

Review your print out for checklist items.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2020**

2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,146.

REV 08/2020 INTUIT.CG.CFP.SP

1555

631-69-0934
VINAY AKULA
POOJITHA PUTCHALA
13616 PINE WARBLER DR
AUSTIN TX 78729-8083

677-51-1456

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

631690934 SJ AKUL 30 0 202012 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2020**

2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,146.

REV 08/2020 INTUIT.CG.CFP.SP

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CHARLOTTE NC 28201-1300

631690934 SJ AKUL 30 0 202012 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2020**

2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	1,146.
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REV 08/2020 INTUIT.CG.CFP.SP

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677-51-1456

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

631690934 SJ AKUL 30 0 202012 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2021

2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	1,146.
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REV 08/2020 INTUIT.CG.CFP.SP

1555

631-69-0934
VINAY AKULA
POOJITHA PUTCHALA
13616 PINE WARBLER DR
AUSTIN TX 78729-8083

677-51-1456

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

631690934 SJ AKUL 30 0 202012 430

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

Your first name and middle initial Vinay	Last name Akula	Your social security number 631-69-0934
If joint return, spouse's first name and middle initial Poojitha	Last name Putchala	Spouse's social security number 677-51-1456
Home address (number and street). If you have a P.O. box, see instructions. 13616 Pine Warbler Dr		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Austin TX 78729-8083		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

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

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under *Standard Deduction*, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	233,196.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	721.
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				6	
7a Other income from Schedule 1, line 9				7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b	233,917.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	233,917.
9 Standard deduction or itemized deductions (from Schedule A)			9 24,400.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10		
11a Add lines 9 and 10				11a	24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	209,517.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	38,633.		
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	38,633.
13a	Child tax credit or credit for other dependents	13a			
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	38,633.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0.
16	Add lines 14 and 15. This is your total tax			16	38,633.
17	Federal income tax withheld from Forms W-2 and 1099			17	37,913.
18	Other payments and refundable credits:				
a	Earned income credit (EIC) NO	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	
19	Add lines 17 and 18e. These are your total payments			19	37,913.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20			
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a			
b	Routing number <u>X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number <u>X X X X X X X X X X X X X X X X</u>				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			720.
24	Estimated tax penalty (see instructions)	24			

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2019
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 631-69-0934

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3	5,542.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	5,542.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6	2,600.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	2,600.
9	Employer contributions made to your HSAs for 2019	9	2,600.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,600.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13	0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

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

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

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

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2019
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **677-51-1456**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 0.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3 5,542.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 5,542.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6 4,401.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7
8	Add lines 6 and 7	8 4,401.
9	Employer contributions made to your HSAs for 2019	9 650.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 650.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,751.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13 0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

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

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b

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

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Tax History Report

▶ Keep for your records

2019

Name(s) Shown on Return

Vinay Akula & Poojitha Putchala

Five Year Tax History:					
	2015	2016	2017	2018	2019
Filing status				Single	MFJ
Total income				130,090.	233,917.
Adjustments to income					
Adjusted gross income				130,090.	233,917.
Tax expense				1,102.	9,126.
Interest expense . . .					7,681.
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,000.	24,400.
Exemption amount . .				0.	0.
QBI deduction					
Taxable income				118,090.	209,517.
Tax				22,631.	38,633.
Alternative min tax . .					
Total credits					
Other taxes				0.	
Payments				24,133.	37,913.
Form 2210 penalty . .					
Amount owed					720.
Applied to next year's estimated tax .					
Refund				1,502.	
Effective tax rate % . .				17.40	16.52
**Tax bracket %				24.0	24.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
 beginning _____, 2019, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
<u>Vinay</u>		<u>Akula</u>	<u>631-69-0934</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
<u>Poojitha</u>		<u>Putchala</u>	<u>677-51-1456</u>
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>13616 Pine Warbler Dr</u>			
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Austin TX</u>			<u>78729-8083</u>
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

Checking a box below will not change your tax or refund.
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ▶ **You** . . **Spouse**

Filing Status

Check only one box.
 All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ▶

Dependents: (1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr):	
				under age 17 qualify- ing for child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

<input type="checkbox"/>	Someone can claim you as a dependent	
<input type="checkbox"/>	Someone can claim your spouse as a dependent	
a	Check if: <input type="checkbox"/> You were born before January 2, 1955,	<input type="checkbox"/> Blind.
	<input type="checkbox"/> Spouse was born before January 2, 1955,	<input type="checkbox"/> Blind.
	Total boxes checked	▶ a <input type="checkbox"/>
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ b <input type="checkbox"/>

Form 1040 or Form 1040-SR, Lines 1 - 6

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	233,196.
2 a	Tax-exempt interest 2a _____		
b	Taxable interest	2b	721.
3 a	Qualified dividends (see instructions) 3a _____		
b	Ordinary dividends. Attach Schedule B if required	3b	
4	IRA distributions 4a _____		
	Taxable amount (see instructions)	4b	
	Pensions and annuities 4c _____		
	Taxable amount (see instructions)	4d	
5 a	Social security benefits 5a _____		
b	Taxable amount (see instructions)	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶			

Form 1040 or Form 1040-SR, Lines 7 and 8

7 a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income	7b	233,917.
8 a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	233,917.
	AGI including excludable Puerto Rico Income		233,917.

Form 1040 or Form 1040-SR, Line 9 – Standard or Itemized Deduction

9	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 QuickZoom to the Standard Deduction Worksheet _____ Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	9	24,400. 209,517.
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Form 1040 or Form 1040-SR, Lines 10 - 12		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11 a Add lines 9 and 10	11a	24,400.
b Taxable Income. Subtract line 11a from line 8b	11b	209,517.

12 a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
b Add Schedule 2, line 3 and line 12a and enter total	12b	38,633.
QuickZoom to Schedule 2 - Additional Tax section		38,633.

Form 1040 or Form 1040-SR, Line 13 - 16		
13 a Child tax credit/credit for other dependents	13a	
b Add Schedule 3, line 7 and line 13a and enter the total.	13b	
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	38,633.
15 Other taxes, including self-employment tax, from Schedule 2, line 10.	15	0.
16 Add lines 14 and 15. This is your total tax	16	38,633.
QuickZoom to Schedule 3 — Additional Credits and Payments		

Form 1040 or Form 1040-SR, Lines 17 - 19		
17 Federal income tax withheld from Forms W-2 and 1099	17	37,913.
18 Other payments and refundable credits:		
a Earned income credit (EIC) No		
Nontaxable combat pay election		
b Add'l child tax credit. Attach Schedule 8812		
c American opportunity credit from Form 8863, line 8.		
d Schedule 3, line 14.		
e Add lines 18a through 18d.		
These are your other payments and refundable credits	18e	
19 Add Lines 17 and 18e.	19	37,913.
These are your total payments		
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated		
QuickZoom to "due diligence checklist" substitute for Form 8867		
QuickZoom to Schedule 3 — Additional Credits and Payments		

Form 1040 or Form 1040-SR, Lines 20 - 22		
Refund:		
20 If total Payments is more than total tax, subtract total tax from payments This is the amount you overpaid	20	
21 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	
b Routing number		XXXXXXXXXX
c Type:		
<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings		
d Account number		XXXXXXXXXXXXXXXXXXXX
22 Amount of overpayment on line 20 you want applied to your 2020 estimated tax		

Form 1040 or Form 1040SR, Lines 23 - 24		
Amount You Owe:		
23 Subtract line total payments from total tax	23	720.
24 Estimated tax penalty (see instructions)	24	
QuickZoom to Late Penalties and Interest Worksheet		QuickZoom.

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return) Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	1	
Alimony Received Smart Worksheet			
	Taxpayer	Spouse	Date of divorce/sep
A	_____	_____	_____ <input type="checkbox"/>
B	_____	_____	_____ <input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			
2 a	Alimony received. . . . Taxpayer _____ Spouse _____	2a	
b	Date of original divorce or separation agreement ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation (see instr.)	7	
8	Other income. List type and amount (see instructions). _____ _____	8	
9	Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ▶ Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b ▶ <u>233,917.</u>	9	
Quickzoom to 1040 Worksheet, line 7b — Total Income ▶		QuickZoom.	▶ _____

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	

Alimony Paid Smart Worksheet					
	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible					
18 a	Alimony paid	18 a			
b	Recipient's SSN ▶ _____				
c	Date of original divorce or separation agreement ▶ _____				
19	IRA deduction	19			
20	Student loan interest deduction	20			
21	Tuition and fees. Attach Form 8917	21			
22	Add lines 10 through 21 These are your adjustments to income. Enter on Form 1040 or 1040-SR, line 8a	22			

Schedule 2 - Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b ▶	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	8	
9	Section 965 net tax liability installment from Form 965-A. 9 _____		
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶	10	0.
	Total tax (add line 10 and Schedule 3, line 7b)		38,633.

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

Table with 7 rows for nonrefundable credits. Line 1: Foreign tax credit. Line 2: Credit for child and dependent care expenses. Line 3: Education credits. Line 4: Retirement savings contributions credit. Line 5: Residential Energy Credit. Line 6: Other credits from Form 3800 and 8801. Line 7: Total non-refundable credits. Total Tax: 38,633.

Part II Other Payments and Refundable Credits

Table with 14 rows for other payments and refundable credits. Line 8: 2019 estimated tax payments. Line 9: Net premium tax credit. Line 10: Amount paid with request for extension. Line 11: Excess social security and tier 1 RRTA tax withheld. Line 12: Credit for federal tax on fuels. Line 13: Credits from Form 2439 and 8885. Line 14: Total Payments and Withholding. Total: 37,913.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete the following. [X] No. Designee's Name, Phone No., Personal Identification Number (PIN).

Signature and Paid Preparer

Sign Here. Joint return? See instructions. Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year.

Your Signature, Date, Your Occupation (Staff Software Engineer in Test), Spouse's Signature, Date, Spouse's Occupation (Senior Software Engineer), Daytime Phone No. (979) 985-9252.

Paid Preparer's Use Only

Print/Type Preparer's name, Preparer's PTIN, Date, Check if: 3rd Party Designee or Self-employed, Firm's Address, Firm's EIN, State, Phone No., ZIP Code.

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Your SSN 631-69-0934
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2018 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above).	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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	(a) Taxpayer	(b) Spouse				
1 Child's investment income, from Form 8814						
2 Gambling winnings:						
a From Form W-2G						
b Winnings (prizes, etc.) from Form 1099-MISC, box 3						
c Not reported on Form W-2G or Form 1099-MISC						
3 Taxable income from Form 1099-MISC:						
a Substitute payments in lieu of interest or dividends						
b Other income from box 3						
c Alaska Permanent Fund						
d Tribal Gaming						
e Non-Employee Compensation from Form 1099-MISC box 7						
f Rent from personal property from Form 1099-MISC box 1						
4 Taxable income from Form 1099-Q or 1099-QA:						
a Qualified tuition program distributions						
b Coverdell ESA distributions						
c ABLE account distributions						
5 Taxable income from Form 1099-G:						
a Grants						
b RTAA payments						
6 Foreign earned income and housing exclusion, from Form 2555 .						
7 Net operating loss carryover from a prior year						
8 Other income, from Schedule(s) K-1						
9 Taxable distribution from:						
a Form 8853:						
1 Taxable Archer MSA distributions MSA						
2 Taxable Medicare Advantage distributions Med MSA						
3 Taxable long term care distributions LTC						
4 Total Form 8853						
b Form 8889, Health Savings Accounts						
10 Refunds or reimbursements of deductions claimed						
in a prior year:						
a Reimbursement for deducted medical expenses						
b Refunds of deducted taxes (not state or local income taxes)						
<table border="1" style="margin-left: 40px;"> <tr> <td style="width: 50%; text-align: center;">Type of Tax</td> <td style="width: 50%; text-align: center;">State or Local ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Type of Tax	State or Local ID				
Type of Tax	State or Local ID					
c Recapture of deducted moving expenses						
d Reimbursement for deducted casualty or theft loss						
e Reimbursement for deducted employee business expenses						
f Other refunds or reimbursements						
11 Recoveries of bad debts deducted in a prior year						
12 Jury duty pay						
13 Bartering income not reported elsewhere						
14 Income from the rental of personal property						
15 Income from the Cancellation of Debt:						
a From Form 1099-C:						
1 Amount of debt canceled from box 2						
2 Amount of canceled debt excluded from income						
3 Taxable amount of canceled debt						
b From Schedule(s) K-1						
16 Taxable income from Form 1099-K:						
a Payment Card/Third Party Network Transactions						
Income from "not for profit" activities (hobbies):						
18 Limitation on business losses (Form 461)						
19 Global intangible low-taxed income (Form 8992)						
20 Section 965 deferred foreign income (Form 965)						

21	Unemployment income and repayment		
a	Union unemployment benefits	_____	_____
b	Private fund unemployment benefits	_____	_____
c	State employee unemployment benefits	_____	_____
d	Repayment of non-government unemployment benefits	_____	_____
22	Other taxable income:	_____	_____
	_____	_____	_____
	_____	_____	_____
23	Income from Community Property:	_____	_____
a	Positive community property adjustment	_____	_____
b	Negative community property adjustment (enter as positive) . . .	_____	_____
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8 or Form 1040NR, line 21 . .	_____	_____

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Vinay
 Middle initial _____ Suffix _____
 Last name AKula
 Social security no. 631-69-0934
 Occupation Staff Software Engineer in Test
 Date of birth 06/12/1990 (mm/dd/yyyy)
 Age as of 1-1-2020 29
 Daytime phone (979) 985-9252 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name Poojitha
 Middle initial _____ Suffix _____
 Last name Putchala
 Social security no. 677-51-1456
 Occupation Senior Software Engineer
 Date of birth 11/05/1991 (mm/dd/yyyy)
 Age as of 1-1-2020 28
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 13616 Pine Warbler Dr Apt no. _____
 City Austin State TX ZIP code 78729-8083

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

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

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

- 1 Single
 - 2 Married filing jointly
 - 3 Married filing separately
- Check this box if you **did not** live with your spouse at any time during the year. ▶
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ▶
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
 - 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2017 ▶ 2018 ▶
 Are you a dependent with a qualifying child Yes ▶ No ▶
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

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

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)			E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019						

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2019? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2019 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2019 or if you are ineligible to claim the EIC in 2019 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Wells Fargo
Check the appropriate box ... Checking Savings
Routing number ... 111900659 Account number ... 1765278377

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ... 03/12/2020
Balance-due amount from this return ... 720.

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2019, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2019 ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2019 ▶ TX

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
MA	

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 80418

Spouse's PIN used to sign the return 51991

Taxpayer:

Drivers license or state ID number 41998358

Issued by what state TX

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number 45301708

Issued by what state TX

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2019

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Vinay Middle initial . . . Last name . . . Akula

Suffix

Social security no. . . 631-69-0934 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 06/12/1990 (mm/dd/yyyy) age as of 1-1-2020 29

Occupation Staff Software Engineer in Test Daytime phone (979) 985-9252 Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► 2019 . ► 2018 . ► 2017 . ► Before 2017 . ►

Are you retired on total and permanent disability? (for Schedule R, see Help) ► Yes No

Check if this person is legally blind ► Yes No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2020 and this is the first year you
are filing a tax return? ► Yes No

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2019? ► Yes No

4 Did your earned income exceed one-half of your support? ► Yes No

5 Was at least one of your parents alive on December 31, 2019? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 TX

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Full-time student for 5 calendar months during 2019? ► Yes No

Disabled person who was not physically or mentally capable of self-care? ► Yes No

This person is a qualifying person for the child and dependent care credit ► Yes No

► Keep for your records

Name(s) Shown on Return
 Vinay Akula & Poojitha Putchala

Social Security Number
 631-69-0934

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	138,221.	94,975.	233,196.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	25,986.	11,927.	37,913.
3 & 7	Total social security wages/tips	132,900.	82,488.	215,388.
4	Total social security tax withheld	8,240.	5,114.	13,354.
5	Total Medicare wages and tips	143,821.	82,488.	226,309.
6	Total Medicare tax withheld	2,085.	1,196.	3,281.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	25,559.	10,206.	35,765.
b	Elective deferrals to qualified plans	5,600.	3,617.	9,217.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	19,959.	6,589.	26,548.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips		66,059.	66,059.
17	Total state tax withheld		3,020.	3,020.
19	Total local tax withheld.			

Name Poojitha Putchala Social Security Number 677-51-1456

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>677-51-1456</u></p> <p>b Employer ID number (EIN) . . . <u>04-2798765</u></p> <p>c Employer's name, address, and ZIP code <u>SPECTRO SCIENTIFIC INC</u> Street <u>1100 CASSATT ROAD</u> City <u>BERWYN</u> State <u>PA</u> ZIP Code <u>19312-1177</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number <u>000123CLI2/JCA</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>POOJITHA</u> M.I. _____ Last <u>PUTCHALA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>13616 PINE WARBLER DRIVE</u> City <u>AUSTIN</u> State <u>TX</u> ZIP Code <u>78729</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>27,672.72</u></p> <p>3 Social security wages <u>13,305.02</u></p> <p>5 Medicare wages and tips <u>13,305.02</u></p> <p>7 Social security tips _____ ▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>2,777.64</u></p> <p>4 Social security tax withheld <u>824.91</u></p> <p>6 Medicare tax withheld <u>192.92</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>9.95</u>	A: Enter amount attributable to RRTA Tier 2 tax _____
<u>D</u>	<u>1,735.94</u>	M: Enter amount attributable to RRTA Tier 2 tax _____
<u>DD</u>	<u>3,683.73</u>	P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____ Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____ Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MA</u>	<u>WTH11841227004</u>	<u>27,672.72</u>	<u>1,243.95</u>

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

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

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

▶ Keep for your records

Name Poojitha Putchala Social Security Number 677-51-1456

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>677-51-1456</u></p> <p>b Employer ID number (EIN) . . . <u>94-3320693</u></p> <p>c Employer's name, address, and ZIP code <u>SALESFORCE.COM INC.</u></p> <p>Street <u>415 MISSION STREET, 3RD FLOOR</u> City <u>SAN FRANCISCO</u> State <u>CA</u> ZIP Code <u>94105</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>POOJITHA</u> M.I. _____ Last <u>PUTCHALA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>13616 PINE WARBLER DRIVE</u> City <u>AUSTIN</u> State <u>TX</u> ZIP Code <u>78729</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>38,386.28</u></p> <p>3 Social security wages <u>39,273.81</u></p> <p>5 Medicare wages and tips <u>39,273.81</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>6,035.95</u></p> <p>4 Social security tax withheld <u>2,434.98</u></p> <p>6 Medicare tax withheld <u>569.46</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>41.30</u>	A: Enter amount attributable to RRTA Tier 2 tax _____
<u>D</u>	<u>887.53</u>	M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MA</u>	<u>WTH10660649005</u>	<u>38,386.28</u>	<u>1,775.72</u>

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

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

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

Name Poojitha Putchala Social Security Number 677-51-1456

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 677-51-1456
b Employer ID number (EIN) . . . 74-3070018
c Employer's name, address, and ZIP code
VISA TECHNOLOGY & OPERATIONS LLC
Street 900 METRO CENTER BLVD
City FOSTER CITY
State CA ZIP Code 94404
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation 28,916.11
3 Social security wages 29,909.31
5 Medicare wages and tips 29,909.31
7 Social security tips _____
▶ Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 3,112.75
4 Social security tax withheld 1,854.38
6 Medicare tax withheld 433.68
8 Allocated tips _____

d Control number 0000003526WMP

Transfer employee information from the Federal Information Worksheet

e Employee's name
First POOJITHA M.I. _____
Last PUTCHALA Suff. _____
f Employee's address and ZIP code
Street 13616 PINE WARBLER DRIVE
City AUSTIN
State TX ZIP Code 78729
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

9 _____
11 Nonqualified plans _____
12 Enter box 12 below _____
13 Statutory employee
 Retirement plan
 Third-party sick pay

10 Dependent care benefits
Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
C	20.40	A: Enter amount attributable to RRTA Tier 2 tax	_____
D	993.20	M: Enter amount attributable to RRTA Tier 2 tax	_____
DD	2,184.00	P: Double click to link to Form 3903, line 4. . .	_____
W	650.00	R: Enter MSA contribution for Taxpayer . . .	_____
		Spouse	_____
		W: Enter HSA contribution for Taxpayer . . .	_____
		Spouse	650.00
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

▶ Keep for your records

Name Vinay Akula Social Security Number 631-69-0934

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>631-69-0934</u></p> <p>b Employer ID number (EIN) . . . <u>94-1721694</u></p> <p>c Employer's name, address, and ZIP code <u>VISA USA INC</u> Street <u>900 METRO CENTER BLVD</u> City <u>FOSTER CITY</u> State <u>CA</u> ZIP Code <u>94404</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>138,220.89</u></p> <p>3 Social security wages <u>132,900.00</u></p> <p>5 Medicare wages and tips <u>143,820.76</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>25,985.98</u></p> <p>4 Social security tax withheld <u>8,239.80</u></p> <p>6 Medicare tax withheld <u>2,085.40</u></p> <p>8 Allocated tips _____</p>
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d Control number 0000004813WMP

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First VINAY M.I. _____
 Last AKULA Suff. _____

f Employee's address and ZIP code
 Street 13616 PINE WARBLER DRIVE
 City AUSTIN
 State TX ZIP Code 78729
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

11 Nonqualified plans

12 Enter box 12 below

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
<u>C</u>	<u>118.08</u>	A: Enter amount attributable to RRTA Tier 2 tax	_____
<u>D</u>	<u>5,599.87</u>	M: Enter amount attributable to RRTA Tier 2 tax	_____
<u>DD</u>	<u>17,241.00</u>	P: Double click to link to Form 3903, line 4. . .	_____
<u>W</u>	<u>2,600.00</u>	R: Enter MSA contribution for Taxpayer . . .	_____
		Spouse	_____
		W: Enter HSA contribution for Taxpayer . . .	<u>2,600.00</u>
		Spouse	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Wages, Salaries, & Tips Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	138,221.	94,975.	233,196.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b _____			

10 Subtotal. Add lines 1 through 9	138,221.	94,975.	233,196.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	138,221.	94,975.	233,196.

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1 If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1		
2 Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2		
3 Subtract line 2 from line 1	3		
4 Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4		
5 Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5		
6 Add lines 3 through 5	6		
7 Enter the smaller of line 6 or the gain from Form 4797, line 7	7		
8 Enter the amount, if any, from Form 4797, line 8	8		
9 Subtract line 8 from line 7. If zero or less, enter -0-	9		
10 Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10		
11 Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund			
		Regular	AMT
a On Form 1099-DIV			
b On Form 2439			
c On Schedule(s) K-1			
d On Form 1099-R			
e From Form 8814			
f Other.			
Total	11		
12 Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12		
13 Add lines 9 through 12.	13		
14 If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.	0.
15 Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.	0.
16 Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16		
a Enter your capital gain excess, if you are filing Form 2555	a		0.
17 Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.	0.
18 Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Vinay Akula & Poojitha Putchala

Social Security Number
631-69-0934

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D	_____	_____	_____	
b	Form 8814	_____	_____	_____	
c	Schedule B	_____	_____	_____	
d	Form 6252	_____	_____	_____	
e	Form 2439	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total	_____	_____	_____	3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total	_____	_____	_____	4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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1 a Enter your taxable income from Form 1040, line 11b 1 a 209,517.
b Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 b _____
c Add lines 1a and 1b 1 c 209,517.

2 a Enter your qualified dividends from Form 1040, line 3a 2 a _____
b Enter any capital gain excess attributable to qualified dividends b _____
c Subtract line 2b from line 2a 2 c _____

3 Amount from Form 4952, line 4g 3 _____

4 a Amount from Form 4952, line 4e 4 a _____
b Amount from the dotted line next to Form 4952, line 4e b _____
c Line 4b, if applicable, 4a, if not c _____

5 Subtract line 4c from line 3. 5 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- 6 0.

7 a Enter line 15 of Schedule D 7 a _____
b Enter line 16 of Schedule D b _____
c Enter the **smaller** of line 7a or line 7b 7 c 0.

8 Enter the **smaller** of line 3 or line 4c 8 _____

9 a Subtract line 8 from line 7. 9 a 0.
b Enter any capital gain excess attributable to capital gains b _____
c Subtract line 9b from line 9a. 9 c 0.

10 Add lines 6 and 9c 10 0.

11 a Enter the amount from Schedule D, line 18 11 a 0.
b Enter the amount from Schedule D, line 19 b _____
c Add lines 11a and 11b. 11 c 0.

12 Enter the **smaller** of line 9c or line 11c 12 0.

13 Subtract line 12 from line 10. 13 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- 14 209,517.

15 Enter:

- \$39,375 if single or married filing separately,
- \$78,750 if married filing jointly or qualifying widow(er), or
- \$52,750 if head of household.

] 15 78,750.

16 Enter the **smaller** of line 1c or line 15 16 78,750.

17 Enter the **smaller** of line 14 or line 16 17 78,750.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- 18 209,517.

19 Enter the **smaller** of line 1c or:

- \$160,725 if single or married filing sep,
- \$321,450 if MFJ or qual widow(er), or
- \$160,700 if head of household.

] 19 209,517.

20 Enter the **smaller** of line 14 or line 19 20 209,517.

21 Enter the **larger** of line 18 or line 20 21 209,517.

22 Subtract line 17 from line 16. This amount is taxed at 0% 22 0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 23 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) 24 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- 25 0.

26 Enter:

- \$434,550 if single,
- \$244,425 if married filing separately,
- \$488,850 if married filing jointly or qualifying widow(er), or
- \$461,700 if head of household.

] 26 488,850.

27 Enter the smaller of line 1c or line 26 27 209,517.

28 Add lines 21 and 22 28 209,517.

29 Subtract line 28 from line 27. If zero or less, enter -0- 29 0.

30 Enter the **smaller** of line 25 or line 29 30 0.

31 Multiply line 30 by 15% (0.15) 31 0.

32 Add lines 24 and 30 32 0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23. 33 0.

34 Multiply line 33 by 20% (0.20) 34 0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 35 _____

36 Add lines 10 and 21 36 _____

37 Enter the amount from line 1c above 37 _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>38,633.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>38,633.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>38,633.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	<u>38,633.</u>

Form 1040
Line 12a

Qualified Dividends and Capital Gain Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	
3	Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	
8	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8	
9	Enter the smaller of line 1 or line 8	9	
10	Enter the smaller of line 7 or line 9	10	
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	
12	Enter the smaller of line 1 or line 6	12	
13	Enter the amount from line 11	13	
14	Subtract line 13 from line 12.	14	
15	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15	
16	Enter the smaller of line 1 or line 15	16	
17	Add lines 7 and 11	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the smaller of line 14 or line 18	19	
20	Multiply line 19 by 15% (0.15)	20	
21	Add lines 11 and 19	21	
22	Subtract line 21 from line 12	22	
23	Multiply line 22 by 20% (0.20)	23	
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	
25	Add lines 20, 23, and 24	25	
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.	27	

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/19		04/15/19			04/15/19		
2	06/17/19		06/17/19			06/17/19		
3	09/16/19		09/16/19			09/16/19		
4	01/15/20		01/15/20			01/15/20		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2019					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2019 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	37,913.	3,020.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	37,913.	3,020.	
20 Total Tax Payments for 2019	37,913.	3,020.	

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2018 extensions				
22 2018 estimated tax paid after 12/31/2018				
23 Balance due paid with 2018 return				
24 Other (amended returns, installment payments, etc)				

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	233,917.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2018 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	233,917.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 3,020.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 3,020.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	5,971.10
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real propety taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	5,971.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2018 Amount Enter 2019 description:	
	_____ Mazda CX-5 _____	135.25
	_____ _____	_____
	_____ _____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	135.25
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2018 Amount Enter 2019 description:	
	_____ _____	_____
	_____ _____	_____
	_____ _____	_____
f	Foreign real propety taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	7,681.12
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	7,681.12
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Name(s) Shown on Return
Vinay Akula & Poojitha Putchala

Social Security Number
631-69-0934

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 3,020.
2	2019 state estimated taxes paid in 2019	2
3	2018 state estimated taxes paid in 2019	3
4	Amount paid with 2018 state application for extension	4
5	Amount paid with 2018 state income tax return	5
6	Overpayment on 2018 state income tax return applied to 2019 tax	6
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2019 local estimated taxes paid in 2019	10
11	2018 local estimated taxes paid in 2019	11
12	Amount paid with 2018 local application for extension	12
13	Amount paid with 2018 local income tax return	13
14	Overpayment on 2018 local income tax return applied to 2019 tax	14
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 3,020.
19	State and local refund allocated to 2019	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 3,020.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 Recipient's/lender's name JPMORGAN CHASE BANK
- 2 a Was the mortgage interest reported to you on Form 1098? Yes No
- b Mortgage interest paid on your main home or second home in 2019 7,681.12
- c Check this box if Box 7 is checked on Form 1098
- d Is this loan secured by a residence of yours? Yes No
- 3 Outstanding mortgage principal 221,200.00
- 4 Mortgage origination date 01/17/2019
- 5 a Did your home loan close after December 31, 2006? Yes No
- b Mortgage insurance premiums
- 6 Mortgage acquisition date
- 7 a Points paid to buy or improve your **main** home in 2019
- b Check if points were reported to you on Form 1098
- c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098
- Computed points reported on Form 1098
- Computed points not reported on Form 1098
- 8 Property taxes 5,971.10
- 9 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property
- 10 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following Yes No
- a Total points originally paid on a loan for which the points must be amortized
- b Length of loan (years)
- c Points deducted in prior years for this loan
- d Amortized points allowable this year
- e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*

* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

- 11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address Yes No
- Name
- Address
- City _____ State _____ ZIP _____
- 12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address Yes No
- Recipient's SSN -OR- Recipient's EIN
- Recipient's address
- City _____ State _____ ZIP _____
- 13 Did you pay more mortgage interest than what is shown on Form 1098 Yes No
- QuickZoom** to attach a statement to your return explaining the difference

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	233,917.
--	---	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	0.
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	233,917.
		Percentage of line 8
		Used in Current Year
a 60% AGI limit to line 9	a	140,350.
b 50% AGI limit to line 12	b	116,959.
c 30% AGI limit, Section C to line 19	c	70,175.
d 30% AGI limit, Section D to line 26	d	70,175.
e 20% AGI limit to line 35	e	46,783.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2020

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2019 contributions							
2 2019 contributions allowed							
3 Carryovers from:							
a 2018 tax year	0.	N/A	0.	0.			
b 2017 tax year		N/A					
c 2016 tax year		N/A					
d 2015 tax year		N/A					
e 2014 tax year		N/A					
4 Carryovers allowed in 2019		N/A					
5 Carryovers disallowed in 2019		N/A					
6 Carryovers to 2020:							
a From 2019.							
b From 2018.		N/A					
c From 2017.		N/A					
d From 2016.		N/A					
e From 2015.		N/A					
f From 2014.		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees.	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

**FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation**
Check the box in investment column if an investment expense

Investment Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	0.
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2019	<input type="checkbox"/>	26	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27	Combine lines 11 through 26		27	0.

**FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity.		35	
36	Ordinary loss attributable to certain debt instruments.		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100	_____	► . . .	1	_____
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,200 • Married filing jointly — \$24,400 • Head of household — \$18,350	_____	► . . .	2	24,400.
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1955, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b			3 a	_____
3 b	If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)			3 b	_____
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9			3 c	_____

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return <u>Vinay Akula & Poojitha Putchala</u>	Social Security Number <u>631-69-0934</u>
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	138,221.	94,975.	233,196.
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	138,221.	94,975.	233,196.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	138,221.	94,975.	233,196.
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	138,221.	94,975.	233,196.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	138,221.	94,975.	233,196.
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	138,221.	94,975.	233,196.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	138,221.	94,975.	233,196.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	138,221.	94,975.	233,196.

► Keep for your records

Name(s) Shown on Return
Vinay Akula & Poojitha Putchala

Social Security Number
631-69-0934

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	721.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	721.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	721.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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- ▶ **QuickZoom** to Schedule EIC ▶
- ▶ **QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ▶ _____
- ▶ **QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ▶
- ▶ **QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ▶

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	233,196.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	_____
b	Other income entered as wages that is not considered earned income	b	_____
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	_____
3	Subtract lines 2a, 2b and 2c from line 1	3	233,196.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	_____
b	Spouse's nontaxable combat pay election for EIC	b	_____
c	Total nontaxable combat pay election	4 c	_____
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	_____
6	Medicaid Waiver Payments reported as nontaxable	6	_____
7	Earned income. Add lines 3, 4, 5, and 6	7	233,196.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	0.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.		
9	Enter your AGI from Form 1040, line 8b	9	_____
10	If you have: <ul style="list-style-type: none"> ● No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? ● 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <input checked="" type="checkbox"/> Yes. Go to line 11 now. <input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	10	_____
11	Earned income credit. <ul style="list-style-type: none"> ● If 'Yes' on line 10, enter the amount from line 8 ● If 'No' on line 10, enter the smaller of line 8 or line 10 	11	_____

Enter line 11 amount on Form 1040, line 18a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,600.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2019.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2019?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2019?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2019.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code AH	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2019

► Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	122,217.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	209,517.
2	Additions to income	2	
3	Add lines 1 and 2	3	209,517.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	209,517.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	233,917.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	233,917.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	210,525.
6	Enter ATNOL carried to 2018 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$733,700:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$55,850	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	<u>111,700.</u>
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	<u>233,917.</u>
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately	3	<u>1,020,600.</u>
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	<u>0.</u>
5	Multiply line 4 by 25% (.25)	5	<u>0.</u>
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	<u>111,700.</u>

► Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
1 Enter the amount from Form 6251, line 6	1 _____
2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3 Add line 1 and line 2c	3 _____
4 Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. 	4 _____
5 Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5 _____
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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2018 State and Local Income Tax Information

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

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

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

2018 Locality Estimates Information

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

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

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

2018 Locality Tax Refund Information

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

Other Tax and Income Information		2018	2019
1	Filing status	1 <u>1</u> Single	2 <u>2</u> MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	_____
3	Itemized deductions	3 <u>1,102.</u>	<u>16,807.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>130,090.</u>	<u>233,917.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>22,631.</u>	<u>38,633.</u>
7	Alternative minimum tax.	7 _____	_____
8	Federal overpayment applied to next year estimated tax.	8 _____	_____

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a _____	_____
b	Spouse's excess Archer MSA contributions as of 12/31	b _____	_____
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a _____	_____
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b _____	_____
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a _____	_____
b	Spouse's excess HSA contributions as of 12/31	b _____	_____

Loss and Expense Carryovers		2018	2019		
Note: Enter all entries as a positive amount					
12 a	Short-term capital loss.	12 a _____	_____		
b	AMT Short-term capital loss	b _____	_____		
13 a	Long-term capital loss	13 a _____	_____		
b	AMT Long-term capital loss	b _____	_____		
14 a	Net operating loss available to carry forward	14 a _____	_____		
b	AMT Net operating loss available to carry forward	b _____	_____		
15 a	Investment interest expense disallowed	15 a _____	_____		
b	AMT Investment interest expense disallowed	b _____	_____		
16	Nonrecaptured net Section 1231 losses from:	a	2019	16 a _____	_____
		b	2018	b _____	_____
		c	2017	c _____	_____
		d	2016	d _____	_____
		e	2015	e _____	_____
		f	2014	f _____	_____
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2019	17 a _____	_____
		b	2018	b _____	_____
		c	2017	c _____	_____
		d	2016	d _____	_____
		e	2015	e _____	_____
		f	2014	f _____	_____

Credit Carryovers			2018	2019
18	General business credit		18	
19	Adoption credit from:	a 2019	19 a	
		b 2018	b	
		c 2017	c	
		d 2016	d	
		e 2015	e	
		f 2014	f	
20	Mortgage interest credit from:	a 2019	20 a	
		b 2018	b	
		c 2017	c	
		d 2016	d	
21	Credit for prior year minimum tax		21	
22	District of Columbia first-time homebuyer credit		22	
23	Residential energy efficient property credit		23	

Other Carryovers			2018	2019
24	Section 179 expense deduction disallowed		24	
25	Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25 a	
		b Taxpayer (Form 2555, line 48)	b	
		c Spouse (Form 2555, line 46)	c	
		d Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						

27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						

28 Amount overpaid less earned income credit 1,502.

Qualified Business Income Deduction (Section 199A) carryovers			2018	2019
29	Qualified business loss carryforward		29	
30	Qualified PTP loss carryforward		30	

2018 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

► Keep for your records

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
--	---------------------------------------

Description	Amount
Income	
Wages	233,196.
Interest income before Series EE bond exclusion	721.
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	233,917.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	233,917.

Two-Year Comparison

2019

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number
--	------------------------

Income	2018	2019	Difference	%
Wages, salaries, tips, etc	130,090.	233,196.	103,106.	79.26
Interest and dividend income		721.	721.	
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	130,090.	233,917.	103,827.	79.81
Adjustments to Income				
Adjusted Gross Income	130,090.	233,917.	103,827.	79.81
Itemized Deductions				
Medical and dental				
Income or sales tax	1,102.	3,020.	1,918.	174.05
Real estate taxes		5,971.	5,971.	
Personal property and other taxes		135.	135.	
Interest paid		7,681.	7,681.	
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	1,102.	16,807.	15,705.	999.00
Standard or Itemized Deduction	12,000.	24,400.	12,400.	103.33
Qualified Business Income Deduction				
Taxable Income	118,090.	209,517.	91,427.	77.42
Income tax	22,631.	38,633.	16,002.	70.71
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	22,631.	38,633.	16,002.	70.71
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.		0.	
Total Tax After Credits	22,631.	38,633.	16,002.	70.71
Withholding	24,133.	37,913.	13,780.	57.10
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	24,133.	37,913.	13,780.	57.10
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,502.		-1,502.	-100.00
Balance Due		720.	720.	

Current year effective tax rate 16.52 %

Tax Summary
▶ Keep for your records

2019

Name (s)
Vinay Akula & Poojitha Putchala

Total income	233,917.
Adjustments to income	
Adjusted gross income	233,917.
Itemized/standard deduction	24,400.
Qualified business income deduction	
Taxable income	209,517.
Tentative tax	38,633.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	38,633.
Total payments	37,913.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	720.

Compare to U. S. Averages

▶ Keep for your records

2019

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security No 631-69-0934
--	-----------------------------------

Your 2019 adjusted gross income (AGI) 233,917.
 National adjusted gross income range used below from 200,000. to 249,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	233,196.	188,082.
Taxable interest	721.	2,197.
Tax-exempt interest		8,490.
Dividends		10,002.
Business net income		50,075.
Business net loss		7,891.
Net capital gain		25,998.
Net capital loss		2,362.
Taxable IRA		42,264.
Taxable pensions and annuities		55,876.
Rent and royalty net income		20,121.
Rent and royalty net loss		22,874.
Partnership and S corporation net income		73,510.
Partnership and S corporation net loss		19,205.
Taxable social security benefits		27,582.
Medical and dental expenses deduction		18,234.
Taxes paid deduction	9,126.	19,159.
Interest paid deduction	7,681.	11,589.
Charitable contributions deduction		5,909.
Total itemized deductions	16,807.	37,574.
Child care credit		604.
Education tax credits		0.
Child tax credit		669.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	233,917.	232,775.
Taxable income	209,517.	185,654.
Income tax	38,633.	38,244.
Alternative minimum tax		2,810.
Total tax liability	38,633.	39,678.

Estimated Taxes and Form W-4 Worksheet

Name: Vinay Akula & Poojitha Putchala
SSN: 631-69-0934

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2020 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2020 withholding will be _____.

Overpayment from my 2019 return. 0.

Amount of my 2019 overpayment to apply to 2020 instead of refunding it _____.

Enter Your Filing Status and Other Information for Your 2020 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2020 30
 Spouse age as of the end of 2020 29

Do you qualify for an additional standard deduction?
Taxpayer: _____ **Total** 0
Spouse: _____

Check if you must itemize in 2020. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:	2019	2020
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2020 Income and Deductions in 2nd column	2019 Actual	2020 Expected
Compensation:		
Annual wages and salary for taxpayer	138,221.	
Medicare wages for taxpayer (W-2 box 5)	143,821.	
Annual wages and salary for spouse	94,975.	
Medicare wages for spouse (W-2 box 5)	82,488.	
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: Check to populate W-2 table from 2019 return

Employer	Owner	Wages	2019 Withholding	2020 Wages	2020 Withholding

Schedule C: Check to populate Schedule C table from 2019 return

Name	Owner	2019 Income	2019 Expenses	2020 Income	2020 Expenses

Other Tax Information:		
Note: Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax	721 .	
Qualified dividends		
Maximum Capital Gains Rate Tax Information:		
Net short-term capital gains or losses		
Net long-term capital gains or losses		
Net 28%-rate capital gains included in long-term		
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)		
Investment income election (<i>see Tax Help</i>)		
Other Income:		
Total of your other taxable income and losses (<i>see Tax Help</i>)	721 .	
Foreign income or housing exclusions		
Adjustments:		
Deductible IRA contributions, alimony, etc		
Itemized Deductions:		
Total medical expenses		
State and local property and income taxes (or sales tax)	9,126 .	
Deductible foreign income taxes		
Deductible mortgage interest	7,681 .	
Cash charitable contributions		
Other charitable contributions		
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)		
Other itemized deductions		
Net qualified disaster loss (<i>see Tax Help</i>)		
Standard Deduction:		
Standard deduction	24,400 .	24,800 .

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	24,400.	24,800.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Income Tax Calculation for Your 2020 Tax Return	2019 Actual	2020 Expected
Taxable income	209,517.	0.
Income tax	38,633.	
Alternative minimum tax (Enter Alt Min tax expected in 2020) . . .		
Premium tax credit repayment (Enter amt expected for 2020) . . .		
Total credits (Enter credits expected in 2020)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2020)	0.	
Total federal income tax	38,633.	0.

Enter the Tax Payments You've Already Made for Your 2020 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (July 15, 2020)	
Payment number 2 (July 15, 2020)	
Payment number 3 (September 15, 2020)	
2019 federal overpayment credited to 2020 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2020	
Federal income taxes to be withheld from your paychecks	
Your 2019 federal overpayment you applied to 2020	
Your 2020 federal estimated taxes,	
based on <u>110% of your 2019 actual tax</u>	4,584.
Estimate of total payments you will need to make for 2020	4,584.

Estimated Tax Payment Options

Name:	<u>Vinay Akula & Poojitha Putchala</u>
SSN:	<u>631-69-0934</u>

Prepare My 2020 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2020 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2020 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2020 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2019 taxes (prior-year exception) Note: If your 2019 taxes were less than \$1000, see Tax Help	42,496.

Amount of Estimated Taxes to Pay in 2020	
Taxes based on method above	42,496.
Expected withholding for 2020 . . . (.2019 actual withholding)	37,913.
Taxes due after withholding	4,583.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	4,583.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2020	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due July 15, 2020	1,146.
<input type="checkbox"/> Payment number 2, due July 15, 2020	1,146.
<input type="checkbox"/> Payment number 3, due September 15, 2020	1,146.
<input type="checkbox"/> Payment number 4, due January 15, 2021	1,146.

Total estimated tax payments for 2020	4,584.
---	--------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Vinay Akula & Poojitha Putchala</u>
SSN:	<u>631-69-0934</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2020	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2020	_____	_____
Your remaining salary for this year	_____ 0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	_____	_____
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	_____ %	_____ %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Increase/(decrease) in net pay per pay period	_____	_____

Summary of Federal Income Taxes to be Withheld in 2020: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Vinay Akula & Poojitha Putchala

Primary SSN: 631-69-0934

Federal Return Submitted: March 11, 2020 09:36 PM PDT

Federal Return Acceptance Date: 03/11/2020

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight July 15, 2020. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2020. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2020, and the corrected return is submitted and accepted by October 20, 2020.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 4 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

Questions? Call 877-908-7228

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Original Returns:

- File **federal** return electronically
- File **state** returns electronically

Select state returns to file electronically:

State(s)

Amended Returns:

- File **federal** amended return(s) electronically
- File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

New! State e-file disclosure consent:

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

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
- State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- Sign return electronically using Practitioner PIN

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license
 - State issued identification card
 - Passport
 - Account statement from financial institution
 - Utility billing statement
 - Credit card billing statement
-

Finish and File Info:

- To indicate a client return download in FnF

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

Pro Notes About Suggestions

Suggestion ID	Suggestion
---------------	------------

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet								
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.								
1	January ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
2	February ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
3	March ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
4	April ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
5	May ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
6	June ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
7	July ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
8	August ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
9	September ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	7,000.
10	October ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
11	November ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
12	December ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
B Maximum allowable contribution.								5,542.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	4,083.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	4,083.
C Portion of Line B amount to be carried to Line 6 of spouse's form	2,942.
QuickZoom to Form 8889S. ▶	
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	2,600.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	2,600.
B Enter employer contributions made in 2019 for the tax year 2018	_____
C Subtract line B from line A	2,600.
D Enter employer contributions made in 2020 for the tax year 2019	_____
E Other employer contributions for 2019 not reported above	_____
F Employer contributions for 2019. Add lines C, D and E. Enter on line 9	2,600.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2019 was due to death or disability

A

1	Total HSA contribution in 2018	1,300.
2	Excess contribution in 2018	
3	Net HSA contribution in 2018	1,300.

B Check the box below to indicate the type of coverage you had for each month of 2018. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
2	February ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
3	March ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
4	April ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
5	May ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
6	June ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
7	July ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
8	August ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
9	September ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
10	October ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
11	November ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
12	December ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	

C

1	Total maximum allowable contribution for 2018	
2	Amount allocated to spouse in 2018	
3	Net maximum allowable contribution for 2018	

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

Line 3 Smart Worksheet

A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
2	February ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
3	March ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
4	April ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
5	May ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
6	June ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
7	July ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
8	August ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
9	September ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,000.
10	October ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
11	November ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.
12	December ▶	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,500.

B Maximum allowable contribution. 5,542.
Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	4,083.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	4,083.
C Portion of Line B amount to be carried to Line 6 of spouse's form QuickZoom to Form 8889T ▶	1,141.
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	4,401.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	650.
B Enter employer contributions made in 2019 for the tax year 2018	
C Subtract line B from line A	650.
D Enter employer contributions made in 2020 for the tax year 2019	
E Other employer contributions for 2019 not reported above	
F Employer contributions for 2019. Add lines C, D and E. Enter on line 9	650.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2019 was due to death or disability

A

1 Total HSA contribution in 2018 _____

2 Excess contribution in 2018 _____

3 Net HSA contribution in 2018 0.

B Check the box below to indicate the type of coverage you had for each month of 2018. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

C

1 Total maximum allowable contribution for 2018 _____

2 Amount allocated to spouse in 2018 _____

3 Net maximum allowable contribution for 2018 _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet

A Tax 38,633.

Check if from:

1	Tax table	<input type="checkbox"/>
2	Tax Computation Worksheet (see instructions)	<input checked="" type="checkbox"/>
3	Schedule D Tax Worksheet	<input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5	Schedule J	<input type="checkbox"/>
6	Form 8615	<input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet	<input type="checkbox"/>

B Additional tax from Form 8814 _____

C Additional tax from Form 4972 _____

D Tax from additional Form(s) 4972 _____

E Recapture tax from Form 8863 _____

F IRC Section 197(f)(9)(B)(ii) election for an additional tax _____

G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____

H Additional tax from Form 8621 _____

I **Tax.** Add lines A through G. Enter the result here and include in tax below. 38,633.

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . _____ 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview . . .

Marital Status _____

Filing Status Selected _____

SMART WORKSHEET FOR: Federal Information Worksheet

**2017 Tax Cuts & Jobs Act
Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, 2017?**

Yes No

**IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.
Refer to Tax Help**

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

- A** Is this activity a qualified trade or business under Section 199A?
- B** QBI worksheet to report.
- C** Specified Service Trade or Business (SSTB)?
- D** I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

A Is this activity a qualified trade or business under Section 199A?

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

<p>Qualified Business Income Deduction Smart Worksheet</p> <p><i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i></p>							
<p>A Is this activity a qualified trade or business under Section 199A?</p> <p>B QBI worksheet to report. ▶</p> <p>C Specified Service Trade or Business (SSTB)?</p> <p>D I am not a statutory employee</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

<p>Substitute Form W-2 Smart Worksheet</p>		
<p>A Treat as substitute W-2 and generate a form 4852</p> <p>B Linked substitute W-2 Form 4852 ▶ _____</p> <p>C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>E QuickZoom to completed Form 4852 for reference ▶ _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>
<input type="checkbox"/>		

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 4)

<p>Qualified Business Income Deduction Smart Worksheet</p> <p><i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i></p>							
<p>A Is this activity a qualified trade or business under Section 199A?</p> <p>B QBI worksheet to report. ▶</p> <p>C Specified Service Trade or Business (SSTB)?</p> <p>D I am not a statutory employee</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 4)

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A, B, and C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below 7,681.12

2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Home Mortgage Interest Worksheet (JPMORGAN CHASE BANK)

Home Mortgage Interest Limitation Smart Worksheet

A Is this the original loan used to purchase this home? Yes No

B Is this a **home equity** loan or **refinance** of a purchase loan? Home Equity Refi
 Was cash ever taken out as part of a refinance? Yes No

C Were all loan proceeds used to purchase, build, or improve the home secured by this loan? (see help if this loan is a refinance loan) Yes No
 If no, amount used to purchase, build, or improve this home (see help) _____

D Date loan was paid off, if paid off in 2019 _____

E Outstanding mortgage principal as of 12/31/2019 (or pay-off date, if applicable) _____
 Check if you had only one 1098

F	Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt	Pre-10/14/87 Home Debt
1 Interest paid in 2019	7,681.12			
2 Total points				
3 Beginning balance	0.00			
4 Borrowed in 2019	221,200.00			
5 Principal applied				
6 Ending balance				
7 Average loan balance	110,600.00			
8 Acquisition debt	221,200.00			
9 Acquisition interest	7,681.12			
10 Deductible points				

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B **QuickZoom** to the Asset Entry Worksheet ▶

C **QuickZoom** to the Depreciation/Amortization Reports ▶

D **QuickZoom** to Form 4562 for Schedule A ▶

E Treat all MACRS assets for activity as qualified Indian reservation property? . . . Yes No

F Treat all assets acquired after Aug. 27, 2005 as
 qualified GO Zone property? Regular Extension No

G Treat all assets acquired after May 4, 2007 as
 qualified Kansas Disaster Zone property? Yes No

H Was this property located in a Qualified Disaster Area? Yes No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2018 _____

2 Election for earned income credit (EIC):
 Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
 Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
 Elect taxpayer's nontaxable combat pay as earned income
 for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2018 _____

2 Election for earned income credit (EIC):
 Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
 Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
 Elect spouse's nontaxable combat pay as earned income
 for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ Amount due _____ 720 .

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet

Election to use 2018 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.

A Elect to use 2018 earned income for EIC and Additional Child Tax Credit. ▶ Yes No

B Taxpayer is eligible to elect to use 2018 earned income (see Publication 4492 for details) ▶ Yes No

C Earned income for EIC from your 2018 return _____ 130,090 .

D Current year earned income for EIC _____ 233,196 .

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.

E You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B

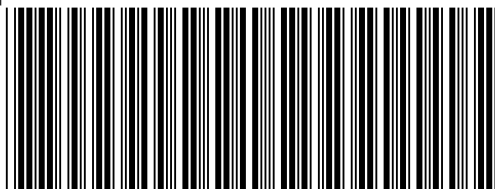
Overpayment _____ Amount due _____ 720 .

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest <u>721.</u>
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>721.</u>
Is line H, total investment income over \$3,600?	
<input checked="" type="checkbox"/>	No. You may take the credit.
<input type="checkbox"/>	Yes. Stop. You cannot take the credit.

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands



2019 Form 1-NR/PY

MA19006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2019 or other taxable

Year beginning

Ending

VINAY AKULA 631690934
POOJITHA PUTCHALA 677511456
13616 PINE WARBLER DR AUSTIN TX 787298083

Fill in if: Original return Amended return Amended return due to federal change

Apt. no.

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL 0

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident
 Part-year resident

Filing as both nonresident and part-year resident
 Nonresident composite

Name/address changed since 2018
Fill in if noncustodial parent

a. Total federal income 233917
b. Federal adjusted gross income 233917

1. Filing status (select one only):

Single
 Married filing jointly
 Married filing separate return
 Head of household

Fill in if filing Schedule TDS

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

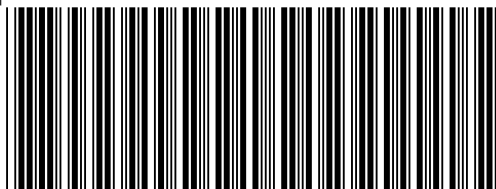
Spouse's signature

Date

PPOOJI5@GMAIL.COM

979-985-9252

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2019 Form 1-NR/PY, pg. 2

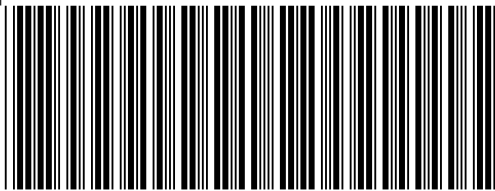
MA19006021555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
631690934

4. Exemptions:

a. Personal exemptions			4a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number			× \$1,000 = 4b	0
c. Age 65 or over before 2020	You +	Spouse =	× \$700 = 4c	0
d. Blindness	You +	Spouse =	× \$2,200 = 4d	0
e. Medical/dental			4e	0
f. Adoption			4f	0
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			4g	8800
5. Wages, salaries, tips			5	66059
6. Taxable pensions and annuities			6	0
7. Mass. bank interest: a.	0	- b. exemption	= 7	0
8. Business/profession income/loss a.	0	+ b. Farming income/loss	= 8	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss			9	0
10a. Unemployment			10a	0
10b. Mass. lottery winnings			10b	0
11. Other income			11	0
12. TOTAL 5.05% INCOME			12	66059
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:				
	working days	miles	sales	other:
Working days (or other basis) outside Massachusetts				
Working days (or other basis) inside Massachusetts				
Total working days				
Nonworking days (holidays, weekends, etc.)				
Massachusetts ratio				.0000
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2				138221
Massachusetts income				0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 3

MA19006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VINAY

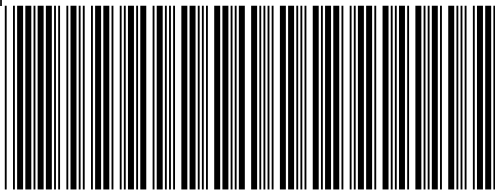
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14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.05% income		14a	66059
b. Interest income		14b	0
c. Total capital gain income		14c	0
d. Total income this return		14d	66059
e. Non-Massachusetts source income. Not less than "0"		14e	167858
f. Total income		14f	233917
g. Deduction and exemption ratio		14g	0.2824
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		15b	2000
16. Child under age 13, or disabled dependent/spouse care expenses		16	0
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s) Not more than two. a. <input type="checkbox"/> × \$3,600 = b. <input type="checkbox"/> 0 Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g		17	0
18. Rental deduction. a. <input type="checkbox"/> 8000 Nonresidents, fill in if during 2109 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future <input checked="" type="checkbox"/>		+ 2 = 18	3000
19. Other deductions from Schedule Y, line 19		19	2300
20. Total deductions. Add lines 15 through 19		20	9300
21. 5.05% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"		21	56759
22. Exemption amount. a. <input type="checkbox"/> 8800		22	2485
23. 5.05% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"		23	54274
24. INTEREST AND DIVIDEND INCOME		24	0
25. TOTAL TAXABLE 5.05% INCOME. Add lines 23 and 24		25	54274
26. TAX ON 5.05% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585		26	2741

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 4

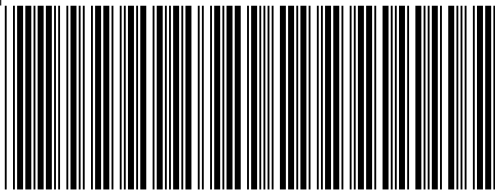
MA19006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

631690934

27.	12% INCOME. Not less than "0."	a.	0		× .12 = 27	0
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS				28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28					
29.	Credit recapture amount (from Credit Recapture Schedule)				29	0
30.	Additional tax on installment sale				30	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32					
32.	TOTAL INCOME TAX. Add lines 26 through 30				32	2741
33.	Limited Income Credit				33	0
34.	Income tax due to another state or jurisdiction				34	0
35.	Other credits (from Credit Manager Schedule)				35	0
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36	2741
37.	Voluntary Contributions					
	a. Endangered Wildlife Conservation				37a	0
	b. Organ Transplant Fund				37b	0
	c. Massachusetts Public Health HIV and Hepatitis Fund				37c	0
	d. Massachusetts U.S. Olympic Fund				37d	0
	e. Massachusetts Military Family Relief Fund				37e	0
	f. Homeless Animal Prevention and Care				37f	0
	Total. Add lines 37a through 37f				37	0
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	0
39.	Health care penalty a. You 0 + b. Spouse 0				39	0
40.	Amended return only. Overpayment from original return				40	0
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40				41	2741



2019 Schedules X & Y

MA19SXY011555

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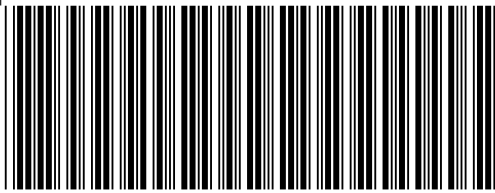
631690934

Schedule X. Other Income

1. Alimony received	1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	0
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3	0
4. Fees and other 5.05% income. Not less than "0"	4	0
5. Total other 5.05% income. Add lines 1 through 4. Not less than "0"	5	0

Schedule Y. Other Deductions

1. [RESERVED]	1	0
2. Penalty on early savings withdrawal	2	0
3. Alimony paid	3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	0
5. Moving expenses	5	2300
6. Medical savings account deduction	6	0
7. Self-employed health insurance deduction	7	0
8. Health care accounts deduction	8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	9	0
10. Student loan interest	10	0
11. College Tuition Deduction (full-year residents only)	11	0
12. Undergraduate student loan interest deduction	12	0
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	0
14. Claim of right deduction	14	0
15. Commuter deduction	15	0
16. Human organ donation deduction (full-year residents only)	16	0
17. Certain gambling losses	17	0
18. Prepaid tuition or college savings program deduction	18	0
19. Total other deductions. Add lines 1 through 18	19	2300



2019 Schedule B

MA19010011555

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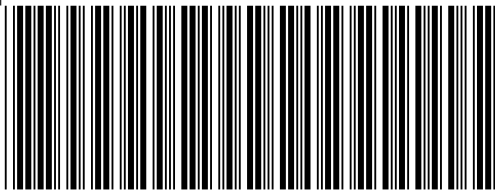
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Part 1. Interest and Dividend Income

1. Total interest income		1	721
2. Total ordinary dividends		2	0
3. Other interest and dividends not included above		3	0
4. Total interest and dividends		4	721
5. Total interest from Massachusetts banks		5	0
6a. Other interest and dividends to be excluded	SEE STMT EXCL	6a	0
6b. Part-year/Nonresidents only		6b	721
7. Subtotal		7	0
8. Allowable deductions from your trade or business		8	0
9. Subtotal		9	0

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains		10	0
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales		11	0
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less		12	0
13a. Add lines 10 through 12		13a	0
13b. Part-year/Nonresidents only		13b	0
13c. Subtract line 13b from line 13a. Not less than 0		13c	0
14. Allowable deductions from your trade or business		14	0
15. Subtotal		15	0
16. Massachusetts short-term capital losses		16	0
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less		17	0
18. Prior short-term unused losses for years beginning after 1981		18	0



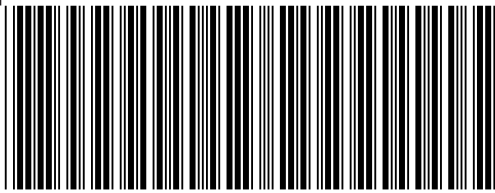
2019 Schedule B, pg. 2

631690934 MA19010021555

19a. Combine lines 15 through 18	19a	0
19b. Part-year/Nonresidents only	19b	0
19c. Exclude line 19b losses from line 19a	19c	0
20. Short-term losses applied against interest and dividends	20	0
21. Available short-term losses	21	0
22. Short-term losses applied against long-term gains	22	0
23. Short-term losses available for carryover in 2020	23	0
24. Short-term gains and long-term gains on collectibles	24	0
25. Long-term losses applied against short-term gain	25	0
26. Subtotal	26	0
27. Long-term gains deduction	27	0
28. Short-term gains after long-term gains deduction	28	0

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	0
30. Short-term losses applied against interest and dividends	30	0
31. Subtotal interest and dividends	31	0
32. Long-term losses applied against interest and dividends	32	0
33. Adjusted interest and dividends	33	0
34. Enter the amount from line 28	34	0
35. Adjusted gross interest, dividends and certain capital gains	35	0
36. Excess exemptions	36	0
37. Subtract line 36 from line 35	37	0
38. Interest and dividends taxable at 5.05%	38	0
39. Taxable 12% capital gains	39	0
40. Available short-term losses for carryover in 2020	40	0



2019 Schedule INC

MA19INC011555

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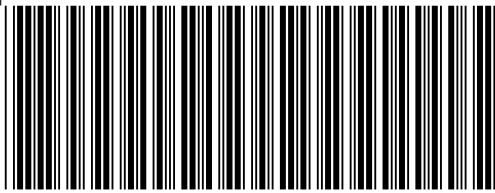
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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
042798765	1244	27673	0	1018	W2
943320693	1776	38386	0	3004	W2

TOTALS	3020	66059	0	4022	
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2019 Schedule NTS-L-NR/PY

MA19021011555

No Tax Status and Limited Income Credit

631690934

Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1. Total 5.05% income	1	66059
2. Adjustments to income	2	2300
3. Adjusted 5.05% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	63759
4. Interest exemption used	4	0
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	167858
8. Total income. Combine lines 3 through 7	8	231617
9. Additional adjustments to income while a nonresident/part-year resident	9	0
10. Massachusetts Adjusted Gross Income (AGI)	10	231617
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	16400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	28700
13. No Tax Status threshold	13	0
14. Income for Limited Income Credit	14	0
15. Tax before adjustments	15	0
16. Tax for Limited Income Credit	16	0
17. Limited Income Credit	17	0

► Keep for your records

Name(s) Shown on Return

Social Security Number

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. (See the special section on MCC requirements in the instructions.)
 Full-year MCC Part-year MCC No MCC/None

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2019, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth, and enter your private insurance information in Your Health Insurance Smartworksheet.

- a** Private Insurance (including connector care) You
 - b** MassHealth. You
 - c** Medicare You
 - d** U.S. Military (including Veterans Administration and Tri-Care). You
 - e** Other program (enter the program name(s) only below You
- Name of Insurance Carrier or Program

4 f Check if you were not issued Form MA 1099-HC

Your Health Insurance Smart Worksheet

Name of Insurance Company or Administrator (from Form MA 1099-HC)	Federal Identification No. of Insurance Company (from Form MA 1099-HC)	Subscriber No. (from Form MA 1099-HC)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7 Complete this section **only** if you and/or your spouse if MFJ, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2019. Check the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, check the months you were covered by a plan that met the MCC requirements at least **15 days or more**. See instructions if, during 2019, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

Special Circumstance Instructions

Indicates special circumstances
 Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2019

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

Months Covered By Health Insurance That Met Minimum Creditable Coverage

You should only check the month(s) you had health insurance that met MCC requirements.

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

Religious Exemption and Certificate of Exemption

8 a Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? ▶ Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8 b If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2019 tax year? ▶ Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9 Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2019 tax year? ▶ Yes No

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.
Certificate No.

Schedule HC Worksheet for Line 10

Did your employer (or your spouse's employer if married filing jointly) offer you health insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered "Yes" above, was this insurance free?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2019. Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2019 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self employed or you were unemployed, check the No box on line 10 and complete the Schedule HC Worksheet for line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the federal poverty level or you had three or fewer blanks in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. If an employer offered you free health insurance coverage in 2019 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Health Care Penalty Worksheet.

1 Enter your federal adjusted gross income (from U.S. Form 1040, 8b). | 1 | _____

If line 1 is less than or equal to:

- ▶ \$18,210 if single or married filing a separate with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Check the No box in line 10. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11.

If line 1 is more than:

- ▶ \$18,210 if single or married filing separately with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2 Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2019 through an employer. The employer's Human Resources Department should be able to provide this amount to you. | 2 | _____

Note: If you declined employer-sponsored health insurance that met the Minimum Creditable Coverage, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

3 Enter the monthly premium that as a percentage of income that corresponds with your income range (from line 1 of worksheet and filing status from Table 3: Affordability from the instructions	3	
4 Multiply 1 by line 3	4	_____
5 Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	_____

If line 2 is less than or equal to line 5:

you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

If line 2 is greater than line 5:

you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

Line 11: Eligibility for Government-Subsidized Health Insurance Smart Worksheet

A In 2019, were any of these statements true?

- ▶ I was not a citizen or a non-citizen legally residing in the U.S.,
- ▶ An employer offered an individual plan that cost less than 9.86% of your household income and met minimum value standards (the employer’s Human Resource Department should be able to provide this information to you),
- ▶ I applied for Mass Health or subsidized coverage through the Health Connector and were denied because I was ineligible for services

Are any of the statements in A true? No Yes

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2019. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 8b)	1	
2	Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from Table 2 in the instructions	2	

If line 1 is greater than line 2:
 you were ineligible for government-subsidized health insurance in 2019 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:

- ▶ you were not a citizen or a non-citizen legally residing in the U.S., **or**
- ▶ an employer offered an individual plan that cost less than 9.86% of your household income (the employer’s Human Resources Department should be able to provide this information to you) **or**
- ▶ you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services,

you are deemed ineligible for government-subsidized health insurance in 2019 .
 Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

If line 1 is less than or equal to line 2 and none of the conditions above apply, then

- ▶ you would have been deemed eligible for government-subsidized health insurance in 2019 which you did not obtain and you are subject to a penalty. You must
- ▶ check the Yes box in line 11, **and** go to the Health Care Penalty Worksheet.

Note: If you believe that during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Check the Yes box in line 11 and go to the instructions for the Appeals section on schedule HC.

Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2019. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 8b)	1	_____
2	Enter the monthly premium that corresponds with your county of residency (see the printed government instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 from the instructions	2	_____
3	Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10 from the instructions.	3	_____
4	Multiply 1 by line 3.	4	_____
5	Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	_____

If line 2 is greater than line 5:
 you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

If line 2 is less than or equal to line 5:
 you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

Note: If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

1	Enter your federal adjusted gross income from line 2 of Schedule HC	1	<hr/>
3	Based on Family Size, federal AGI and your age calculated penalty	3	<hr/>
4	How many gap(s) in coverage of four or more consecutive months do you have in Schedule HC, line 7? If you were uninsured for all of 2019 enter "0"	4	0
	▶ Turning 18, Part-Year Residents or a Taxpayer was deceased . When completing line 4, do not include the number of unfilled checkboxes for months that the mandate did not apply, as determined in Schedule HC, line 7.		
5	Enter the total number of months for the gap(s) in coverage as identified in line 4. Enter "12" if you were uninsured for all of 2019.	5	<hr/>
	▶ ATTENTION: Taxpayer, or Spouse if married filing jointly, was deceased or Turned 18 or a Part-Year Resident. See Government Instructions Sch. HC.		
6	Multiply line 4 by "3"	6	0
7	Subtract line 6 from line 5	7	0
8	Multiply line 3 by line 7. This is the penalty amount for you	8	0

If you are subject to a penalty because you are deemed able to afford insurance in 2019 but did not obtain it, you may appeal the application of the penalty to you. Go to the Filing an Appeal section on the Schedule HC and follow these instructions. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a and line 39b. If you are **not** appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or 34b or Form 1-NR/PY, line 39a and line 39b.

Complete Only If You Are Filing An Appeal

You: I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Name(s) Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. (See the special section on MCC requirements in the instructions.)

Full-year MCC
 Part-year MCC
 No MCC/None

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2019, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth, and enter your private insurance information in Your Health Insurance Smartworksheet.

- a** Private Insurance (including connector care) You
 - b** MassHealth. You
 - c** Medicare You
 - d** U.S. Military (including Veterans Administration and Tri-Care). You
 - e** Other program (enter the program name(s) only below You
- Name of Insurance Carrier or Program

4 f Check if you were not issued Form MA 1099-HC

Your Health Insurance Smart Worksheet

Name of Insurance Company or Administrator (from Form MA 1099-HC)	Federal Identification No. of Insurance Company (from Form MA 1099-HC)	Subscriber No. (from Form MA 1099-HC)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7 Complete this section **only** if you and/or your spouse if MFJ, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2019. Check the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, check the months you were covered by a plan that met the MCC requirements at least **15 days or more**. See instructions if, during 2019, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

Special Circumstance Instructions

<input type="checkbox"/> Indicates special circumstances						
Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2019						
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	

Months Covered By Health Insurance That Met Minimum Creditable Coverage

You should only check the month(s) you had health insurance that met MCC requirements.						
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	

Religious Exemption and Certificate of Exemption

8 a Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? ▶ Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8 b If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2019 tax year? ▶ Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9 Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2019 tax year? ▶ Yes No

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.
Certificate No.

Schedule HC Worksheet for Line 10

Did your employer (or your spouse's employer if married filing jointly) offer you health insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered "Yes" above, was this insurance free?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2019. Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2019 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self employed or you were unemployed, check the No box on line 10 and complete the Schedule HC Worksheet for line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the federal poverty level or you had three or fewer blanks in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. If an employer offered you free health insurance coverage in 2019 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Health Care Penalty Worksheet.

1 Enter your federal adjusted gross income (from U.S. Form 1040, 8b).	1	<input style="width: 90%;" type="text"/>
---	----------	--

If line 1 is less than or equal to:

- ▶ \$18,210 if single or married filing a separate with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribuition. Check the No box in line 10. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11.

If line 1 is more than:

- ▶ \$18,210 if single or married filing separately with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2 Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2019 through an employer. The employer's Human Resources Department should be able to provide this amount to you.	2	<input style="width: 90%;" type="text"/>
--	----------	--

Note: If you declined employer-sponsored health insurance that met the Minimum Creditable Coverage, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

3 Enter the monthly premium that as a percentage of income that corresponds with your income range (from line 1 of worksheet and filing status from Table 3: Affordability from the instructions	3	<input style="width: 90%;" type="text"/>
4 Multiply 1 by line 3	4	<input style="width: 90%;" type="text"/>
5 Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	<input style="width: 90%;" type="text"/>

If line 2 is less than or equal to line 5:

you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

If line 2 is greater than line 5:

you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

Line 11: Eligibility for Government-Subsidized Health Insurance Smart Worksheet

A In 2019, were any of these statements true?

- ▶ I was not a citizen or a non-citizen legally residing in the U.S.,
- ▶ An employer offered an individual plan that cost less than 9.86% of your household income and met minimum value standards (the employer’s Human Resource Department should be able to provide this information to you),
- ▶ I applied for Mass Health or subsidized coverage through the Health Connector and were denied because I was ineligible for services

Are any of the statements in A true? No Yes

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2019. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 8b)	1	
2	Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from Table 2 in the instructions	2	

If line 1 is greater than line 2:
 you were ineligible for government-subsidized health insurance in 2019 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:

- ▶ you were not a citizen or a non-citizen legally residing in the U.S., **or**
- ▶ an employer offered an individual plan that cost less than 9.86% of your household income (the employer’s Human Resources Department should be able to provide this information to you) **or**
- ▶ you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services,

you are deemed ineligible for government-subsidized health insurance in 2019 .
 Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

If line 1 is less than or equal to line 2 and none of the conditions above apply, then

- ▶ you would have been deemed eligible for government-subsidized health insurance in 2019 which you did not obtain and you are subject to a penalty. You must
- ▶ check the Yes box in line 11, **and** go to the Health Care Penalty Worksheet.

Note: If you believe that during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Check the Yes box in line 11 and go to the instructions for the Appeals section on schedule HC.

Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2019. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 11.

Note: If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 8b)	1	_____
2	Enter the monthly premium that corresponds with your county of residency (see the printed government instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 from the instructions . . .	2	_____
3	Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10 from the instructions.	3	_____
4	Multiply 1 by line 3.	4	_____
5	Divide line 4 by 12 to calculate the monthly premium considered affordable to you	5	_____

If line 2 is greater than line 5:
 you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

If line 2 is less than or equal to line 5:
 you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

Note: If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

1	Enter your federal adjusted gross income from line 2 of Schedule HC	1	_____
3	Based on Family Size, federal AGI and your age calculated penalty	3	_____
4	How many gap(s) in coverage of four or more consecutive months do you have in Schedule HC, line 7? If you were uninsured for all of 2019 enter "0"	4	_____ 0
	▶ Turning 18, Part-Year Residents or a Taxpayer was deceased . When completing line 4, do not include the number of unfilled checkboxes for months that the mandate did not apply, as determined in Schedule HC, line 7.		
5	Enter the total number of months for the gap(s) in coverage as identified in line 4. Enter "12" if you were uninsured for all of 2019.	5	_____
	▶ ATTENTION: Taxpayer, or Spouse if married filing jointly, was deceased or Turned 18 or a Part-Year Resident. See Government Instructions Sch. HC.		
6	Multiply line 4 by "3"	6	_____ 0
7	Subtract line 6 from line 5	7	_____ 0
8	Multiply line 3 by line 7. This is the penalty amount for you	8	_____ 0

If you are subject to a penalty because you are deemed able to afford insurance in 2019 but did not obtain it, you may appeal the application of the penalty to you. Go to the Filing an Appeal section on the Schedule HC and follow these instructions. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a and line 39b. If you are **not** appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or 34b or Form 1-NR/PY, line 39a and line 39b.

Complete Only If You Are Filing An Appeal

Spouse:

I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

▶ Attach to your return

Statement EXCL

Name as Shown on Return Vinay Akula & Poojitha Putchala		Social Security No. 631-69-0934
1	Any interest on U.S. debt obligations (including its territories or dependencies)	1 0.
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7
8	Other: _____ _____ _____	8
9	Total to Schedule B, line 6a	9 0.

Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
A	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>721</u>
B	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u>
C	Massachusetts excludable interest and dividends (A minus B). Also enter amount on Schedule B, line 6b. <u>721</u>

Massachusetts Interest Income Worksheet

2019

Keep for your records — Do not file

Statement INT

Name(s) shown on return

Vinay Akula & Poojitha Putchala

Social Security Number

631-69-0934

Payer Name	T S J	Regular Interest	Reg Type	U.S. Govt Interest	Tax exempt Interest	St ID	Adjustment Amount (Enter as positive)		Massachusetts Bank Interest
							Adj Type		
		Bond Premium on regular interest		Bond Premium on U.S. Govt Interest	Bond Premium on exempt interest				
GOLDMAN SACHS BANK USA									
	S	720.69							
		0.00		0.00	0.00				

Type
 (blank) Regular Taxable Interest
 M Bank Interest
 S Seller Financed

Type of Adjustment
 N Nominee Distribution
 O OID Adjustment
 A Accrued Interest
 H Other Adjustment
 U U.S. Savings Bond Prev Reported

Section 179 Worksheet

2019

Name as Shown on Return Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) _____

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) _____

Massachusetts Information Worksheet

2019

▶ Keep for your personal records

Part I – Personal Information

Taxpayer:

First Name Vinay
 Middle Initial Suffix
 Last Name Akula
 Social Security No. . . 631-69-0934
 Occupation Staff Software Engineer in Test
 Date of Birth 06/12/1990
 Date of Death
 Daytime Phone (979) 985-9252
 Home Phone
 Print phone number on vouchers TP work TP home Spouse work Spouse home

Spouse:

First Name Poojitha
 Middle Initial Suffix
 Last Name Putchala
 Social Security No. . . 677-51-1456
 Occupation Senior Software Engineer
 Date of Birth 11/05/1991
 Date of Death
 Daytime Phone
 Use home phone for spouse

Address 13616 Pine Warbler Dr Apt
 City Austin State . . TX ZIP Code . 78729-8083
 In care of Address
 City State . . ZIP Code .
 Foreign state . . Foreign country . Foreign Postal Code

Part II – Main Form

- Form 1: Resident Tax Return ▶
 - Form 1-NR/PY: Nonresident Return ▶
 - Form 1-NR/PY: Nonresident and Part-Year Resident Return (**Sch R/NR**) ▶
 - Form 1-NR/PY: Part-year Resident Return ▶
- Residency dates From To

Part III – Filing Status

- Single
 - Married filing joint return
 - Married filing separate return
 - Head of household
- Spouse federal Total Income (If MFS and living together)
 Spouse federal AGI (If MFS and living together)
 Total dependents claimed (If MFS and living together)
 Check here if the taxpayer is a victim of domestic abuse, is married filing separate and wants to claim EITC
- If claiming exception above. Amount of EIC as calculated from EIC Worksheet 0
 If claiming exception above. Number of qualifying children used to calculate EIC 0

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part V – Electronic Filing Information

Yes No
 Planning to pay balance due on or before July 15, 2020?

Part VI – Direct Deposit Information or Direct Debit Information

Yes No
[] [] Do you want to use direct debit for state tax payment (Electronic Filing Only)?
[X] [] Do you want to elect direct deposit of state tax refund?
[] [] Extension - Do you want electronic funds withdrawal of tax due (Electronic Filing Only)?

If you selected any of the options above, fill out the information below:

Name of Financial Institution (optional) Wells Fargo

Check the appropriate box:

Checking [X] Routing number 11900659
Savings [] Account number 1765278377

International ACH Transactions

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

Additional information for electronic funds withdrawal:

Electronic funds withdrawal amount due with return information (Electronic Filing Only):
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Electronic funds withdrawal amount due with extension information (Electronic Filing Only)
Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form M-4868

Part VII – Additional Return Information

- 1 State Election Campaign Fund:
[] TP wants \$1 to go to Massachusetts Election Campaign Fund
[] Spouse wants \$1 to go to Massachusetts Election Campaign Fund
2 Non-Custodial Parent:
[] Non-custodial parent
3 Schedule TDS:
[] Filing Schedule TDS
4 First Time Filer:
[] First time filer with Massachusetts Department of Revenue
5 Address/Name Change:
[X] Name or address changed since 2018
6 Farmer and Fisherman Status:
[] Farmer and fisherman
7 Rental Deduction/Circuit Breaker Credit:
Rent paid in Massachusetts during 2019 8000
a Senior Circuit Breaker Credit:
[] Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2019:

- a Social security and medicare tax withholding
b Federal self-employment tax
c Massachusetts retirement systems (including political subdivisions)
d U.S. retirement systems (other than social security, medicare, self-employment and railroad retirement included in lines a or b)
e Total payments to retirement systems

Table with 2 columns: Taxpayer, Spouse. Rows for items a-e and totals. Values: 10325, 6310, 10325, 6310.

9 Wages Taxed by More Than One State (Massachusetts Resident)

Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)

10 Form EFO:

- Print Massachusetts Form EFO
- Not required to file Massachusetts Form EFO

11 Optional 5.85% tax rate election:

Elect to pay tax at the rate of 5.85% on taxable income (does not apply to income taxed at 12%)

Vinay Akula & Poojitha Putchala 631-69-0934 Page 3

Part VIII – Extension Status

Yes No

Tax return due date extended?

Extended due date . . . _____

Filing and Acceptance Information (Electronic Filing Only):

Extension filing date _____

Extension acceptance date _____

QuickZoom to Form M-4868: Automatic Six-Month Extension of Time To File Income Tax. ► _____

Part IX – Amended Return

- Filing a Massachusetts amended return
- Check if this is due to a change on your federal return

Enter the tax year you are amending _____

Previous Massachusetts payment made _____

Previous Massachusetts refund received. . . . _____

QuickZoom Form 1: Calculating the Overpayment or Amount Due - Amended Return ▶ _____

QuickZoom Form 1-NR/PY: Calculating the Overpayment or Amount Due - Amended Return . . . _____

Name as Shown on Return Vinay Akula & Poojitha Putchala	Social Security No. 631-69-0934
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Part I – Income

	All States	Massachusetts Portion	Non-Massachusetts Portion
1 a Allocated tips (Form W-2, box 8)			
b State wages (W-2, box 16 - PY res only) . . .	233,196.	66,059.	167,137.
2 Other employee compensation			
3 Taxable pensions and annuities			
4 Alimony received			
5 Farm Income			
6 Unemployment compensation			
7 IRA/Keogh distributions for:			
a taxpayer			
b spouse			
8 Jury duty pay			
9 a Gambling income			
b Prizes and awards			
c Tribal Gaming			
10 Alaska Permanent Fund			
11 Other income from Form 1099-MISC or K . . .			
12 Bartering income not reported elsewhere . . .			
13 Substitute payments in lieu of interest or dividends, from Form 1099-MISC			
14 Taxable qualified tuition program distributions			
15 a Archer Medical Savings Accounts and Long-Term Care Insurance Contracts			
15 b Health Savings Accounts		0.	0.
16 Grants			
17 Taxable Coverdell ESA Distributions			
18 Refunds of dedns claimed in a prior year:			
19 Income from the rental of personal property . .			
20 Other Income from Schedule(s) K-1			
21 Income from the Cancellation of Debt			
22 Totals	233,196.	66,059.	167,137.

Part II – Deductions

	All States	Massachusetts Portion	Non-Massachusetts Portion
1 Amount you paid in 2019 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.	10,325.	10,325.	0.
2 Amount spouse paid in 2019 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.	6,310.	6,310.	0.
3 Penalty on early savings withdrawal			
4 Alimony paid			

Tax Payments Worksheet

2019

▶ Keep for your records

Name Vinay Akula & Poojitha Putchala	Social Security Number 631-69-0934
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	3,020.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,020.
15	Date return will be filed and balance paid	15	

Sch B Line 36 **Exemptions from Interest and Dividend Income,**
or **12% Income and Long-Term Capital Gain Income**
Sch D Line 20 **(Only if Single, Head of Household, or Married Filing Jointly)**

2019

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Name as Shown on Return Vinay Akula & Poojitha Putchala	Social Security No. 631-69-0934
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If your total exemptions in Form 1, line 18 (or Form 1-NR/PY, line 22) are more than the amount of your 5.05% income after deductions in Form 1, line 17 (or Form 1-NR/PY, line 21), the excess may be applied against any interest and dividend income and income taxed at 12%. Any remaining excess amount may then be applied against any long-term capital gain income. Complete the following worksheet only if Form 1, line 17 is less than line 18 (or Form 1-NR/PY, line 21 is less than line 22) to determine if you qualify for the excess exemption. Enter all losses as '0.'

1	Enter amount from Schedule B, line 35. Not less than '0'	1	<u>0.</u>
2	Enter amount from Form 1, line 18 (or Form 1-NR/PY, line 22)	2	<u>2,485.</u>
3	Enter amount from Form 1, line 17 (or Form 1-NR/PY, line 21)	3	<u>56,759.</u>
4	Subtract line 3 from line 2. If '0' or less, you do not qualify for this exemption. Omit the remainder of worksheet	4	<u>-54,274.</u>
5	Excess exemptions applied against interest and dividend income and 12% income. If line 1 is larger than line 4, enter line 4 here and in Schedule B, line 36 and omit remainder of worksheet. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete line 6 through 8.	5	<u> </u>
6	Subtract line 5 from line 4. If '0', Omit the remainder of worksheet	6	<u> </u>
7	Enter Schedule D, line 19. Not less than '0'	7	<u> </u>
8	Excess exemptions applied against long-term capital gain income. If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20	8	<u> </u>

► Keep for your personal records

Name as Shown on Return Vinay Akula & Poojitha Putchala	Social Security No. 631-69-0934
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Sale or Exchange of Property

Description of Property	N o n - M A	T y p e	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis plus Expenses	Gain/Loss
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

Type

- A = Federal Schedule D
- C = Federal 6252, 4684 and 8824
- D = Federal Schedule K-1

- E = Federal Form 4797
- F = Federal Form 2439
- I = Federal Form 4797, Part II
(not including above)

Capital Gain Distributions

Description of Property	Non-MA	Gain
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total		

	Type	Summary of Massachusetts Schedule B Sources	Gains	Losses
1	A	Federal Schedule D	_____	_____
2	C	Federal Forms 6252, 4684 and 8824	_____	_____
2 a		Federal Form 6781	_____	_____
3	D	Federal Schedule K-1	_____	_____
4		Subtotal of short-term capital gains/losses	_____	_____
5	E	Federal Form 4797	_____	_____
6	I	Federal Form 4797, Part II	_____	_____
7		Subtotal of short-term Form 4797	_____	_____

	Summary of Massachusetts Schedule B Adjustments	Gains	Losses
8	Subtotal of Non-Massachusetts short-term capital gains/losses	_____	_____
9	Subtotal of Non-Massachusetts short-term Form 4797	_____	_____
10	Subtotal of Form 4797 adjustments due to fed/state depreciation	_____	_____
11	Subtotal of cap gain/loss adjustments due to fed/state depreciation	_____	_____

	Summary of Federal Schedule D - Long Term Transactions	Long-term transactions
12	Federal Schedule D, line 8b, col.h.	_____
12 a	Federal Schedule D, line 8a, col.h.	_____
13	Federal Schedule D, line 9, col.h.	_____
14	Federal Schedule D, line 10, col.h.	_____
15	Federal Schedule D, line 11, col.h.	_____
16	Federal Schedule D, line 12, col.h.	_____
17	Federal Schedule D, line 13, col.h.	_____

	Type	Summary of Massachusetts Schedule D	Long-term transactions
18	A	Federal Schedule D	_____
19	C	Federal Forms 6252, 4684, 6781, and 8824	_____
20	D	Federal Schedule K-1	_____
21	E	Federal Form 4797	_____
22	F	Federal Form 2439 (Enter col A, B, C, D, E or F)	_____
23	I	Federal Form 4797, Part II (not included above)	_____
24	J	Cap Gain Distributions	_____
25		Non-Massachusetts capital gains/losses	_____
26		Adjustment due to federal/state depreciation difference	_____

Name(s) Shown on Return
Vinay Akula & Poojitha Putchala

Your Social Security Number
631-69-0934

Part I 2020 Estimated Tax Amount Options

- 1 Select One of Six Ways to Calculate the Required Annual Payment for 2020 Estimates:**
- a 100% of **2019** taxes (default, see Tax Help) 2,741.
 - b 100% of tax on **2020** estimated taxable income 2,714.
 - c 80% of tax on **2020** estimated taxable income 2,172.
 - d 66-2/3% of tax on **2020** estimated taxable income (farmers and fishermen) 1,810.
 - e Equal to 100% of overpayment (no vouchers) 279.
 - f Enter total amount you want to use for estimates and check box
- 2 Selected estimated tax amount:**
- a 2020 Required Annual Payment based on your choice above 2,741.
 - b Estimated amount of 2020 state income tax withholding 3,020.
 - c **Total of estimated tax payments required for 2020** (line 2a less line 2b) 0.
- 3 Select Estimated Tax Payment option:**
- a Calculate estimates if \$400 or more (default)
 - b Calculate estimates if _____ (specify amount) or more
 - c Calculate estimates regardless of amount
 - d Do **not** calculate estimates

Part II Overpayment Application Options

- 1** Amount of overpayment available (Form 1, line 48 or Form 1-NR/PY, line 52 less interest, penalty and M-2210 amount) 279.
- 2 Select Overpayment Application Amount Option:**
- a Apply none (refund entire overpayment)
 - b Apply all (increase estimate if required)
 - c Apply to extent of total estimated tax and refund excess
 - d Apply to extent of first quarter amount and refund excess
 - e Enter amount you want to apply 0.
 - f Amount applied to 2020 estimated tax 0.
 - g Overpayment to be refunded (line 1 less line 2f) 279.
- 3 Select Overpayment Application Sequence:**
- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

- 1 Select Rounding Option:**
- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1
- 2 Select Voucher Printing Option:**
- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Jul 15, 2020	2 Jul 15, 2020	3 Sep 15, 2020	4 Jan 15, 2021	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now Jul 25, 2020, check col. 1) . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts (from Part VI, line 11)					
7 Estimated quarterly tax on 12% Income (from Part VI, line 2).					
8 Estimated quarterly tax on long-term capital gain Income (from Part VI, line 3).					

Part V Changes to Income, Deductions and Withholding for 2020

2019 income and deductions are shown in the '2019 Actual' column below.

**For each line in the '2020 Estimated' column, enter estimated 2020 amount if different from 2019. Otherwise, the '2019 Actual' amount will be used for that line. If zero, you must enter zero.

	2019 Actual	**2020 Estimated
A Taxable 5% income* (after deductions and exemptions)	54,274.	
B Taxable 12% income (after exemptions, if any). 12% income includes any income associated with short-term capital gains and long-term gains on collectibles or pre-1996 Installment sales . .	0.	
C Taxable long-term capital gain income (after deductions and exemptions, if any). Long-term capital gain income includes any income associated with long-term capital gains excluding collectibles or pre-1996 Installment sales	0.	
D Other credits		
E Limited income credit (if any)		
F Amount of tax expected to be withheld	3,020.	

NOTE: Beginning January 1, 2020 the 5.05% tax rate of taxable income has dropped to 5%
 * 5% income includes: wages, salaries, tips, business income, partnership and S corporation income, trust income, rental income, unemployment compensation, alimony, pensions and annuity income, IRA/Keogh distributions, winnings, fees, long-term capital gain income not taxed at the 12% rate, interest and dividend income and other taxable income not taxed at the 12% rate.

Part VI 2020 Estimated Taxable Income and Tax

Detailed explanations of your deductions, exemptions and credits appear in the instructions for the income tax form you file.	Taxable Income	Tax Rate	Amount
1 Taxable 5% income* (after deductions and exemptions)	54,274.	x .05	2,714.
2 Taxable 12% income (after exemptions, if any)	0.	x .12	0.
3 Taxable long-term capital gain income (after deductions and exemptions, if any)	0.	x .05	0.
4 Total tax. Add lines 1 through 3.			4 2,714.
5 Limited income credit (if any)	5		
6 Other credits	6		
7 Total credits. Add lines 5 and 6.			7
8 Your estimate of 2020 income tax. Subtract line 7 from line 4.			8 2,714.
9 Amount of this tax expected to be withheld during 2020			9 3,020.
10 2019 overpayment applied to 2020 estimated tax.			10
11 Estimated tax for 2020. Subtract the total of lines 9 and 10 from line 8 (Note: if less than \$400 you are not required to make estimated tax payments)			11 -306.
12 Amount of Payment. If first voucher is due to be filed on: July 15, 2020 enter 25% June 15, 2020 enter 33% September 15, 2020 enter 50% January 15, 2021 enter 100% of line 11 here and on line 1 of your payment vouchers			12

**Form 1, Line 34
Form 1-NR/PY,
Line 38**

Use Tax Due on Out of State Purchases

2019

► Keep for your personal records

Name as Shown on Return Vinay Akula & Poojitha Putchala	Social Security No. 631-69-0934
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Use the following worksheet to calculate your Use Tax Due while a Massachusetts resident or part-year resident.

Note: To apply the "safe-harbor" for individual purchases of less than \$1,000, leave the purchase price blank and check the use "safe-harbor" table checkbox on line 1. Single purchases of \$1,000 or more are taxed at 6.25 percent (.0625) and added to this "safe-harbor" tax.

Description of Item Purchased	Date of Purchase	Purchase Price

1	<input type="checkbox"/> Itemized purchases under \$1,000 x 6.25 percent (.0625) OR	1	
	<input type="checkbox"/> Use "safe-harbor" table		
2	Total of single purchases of \$1,000 or more @ 6.25% (.0625)	2	
3 a	Total of itemized purchases listed on lines 1 and 2	3a	
		3b	
3 b	Credit for sales/use tax paid to another state or jurisdiction. Add the amount of any sales/use tax paid to another state or jurisdiction, or 6.25% of the sales price, whichever is less on each itemized purchase on line 3a		
4	6.25% Sub-Total. Line 1 plus line 2 minus line 3b . Not less than "0"	4	0
5	Total amount due. Enter the result here and on Form 1, line 34 or Form 1-NR/PY, line 38	5	0

Tax Summary
 ▶ Keep for your records

2019

Name	
Vinay Akula & Poojitha Putchala	
Total 5.05% income	66,059.
Total 5.05% deductions	9,300.
Total 5.05% exemptions	2,485.
Interest and Dividends	0.
Taxable 5.05% income	54,274.
Tax on 5.05% income	2,741.
Taxable 12% income	0.
Tax on 12% income	0.
Taxable long-term capital gain income	0.
Tax on long-term capital gain income	
Total tax	2,741.
Credits	
Amounts paid and withheld	3,020.
Penalties and interest	
Balance due	
Refund	279.

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Non-Massachusetts Source Income Smart Worksheet - (Nonresident Only)	
A	Non-Massachusetts wages, salaries, tips, other employee compensation <u>167137</u> Foreign earned income included in line A _____
B	Non-Massachusetts taxable pensions, IRA/Keogh, alimony, unemployment compensation _____
C	Non-Massachusetts business, profession and farm income or loss _____
D	Non-Massachusetts partnership, S corporation, trust, rent, royalty income or loss _____
E	Non-Massachusetts other 5.05% income (winnings, fees, prizes, etc. <u>0</u>
F	Non-Massachusetts interest and dividends <u>721</u>
G	Non-Massachusetts capital gains. _____
H	All other non-Massachusetts income or loss. _____

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Calculation of overpayment or balance due including interest, penalty and underpayment penalty	
Net refund including interest, penalty and underpayment penalty, if any ▶	<u>279</u>
Total balance due including interest, penalty and underpayment penalty, if any. ▶	<u>0</u>

SMART WORKSHEET FOR: Schedule X and Y: Other Income and Other Deductions

Massachusetts Moving Expenses Smart Worksheet (Note: Massachusetts did not adopt changes under TCJA)		
	Total Amount	MA Amount (if different)
A	Transportation and storage of household goods and personal effects in 2019 <u>800</u>	<u>800</u>
B	Travel (including lodging) from your old home to your new home. Do not include cost of meals <u>1500</u>	<u>1500</u>
C	Line A plus Line B <u>2300</u>	<u>2300</u>
D	Total amount employer paid for expenses on Lines A and B that is not included in Form W-2 wages. This amount may be in box 12 of Form W-2, code P <u>0</u>	<u>0</u>
E	Subtract Line D from Line C. Not less than '0' <u>2300</u>	<u>2300</u>

SMART WORKSHEET FOR: Schedule NTS-L-NR/PY: No Tax Status and Limited Income Credit

Additional Adjustments Smart Worksheet			
	A	B	C
	Deduction Calculated as if a full-year resident	Actual Deduction Allowed on Schedule Y	Adjustment Column A minus Column B
A Penalty on early savings withdrawal	_____	_____	_____
B Alimony paid	_____	_____	_____
C Amounts excludible under MGL Chapter 41, Section 111F or U.S. tax treaty included in Form 1-NR/PY, line 5	_____	_____	_____
D Moving expenses	2300	2300	0
E Medical savings account deduction.	_____	_____	_____
F Self-employed health insurance deduction	_____	_____	_____
G Health care accounts deduction	_____	_____	_____
H Certain qualified deductions from U.S. Form 1040	_____	_____	_____
I Certain business expenses from U.S. Form 1040	_____	_____	_____
J Student loan interest deduction	_____	_____	_____
K Jury duty pay you gave to your employer	_____	_____	_____
L Prepaid tuition or college savings program deduction	_____	_____	_____
M Total adjustments. Enter here and on line 9 below	_____	_____	0

SMART WORKSHEET FOR: Capital Gains/Losses Worksheet

Schedule D-IS Smart Worksheet

If you are reporting capital gains on installment sales that occurred between January 1, 1996 through December 31, 2002, or a sale of stock in certain Massachusetts-based star-up corporations, you must file Massachusetts **Schedule D-IS**, not Schedule D. **Schedule D-IS**, is not supported by this software. It may be obtained at the DOR's website at www.mass.gov/dor.

Installment Sales - between 01/01/1996 to 12/31/2002

Part-Year and Nonresidents - Check this box if all of your capital gain on installment sales that occurred between Jan. 1, 1996 - Dec. 31, 2002 was **Non-Massachusetts** (If so, Form D-IS is not required). . . .

Residents - Check this box if you have a capital gain on an installment sale that occurred between January 1, 1996 and December 31, 2002 which was reported in full on the Massachusetts return in the year of sale (If so, Form D-IS is not required)

Sale of Stock In Certain Massachusetts-Based Start-Up Corporations

Gains derived from the sale of investments which meet certain requirements are taxed at a rate of 3 % instead of 5.05%

The stock must be held for three years or more and the investments must be in a corporation which (a) is domiciled in Massachusetts, (b) is incorporated on or after January 1, 2011, (c) has less than \$50 million in assets at the time of investment, and (d) complies with certain of the active business requirements of 1202 of the Internal Revenue Code, i.e., 1202 (e)(1), (e)(2), (e)(5), and (e)(6)

Check this box if you have a **Sale of Stock In Certain Massachusetts-Based Start-Up Corporations** that meets the criteria stated above (If so, Form D-IS is required)