay

14 Other

e Employee's first name and initial Haritha Banoth	Last name 1475 Apple Blossom Dr.	Suff.
Cumming, GA 30041		

f Employee's address and ZIP code

2017	15 State Employer's state ID number GA 3258271HU	16 State wages, tips, etc. 12,023.08
-------------	--	--

Form
W-2
Wage and Tax Statement
Copy B--To Be Filed
With Employee's
FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service

d Control number 0007194201	1 Wages, tips, other compensation 12,023.08	2 Federal income tax withheld 1,481.04
OMB No. 1545-0008	3 Social security wages 12,023.08	4 Social security tax withheld 745.43
	5 Medicare wages and tips 12,023.08	6 Medicare tax withheld 174.33

c Employer's name, address, and ZIP code

Cloud Soft Inc
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a
12b	12c	12d

b Employer identification number (EIN) 47-5121285	a Employee's social security number 729-32-8822
---	---

13 Statutory Retirement Third-party
employee plan sick pay

14 Other

e Employee's first name and initial Haritha Banoth	Last name 1475 Apple Blossom Dr.	Suff.
Cumming, GA 30041		

f Employee's address and ZIP code

2017	15 State Employer's state ID number GA 3258271HU	16 State wages, tips, etc. 12,023.08
-------------	--	--

Form
W-2
Wage and Tax Statement
Copy 2--To Be filed
With Employee's
State, City, or Local
Income Tax Return

Department of the Treasury - Internal Revenue Service

d Control number 0007194201	1 Wages, tips, other compensation 3,000.00	2 Federal income tax withheld 349.40
OMB No. 1545-0008	3 Social security wages 3,000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3,000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

Cloud Soft Inc.
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other addition may be imposed on you if this information is taxable and you fail to report it.

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) **a** Employee's social security number
47-5121285 729-32-8822

13 Statutory Retirement Third-party
employee plan sick pay **14** Other

e Employee's first name and initial Last name Suff.

Haritha Banoth

1475 Apple Blossom Dr.
Cumming, GA 30041

f Employee's address and ZIP code

2018 **15** State Employer's state ID number **16** State wages, tips, etc.
GA 3258271HU 3,000.00

Form W-2 Wage and Tax Statement	17 State income tax 140.92	18 Local wages, tips, etc.
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number 0007194201	1 Wages, tips, other compensation 3,000.00	2 Federal income tax withheld 349.40
OMB No. 1545-0008	3 Social security wages 3,000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3,000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

Cloud Soft Inc.
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) **a** Employee's social security number
47-5121285 729-32-8822

13 Statutory Retirement Third-party
employee plan sick pay **14** Other

e Employee's first name and initial Last name Suff.

Haritha Banoth

1475 Apple Blossom Dr.
Cumming, GA 30041

f Employee's address and ZIP code

2018 **15** State Employer's state ID number **16** State wages, tips, etc.
GA 3258271HU 3,000.00

Form W-2 Wage and Tax Statement	17 State income tax 140.92	18 Local wages, tips, etc.
Copy B-To Be Filed With Employee's FEDERAL TAX RETURN	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number 0007194201	1 Wages, tips, other compensation 3,000.00	2 Federal income tax withheld 349.40
OMB No. 1545-0008	3 Social security wages 3,000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3,000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

Cloud Soft Inc.
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a
12b	12c	12d

b Employer identification number (EIN) **a** Employee's social security number
47-5121285 729-32-8822

13 Statutory Retirement Third-party
employee plan sick pay **14** Other

e Employee's first name and initial Last name Suff.

Haritha Banoth

1475 Apple Blossom Dr.
Cumming, GA 30041

f Employee's address and ZIP code

2018 **15** State Employer's state ID number **16** State wages, tips, etc.
GA 3258271HU 3,000.00

Form W-2 Wage and Tax Statement	17 State income tax 140.92	18 Local wages, tips, etc.
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number 0007194201	1 Wages, tips, other compensation 3,000.00	2 Federal income tax withheld 349.40
OMB No. 1545-0008	3 Social security wages 3,000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3,000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

Cloud Soft Inc.
5490 McGinnis Village Place
Suite 237
Alpharetta, GA 30005

7 Social security tips .00	8 Allocated tips .00	9 Verification Code
10 Dependent care benefits .00	11 Nonqualified plans .00	12a
12b	12c	12d

b Employer identification number (EIN) **a** Employee's social security number
47-5121285 729-32-8822

13 Statutory Retirement Third-party
employee plan sick pay **14** Other

e Employee's first name and initial Last name Suff.

Haritha Banoth

1475 Apple Blossom Dr.
Cumming, GA 30041

f Employee's address and ZIP code

2018 **15** State Employer's state ID number **16** State wages, tips, etc.
GA 3258271HU 3,000.00

Form W-2 Wage and Tax Statement	17 State income tax 140.92	18 Local wages, tips, etc.
Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 1807.50	2 Federal income tax withheld	
b Employer ID number (EIN) 58-1853319	3 Social security wages 1807.50	4 Social security tax withheld 112.07	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 1807.50	6 Medicare tax withheld 26.21	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
GA 0445563-RN	1807.50	21.13	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2021

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 1807.50	2 Federal income tax withheld	
b Employer ID number (EIN) 58-1853319	3 Social security wages 1807.50	4 Social security tax withheld 112.07	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 1807.50	6 Medicare tax withheld 26.21	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
GA 0445563-RN	1807.50	21.13	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2021

Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 1807.50	2 Federal income tax withheld	
b Employer ID number (EIN) 58-1853319	3 Social security wages 1807.50	4 Social security tax withheld 112.07	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 1807.50	6 Medicare tax withheld 26.21	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
GA 0445563-RN	1807.50	21.13	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2021

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 1807.50	2 Federal income tax withheld	
b Employer ID number (EIN) 58-1853319	3 Social security wages 1807.50	4 Social security tax withheld 112.07	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 1807.50	6 Medicare tax withheld 26.21	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
GA 0445563-RN	1807.50	21.13	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2021

Dept. of the Treasury - IRS

BW24UP NTF 2584428 1 BW24UP

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2021 <small>Copy C for employee's records.</small>			
<small>OMB No. 1545-0008</small>			
d Control number 0000022898 UGW	Dept. CQMM	Corp. Employer use only S 3267	
c Employer's name, address, and ZIP code BJS WHOLESALE CLUB INC 25 RESEARCH DRIVE WESTBOROUGH, MA 01581-5230			
e/f Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
b Employer's FED ID number 04-3360747		a Employee's SSA number XXX-XX-8822	
1 Wages, tips, other comp. 1344.05		2 Federal income tax withheld 33.00	
3 Social security wages 1344.05		4 Social security tax withheld 83.33	
5 Medicare wages and tips 1344.05		6 Medicare tax withheld 19.49	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b 12c 12d 13 Stat emp./Ret. plan/3rd party sick pay	
15 State GA	Employer's state ID no. 2141403-AT	16 State wages, tips, etc. 1344.05	
17 State income tax 23.33		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	1,344.05	SOCIAL SECURITY TAX WITHHELD	83.33
FED. INCOME	33.00	TAX WITHHELD BOX 04 OF W-2	19.49
TAX WITHHELD BOX 02 OF W-2		MEDICARE TAX WITHHELD BOX 06 OF W-2	
STATE INCOME TAX BOX 17 OF W-2	23.33	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information
file a new W-4 with your payroll department

Social Security Number: XXX-XX-8822

HARITHA BANOTH
1475 APPLE BLOSSOM DR
CUMMING, GA 30041



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PAGE 01 OF 01

For Field and Online Help →

1 Wages, tips, other comp. 1344.05	2 Federal income tax withheld 33.00	1 Wages, tips, other comp. 1344.05	2 Federal income tax withheld 33.00				
3 Social security wages 1344.05	4 Social security tax withheld 83.33	3 Social security wages 1344.05	4 Social security tax withheld 83.33				
5 Medicare wages and tips 1344.05	6 Medicare tax withheld 19.49	5 Medicare wages and tips 1344.05	6 Medicare tax withheld 19.49				
d Control number 0000022898 UGW	Dept. CQMM	Corp. Employer use only S 3267	Corp. Employer use only S 3267				
c Employer's name, address, and ZIP code BJS WHOLESALE CLUB INC 25 RESEARCH DRIVE WESTBOROUGH, MA 01581-5230							
b Employer's FED ID number 04-3360747		a Employee's SSA number XXX-XX-8822					
7 Social security tips		8 Allocated tips					
9		10 Dependent care benefits					
11 Nonqualified plans		12a See instructions for box 12					
14 Other		12b 12c 12d 13 Stat emp./Ret. plan/3rd party sick pay					
e/f Employee's name, address and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041							
15 State GA	Employer's state ID no. 2141403-AT	16 State wages, tips, etc. 1344.05	15 State GA	Employer's state ID no. 2141403-AT	16 State wages, tips, etc. 1344.05		
17 State income tax 23.33		18 Local wages, tips, etc.		17 State income tax 23.33		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name		19 Local income tax		20 Locality name	
Federal Filing Copy W-2 Wage and Tax Statement 2021 <small>OMB No. 1545-0008</small>				GA. State Filing Copy W-2 Wage and Tax Statement 2021 <small>OMB No. 1545-0008</small>			
<small>Copy B to be filed with employee's Federal Income Tax Return.</small>				<small>Copy 2 to be filed with employee's State Income Tax Return.</small>			
City or Local Filing Copy W-2 Wage and Tax Statement 2021 <small>OMB No. 1545-0008</small>				<small>Copy 2 to be filed with employee's City or Local Income Tax Return.</small>			

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 18843.44	2 Federal income tax withheld 146.72	
b Employer ID number (EIN) 58-1853319	3 Social security wages 18843.44	4 Social security tax withheld 1168.29	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 18843.44	6 Medicare tax withheld 273.23	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other		
Retirement plan	12b Code		
Third-party sick pay	12c Code		
GA 0445563-RN			18843.44
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	244.42
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 18843.44	2 Federal income tax withheld 146.72	
b Employer ID number (EIN) 58-1853319	3 Social security wages 18843.44	4 Social security tax withheld 1168.29	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 18843.44	6 Medicare tax withheld 273.23	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other		
Retirement plan	12b Code		
Third-party sick pay	12c Code		
GA 0445563-RN			18843.44
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	244.42
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 18843.44	2 Federal income tax withheld 146.72	
b Employer ID number (EIN) 58-1853319	3 Social security wages 18843.44	4 Social security tax withheld 1168.29	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 18843.44	6 Medicare tax withheld 273.23	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other		
Retirement plan	12b Code		
Third-party sick pay	12c Code		
GA 0445563-RN			18843.44
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	244.42
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. XXX-XX-8822	1 Wages, tips, other comp. 18843.44	2 Federal income tax withheld 146.72	
b Employer ID number (EIN) 58-1853319	3 Social security wages 18843.44	4 Social security tax withheld 1168.29	
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024	5 Medicare wages and tips 18843.44	6 Medicare tax withheld 273.23	
d Control number c.30041			
e Employee's name, address, and ZIP code HARITHA BANOTH 1475 APPLE BLOSSOM DR CUMMING, GA 30041			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other		
Retirement plan	12b Code		
Third-party sick pay	12c Code		
GA 0445563-RN			18843.44
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	244.42
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
 BW24UP NTF 2585243 2 BW24UP