

Review your print out for checklist items.

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 Nithyasri	Last name Ramachandran	Your social security number 487-45-9791
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1275 E University Dr		Apt. no. 406
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Tempe AZ 85281-5284		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
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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	9,113.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required		2b	
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	9,113.
8a Adjustments to income from Schedule 1, line 22					8a	
b Subtract line 8a from line 7b. This is your adjusted gross income					8b	9,113.
9 Standard deduction or itemized deductions (from Schedule A)					9	12,200.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A					10	
11a Add lines 9 and 10					11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	0.

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

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	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	0 .
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	0 .
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	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	404 .
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	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	404 .

• 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	404 .
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	404 .
b	Routing number <u>1 2 2 1 0 0 0 2 4</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>3 6 7 0 0 6 2 3 3</u>		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Direct deposit?
See instructions.

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	
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		

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

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 ▶ <u>Self-Prepared</u>	Phone no.		Firm's EIN ▶	
Firm's address ▶				

Tax History Report

▶ Keep for your records

2019

Name(s) Shown on Return

Nithyasri Ramachandran

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status					Single
Total income					9,113.
Adjustments to income					
Adjusted gross income					9,113.
Tax expense					246.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,200.
Exemption amount . .					0.
QBI deduction					
Taxable income					0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes					
Payments					404.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					404.
Effective tax rate % . .					0.00
**Tax bracket %					10.0

**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

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>Nithyasri</u>		<u>Ramachandran</u>	<u>487-45-9791</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>1275 E University Dr</u>			<u>406</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Tempe</u>		<u>AZ</u>	<u>85281-5284</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	<u>9,113.</u>
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
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	<u>9,113.</u>
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	<u>9,113.</u>
	AGI including excludable Puerto Rico Income		<u>9,113.</u>

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	<u>12,200.</u> <u>-3,087.</u>
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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	12,200.
b Taxable Income. Subtract line 11a from line 8b	11b	0.

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	0.
QuickZoom to Schedule 2 - Additional Tax section		

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	0.
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	0.
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	404.
18 Other payments and refundable credits:		
a Earned income credit (EIC)		
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.		
These are your total payments	19	404.
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	404.
21 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	404.
b Routing number		122100024
c Type:		
<input checked="" type="checkbox"/> Checking		
<input type="checkbox"/> Savings		
d Account number		367006233
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	
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>9,113.</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)		0.

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit, Education credits, Retirement savings contributions credit, Residential Energy Credit, and Total non-refundable credits.

Part II Other Payments and Refundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for 2019 estimated tax payments, Net premium tax credit, Excess social security and tier 1 RRTA tax withheld, and Total Payments and Withholding.

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

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
Spouse's Signature. If joint, both must sign. Date Spouse's Occupation
Daytime Phone No. (480) 248-5964

Paid Preparer's Use Only

Print/Type Preparer's name Preparer's PTIN Check if:
Preparer's Signature Date [] 3rd Party Designee [] Self-employed
Firm's Address (or yours if self-employed) Firm's EIN. Phone No.
Self-Prepared State ZIP Code

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

Name(s) Shown on Return Nithyasri Ramachandran	Your SSN 487-45-9791
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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

Federal Information Worksheet

▶ Keep for your records

2019

Part I – Personal Information

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

Taxpayer:

First name Nithyasri
 Middle initial _____ Suffix _____
 Last name Ramachandran
 Social security no. 487-45-9791
 Occupation Student
 Date of birth 08/08/1996 (mm/dd/yyyy)
 Age as of 1-1-2020 23
 Daytime phone (480) 248-5964 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2020 _____
 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 1275 E University Dr Apt no. 406
 City Tempe State AZ ZIP code 85281-5284

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) ... Chase
Check the appropriate box ... Checking Savings
Routing number ... 122100024 Account number ... 367006233

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

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

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 ▶ AZ

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 ▶ _____

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

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 88961

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

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

Spouse

Drivers license or state ID number _____

Issued by what state

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 . . . Nithyasri Middle initial . Last name . . . Ramachandran

Suffix

Social security no. . . 487-45-9791 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 08/08/1996 (mm/dd/yyyy) age as of 1-1-2020 23

Occupation Student Daytime phone (480) 248-5964 Ext

Marital status . . . Single

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 AZ

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

Student Information Worksheet

2019

▶ Keep for your records

Name of Student Nithyasri Ramachandran	Social Security Number 487-45-9791
--	--

Part I – Student Status

- 1 Was this person a student during 2019? Yes No
- 2 What kind of school did the student attend during 2019? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input checked="" type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- 3 Did the student receive scholarships or other education assistance? Yes No
- 4 Qualified Tuition Program only:
 - a** Did the student make any education loan payments to treat as expenses? Yes No

If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2019? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2019? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ _____
- 9 In how many prior years has a Hope Credit been claimed for this student ▶ _____

Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No

- 2 Is this student qualified for the Lifetime Learning Credit? Yes No

- 3 Is this student qualified for the Tuition and Fees Deduction? Yes No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Received 2018 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) Yes No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2019 not allocable to 2019 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	0.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						Qualified Elementary and Secondary Expense for ESA and QTP
		American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____							
Paid to institution as a condition of enrollment:								
2 Fees	_____							
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____							
4 Books, supplies, equipment	_____							
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution . .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	_____							
Adjustments:								
14 Refunds	_____							
15 Tax-free assistance	_____							

16	Deducted on Sched A							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
See tax help								
19	Total adjustments.		0.	0.	0.			
20	Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.

Part VII – Education Credit or Deduction Election

- 1 Elect credit or deduction which results in best tax outcome.
- 2 Elect the American Opportunity Credit
- 3 Elect the Lifetime Learning Credit
- 4 Elect the tuition and fees deduction
- 4 Not applicable

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2019		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Education Loan Payments		
b Qualified Education Loan Payments applied		
c Qualified Apprenticeship Education Expenses		
d Qualified Apprenticeship Education Expenses applied		
e Qualified Elementary and Secondary Education Expenses		
f Qualified Elementary and Secondary Education Expenses applied		
g Adjusted Qualified Higher Education Expenses		
h Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q.		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses.		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

- 1 Total proceeds from U.S. Savings Bonds cashed during 2019 for this student.
- 2 Adjusted Qualified Higher Education Expenses.
- 3 Qualified Higher Education Expenses applied to exclusion of U.S. bond interest
- 4 Interest included in line 1
- 5 Name and address of eligible educational institution(s) attended:

Institution Name	Institution Name
------------------	------------------

Street address

Street address

City

State

Zip Code

City

State

Zip Code

► Keep for your records

Name(s) Shown on Return
Nithyasri Ramachandran

Social Security Number
487-45-9791

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	9,113.		9,113.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	404.		404.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
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			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
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	9,113.		9,113.
17	Total state tax withheld	246.		246.
19	Total local tax withheld.			

► Keep for your records

Name Nithyasri Ramachandran Social Security Number 487-45-9791

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. . . 487-45-9791
b Employer ID number (EIN) . . . 86-0196696
c Employer's name, address, and ZIP code
ARIZONA STATE UNIVERSITY FINANCIAL SERVICES
 Street PAYROLL SERVICES
 City TEMPE
 State AZ ZIP Code 85287-5812
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 9,113.00
3 Social security wages _____
5 Medicare wages and tips _____
7 Social security tips _____
 ► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 404.41
4 Social security tax withheld _____
6 Medicare tax withheld _____
8 Allocated tips _____

d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Nithyasri M.I. _____
 Last Ramachandran Suff. _____
f Employee's address and ZIP code
 Street 1275 E University Dr, Apt. 406
 City Tempe
 State AZ ZIP Code 85281-5284
 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:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>AZ</u>	<u>860196696</u>	<u>9,113.00</u>	<u>246.09</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".)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxpayer's name <u>Nithyasri Ramachandran</u>	Social Security No. <u>487-45-9791</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2019. Yes No
- B** A Form 1098-T was received from this institution for **2018** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A** If student is Nithyasri
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ▶ _____
- B** If student is _____
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ▶ _____

Filer's name _____ Street address _____ City State Zip Code _____ Foreign province/county _____ Foreign postal code Foreign country _____	1 Payments received for qualified tuition and related expenses \$ _____
	2
	3
Filer's Employer Identification Number _____ Student's Taxpayer Identification Number _____	4 Adjustments made for a prior year \$ _____ 5 Scholarships or grants \$ _____
Student's name _____ Street address Apt. No. _____ City State Zip Code _____	6 Adjustments to scholarships or grants for a prior year \$ _____ 7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2020 ▶ <input type="checkbox"/>
Service Provider/ Acct No _____ 8 Check if at least half-time student ▶ <input type="checkbox"/>	9 Check if a graduate student . . ▶ <input type="checkbox"/> 10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2019 _____
- B** Enter box 1 amount actually paid during 2019 _____

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance

Form 1099-Q Summary

2019

► Keep for your records

Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Social Security No. <u>487-45-9791</u>
--	---

	Recipient Taxpayer	Recipient Spouse
Coverdell Educational Savings Account (ESA) Distributions		
1 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another ESA of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Return of 2019 contributions	_____	_____
e Less: Return of pre 2019 contributions. These are reported on the tax return in the year the contribution was made, not on the 2019 tax return	_____	_____
2 Balance of gross Coverdell ESA distributions	_____	_____
3 Education expenses not used as basis for credits	_____	_____
4 Amount of ESA distributions after return of basis	_____	_____
5 Earnings on return of 2019 contributions	_____	_____
6 Earnings on non-family member transfer	_____	_____
7 Taxable amount of ESA distributions on line 2	_____	_____
8 Taxable amount included on Schedule 1 (Form 1040), line 21	_____	_____
9 Non-taxable ESA distributions	_____	_____
Gross State Qualified Tuition Plan (QTP) Distributions		
10 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
11 Balance of gross state QTP distributions	_____	_____
12 Earnings on state QTP distributions on line 11	_____	_____
Gross Private Qualified Tuition Plan (QTP) Distributions		
13 Total gross distributions from box 1 of Form 1099-Q	_____	_____
a Less: Rollover to another QTP of beneficiary	_____	_____
b Less: Transfer to another family member	_____	_____
c Less: Transfer to a non-family member	_____	_____
d Less: Expenses refunded and recontributed	_____	_____
14 Balance of gross private QTP distributions	_____	_____
15 Earnings on private QTP distributions on line 14	_____	_____
Taxable Qualified Tuition Plan (QTP) Distributions		
16 Balance of gross QTP distributions.	_____	_____
17 Earnings on QTP distributions on line 16	_____	_____
18 Education expenses not used as basis for credits	_____	_____
19 Non-taxable QTP distributions	_____	_____
20 Taxable amount of earnings on line 17	_____	_____
21 Earnings on non-family member transfer (state)	_____	_____
22 Earnings on non-family member transfer (private)	_____	_____
23 Taxable amount included on Schedule 1 (Form 1040), line 21	_____	_____

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total					

Wages, Salaries, & Tips Worksheet

2019

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Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</u>
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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	9,113.		9,113.
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	9,113.		9,113.
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	9,113.		9,113.

Name(s) Shown on Return
Nithyasri Ramachandran

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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.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1		
3	Subtract line 2 from line 1		
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		
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".		
6	Add lines 3 through 5		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7		
8	Enter the amount, if any, from Form 4797, line 8		
9	Subtract line 8 from line 7. If zero or less, enter -0-		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
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		
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		
13	Add lines 9 through 12.		
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-	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-	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		
	a Enter your capital gain excess, if you are filing Form 2555		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-	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.		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Nithyasri Ramachandran

Social Security Number
487-45-9791

				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-.				9
	Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
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1 a Enter your taxable income from Form 1040, line 11b 1 a 0.
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 0.

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 0.

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 39,375.

16 Enter the **smaller** of line 1c or line 15 16 0.
17 Enter the **smaller** of line 14 or line 16 17 0.
18 Subtr ln 10 from ln 1c. If zero or less, enter -0- 18 0.
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 0.

20 Enter the **smaller** of line 14 or line 19 20 0.
21 Enter the **larger** of line 18 or line 20 21 0.
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
24 Enter the amount from line 22 (if line 22 is blank, enter -0-) 24
25 Subtract line 24 from line 23. If zero or less, enter -0- 25

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

27 Enter the smaller of line 1c or line 26 27
28 Add lines 21 and 22 28
29 Subtract line 28 from line 27. If zero or less, enter -0- 29
30 Enter the **smaller** of line 25 or line 29 30
31 Multiply line 30 by 15% (0.15) 31
32 Add lines 24 and 30 32

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
34 Multiply line 33 by 20% (0.20) 34

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	_____
45	Add lines 31, 34, 40, 43, and 44	45	_____ 0 .
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	_____
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	_____

Form 1040
Line 12a

Qualified Dividends and Capital Gain Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</u>
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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

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Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
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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 . . .								

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	404.	246.	
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	404.	246.	
20 Total Tax Payments for 2019	404.	246.	

	State	ID	Local	ID
Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)				
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)				

► Keep for your records

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
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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	9,113.
(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	9,113.

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 246.00

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). 246.00

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 . . . _____
- 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) _____
- 3 State and local personal property taxes:**
- a Auto registration fees based on the value of the vehicle.
- 2018 Amount Enter 2019 description:
- _____
- _____
- _____
- _____
- 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) _____
- 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 _____
- 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. _____
- 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
Nithyasri Ramachandran

Social Security Number
487-45-9791

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 246.
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	18 246.
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	22 246.

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

▶ Keep for your records

Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</u>
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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	9,113.
--	---	--------

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 Nithyasri Ramachandran	Social Security Number 487-45-9791
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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			9,113.
		Percentage of line 8	Used in Current Year	
a 60% AGI limit to line 9		5,468.	Less	0.
b 50% AGI limit to line 12		4,557.	Less	0.
c 30% AGI limit, Section C to line 19		2,734.	Less	0.
d 30% AGI limit, Section D to line 26		2,734.	Less	0.
e 20% AGI limit to line 35		1,823.	Less	0.

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 Nithyasri Ramachandran	Social Security Number 487-45-9791
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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		N/A					
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 Nithyasri Ramachandran	Social Security Number 487-45-9791
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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	12,200.
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>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</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	9,113.	_____	9,113.
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	9,113.	_____	9,113.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	9,113.	_____	9,113.
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	9,113.	_____	9,113.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	9,113.	_____	9,113.
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.	9,113.	_____	9,113.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	9,113.	_____	9,113.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	9,113.	_____	9,113.

▶ Keep for your records

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
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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	9,113.
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	9,113.
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	9,113.
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	_____
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:		
• 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 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.		
• If 'Yes' on line 10, enter the amount from line 8	11	_____
• If 'No' on line 10, enter the smaller of line 8 or line 10		

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>

Education Tuition and Fees Summary

2019

▶ Keep for your records

Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Your Social Security No. <u>487-45-9791</u>
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Part I - Qualified Education Expense Summary

(a) Student's name <u>First Name</u> <u>MI</u> <u>Last Name</u> <u>Suffix</u> <u>Social Security Number</u>	(b) Qualified Education Expenses	(c) Qualified for:		(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
		Yes	No		
		Amer Opp Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses			
		Amer Opp Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses			
		Amer Opp Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses			
Total qualified expenses		American Opportunity Credit Lifetime Learning Credit Tuition and Fees Deduction			

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ▶
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ▶
- or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ▶

Part III - Summary of Credits

Tuition and Fees Deduction Summary

1 Total 2019 tuition and fees paid for purposes of deduction	1	_____
2 Modified adjusted gross income	2	_____
3 Maximum deduction allowed	3	_____
4 Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	_____ 0.

American Opportunity, Lifetime Learning Credits Summary

1 Tentative American Opportunity Credit	1	_____
2 Tentative Lifetime Learning Credit	2	_____
3 Total Education Credits (after limitations)	3	_____ 0.

Use a separate worksheet for each casualty or theft event.

Keep for your records

Name(s) shown on return
Nithyasri Ramachandran

Social Security No.
487-45-9791

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster.
i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

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

2019

► Keep for your records

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
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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.	0.		
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 Nithyasri Ramachandran	Social Security Number 487-45-9791
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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	-3,087.
2	Additions to income	2	
3	Add lines 1 and 2	3	-3,087.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-3,087.

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	9,113.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	9,113.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	8,202.
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	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	9,113.
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	510,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	71,700.

► Keep for your records

Name(s) Shown on Return Nithyasri Ramachandran		Social Security Number 487-45-9791
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 <u>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</u>
--	--

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 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		246.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		9,113.
6	Tax liability for Form 2210 or Form 2210-F		0.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

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		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

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

► Keep for your records

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number 487-45-9791
---	---------------------------------------

Description	Amount
Income	
Wages	9,113.
Interest income before Series EE bond exclusion	
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	9,113.
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	9,113.

Two-Year Comparison

2019

Name(s) Shown on Return Nithyasri Ramachandran	Social Security Number
---	------------------------

Income	2018	2019	Difference	%
Wages, salaries, tips, etc		9,113.	9,113.	
Interest and dividend income				
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		9,113.	9,113.	
Adjustments to Income				
Adjusted Gross Income		9,113.	9,113.	
Itemized Deductions				
Medical and dental				
Income or sales tax		246.	246.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions		246.	246.	
Standard or Itemized Deduction		12,200.	12,200.	
Qualified Business Income Deduction				
Taxable Income		0.	0.	
Income tax		0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits		0.	0.	
Withholding		404.	404.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		404.	404.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		404.	404.	
Balance Due				

Current year effective tax rate 0.00 %

Tax Summary
▶ Keep for your records

2019

Name (s)

Nithyasri Ramachandran

Total income	9,113.
Adjustments to income	
Adjusted gross income	9,113.
Itemized/standard deduction	12,200.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	0.
Total payments	404.
Estimated tax penalty	
Amount Overpaid	404.
Refund	404.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2019

Name(s) Shown on Return <u>Nithyasri Ramachandran</u>	Social Security No <u>487-45-9791</u>
--	--

Your 2019 adjusted gross income (AGI) 9,113.
 National adjusted gross income range used below from 0. to 14,999.

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	9,113.	7,721.
Taxable interest		986.
Tax-exempt interest		4,993.
Dividends		2,295.
Business net income		7,890.
Business net loss		21,905.
Net capital gain		7,885.
Net capital loss		2,358.
Taxable IRA		5,873.
Taxable pensions and annuities		7,340.
Rent and royalty net income		6,718.
Rent and royalty net loss		16,849.
Partnership and S corporation net income		20,314.
Partnership and S corporation net loss		93,060.
Taxable social security benefits		2,669.
Medical and dental expenses deduction		9,536.
Taxes paid deduction	246.	4,068.
Interest paid deduction		7,080.
Charitable contributions deduction		1,540.
Total itemized deductions	246.	16,871.
Child care credit		195.
Education tax credits		244.
Child tax credit		268.
Retirement savings contributions credit		154.
Earned income credit		1,937.
Other Information	Actual Per Return	National Average
Adjusted gross income	9,113.	2,441.
Taxable income	0.	2,750.
Income tax	0.	304.
Alternative minimum tax		9,519.
Total tax liability	0.	514.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Nithyasri Ramachandran

Primary SSN: 487-45-9791

Federal Return Submitted: January 22, 2020 04:16 PM PST

Federal Return Acceptance Date: 01/23/2020

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."

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.

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:

"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.

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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

Smart Worksheets from your 2019 Federal Tax Return

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

Tax Smart Worksheet	
A Tax	_____ 0.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input 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.	_____ 0.

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

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>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.</p>	
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	<input type="checkbox"/>
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: Personal Worksheet (Nithyasri) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

A Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____

B Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each

1 Principal. _____

2 Interest _____

3 Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? Yes No

QuickZoom to Student Loan Interest Deduction Worksheet ► _____

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: 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 _____

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: 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 _____ 404. Amount due _____

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 _____

D Current year earned income for EIC _____ 9,113.

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 _____ 404. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
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> 0 </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.

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial <u>Nithyasri</u>	Last Name <u>Ramachandran</u>	Enter your SSN(s).	Your Social Security Number* 487 45 9791
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**Do Not Truncate*

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	9,113	00
2 Balance Of Tax	0	00
3 Arizona Income Tax Withheld ...	246	00
Check box 4 or box 5:		
<input checked="" type="checkbox"/> REFUND: Enter the amount of refund.....	271	00
<input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....		00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 1 2 2 1 0 0 0 2 4

ACCOUNT NUMBER

3 6 7 0 0 6 2 3 3

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

MMDDYY \$00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2019 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2020, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize Self-Prepared
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2019. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→ _____ YOUR PEN AND INK SIGNATURE	_____ DATE
	→ _____ SPOUSE'S PEN AND INK SIGNATURE	_____ DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM, M, D, D, I 2, 0, 1, 9 AND ENDING MM, M, D, D, I, Y, Y, Y, Y. 66F

Your First Name and Middle Initial: Nithyasri; Last Name: Ramachandran; Your Social Security Number: 487 45 9791; Spouse's First Name and Middle Initial: ; Last Name: ; Spouse's Social Security No.:

Current Home Address - number and street, rural route: 1275 E University Dr; Apt. No.: 406; Daytime Phone (with area code): 94 (480) 248-5964; City, Town or Post Office: Tempe; State: AZ; ZIP Code: 85281-5284; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked); 8 Age 65 or over; 9 Blind; 10a Dependents under age 17; 11a Qualifying parents and grandparents; 88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Enter the number claimed. Do not put a check mark. 81 PM; 80 RCVD

Table for (Box 10a and 10b): Dependent Information. Columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2019, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS.

Table for (Box 11a): Qualifying parents and grandparents. Columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2019, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2019.

Main tax calculation table with lines 12-35. Includes sections for Additions (lines 12-18) and Subtractions (lines 19-35). Total federal adjusted gross income is 9,113.00. Final total after subtractions is 9,113.00.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **Nithyasri Ramachandran** Your Social Security Number **487-45-9791**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00	
	37	Subtract line 36 from line 35 and enter the difference.....	37	9,113	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00	
	40	Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00	
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference.....	42	9,113	00	
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD	43	12,200	00	
	44	If you checked box 43S and claim charitable deductions, Check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	0	00	
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	0	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 35.....	47		00	
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	0	00	
	49	Dependent Tax Credit. See instructions.....	49		00	
	50	Family income tax credit (from the worksheet - see instructions).....	50	40	00	
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 67.....	51		00	
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	0	00	
	53	2019 AZ income tax withheld.....	53	246	00	
	54	2019 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00	
	55	2019 AZ extension payment (Form 204).....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56	25	00	
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00	
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59	271	00	
	Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00
61		OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	271	00	
62		Amount of line 61 to be applied to 2020 estimated tax.....	62	0	00	
63		Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63	271	00	
Voluntary Gifts	64 - 74 Voluntary Gifts to:					
		Solutions Teams Assigned to Schools.....	64	00	00	
		Arizona Wildlife.....	65		00	
	Child Abuse Prevention.....	66	00	Domestic Violence Shelter.....	67	00
	Neighbors Helping Neighbors..	69	00	Political Gift.....	68	00
	I Didn't Pay Enough Fund.....	72	00	Special Olympics.....	70	00
		Sustainable State Parks and Road Fund.....	73	00	Veterans' Donations Fund.....	71
			00	Spay/Neuter of Animals..	74	00
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Green Party 753 <input type="checkbox"/> Libertarian 754 <input type="checkbox"/> Republican				
	76	Estimated payment penalty.....	76		00	
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included				
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00	
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80..... Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> <input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings ROUTING NUMBER: <input type="text" value="122100024"/> ACCOUNT NUMBER: <input type="text" value="367006233"/>	79	271	00	
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80		00	

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ Student
OCCUPATION

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

Self Prepared
PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

► Keep for your records

Name as Shown on Return

Nithyasri Ramachandran

Social Security Number

487-45-9791

Family Income Tax Credit Worksheet

A	Number of dependents listed as type "D" or "E".	<u> </u>
B	If filing status is MFJ, enter the number 2 here. Otherwise, enter the number 1 here	<u> 1 </u>
C	Add lines A and B	<u> 1 </u>
D	Multiply line C by \$40	<u> 40 .</u>
E	Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS	<u>120.</u>
F	Lesser of line D or line E. Enter here and on Form 140, line 50	<u> 40 .</u>

Arizona Information Worksheet

2019

Keep for your records

Part I - Personal Information

Taxpayer:

First Name Nithyasri
Middle Initial Suffix
Last Name Ramachandran
Social Security No 487-45-9791
Date of Birth 08/08/1996
Date of Death
Daytime Phone (480) 248-5964
Extension

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No
Date of Birth
Date of Death
Daytime Phone
Extension

Home Phone

Print this daytime phone on forms [X] Taxpayer daytime [] Spouse daytime [] Home

Street Address . 1275 E University Dr Apt No. . 406

City Tempe State AZ ZIP Code . 85281-5284

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- [X] Form 140: Resident Tax Return (Long form)
[] Form 140A: Resident Tax Return (Short form)
[] Form 140NR: Nonresident Tax Return
[] Form 140PY: Part-Year Resident Tax Return
[] Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only

Military personnel and composite return filers:

- [] You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
[] You are filing a composite return on Form 140NR

Part III - Filing Status

- [] Married filing joint return
[] Head of household
[] Married filing separate return
[X] Single

Part IV - Other Information

- Your Arizona gross income for **2018** was in excess of \$75,000 (\$150,000 if MFJ)
- Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- You qualify as a farmer or fisherman for federal tax purposes
- Itemize even if itemized deductions are less than standard deduction
- Take the standard deduction even if less than itemized deductions
- Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- You were sentenced to 60 days or more in a county, state or federal prison during tax year 2019
Credit claimed by another member of the household _____

Voluntary Gifts

- 1 Solutions Teams Assigned to Schools Fund 1 _____
- 2 Arizona Wildlife Fund 2 _____
- 3 Child Abuse Prevention Fund 3 _____
- 4 Domestic Violence Shelter Fund 4 _____
- 5 I Didn't Pay Enough Fund 5 _____
- 6 Neighbors Helping Neighbors Fund 6 _____
- 7 Special Olympics Fund 7 _____
- 8 Veterans' Donations Fund 8 _____
- 9 Sustainable State Parks and Road Fund 9 _____
- 10 Spay/Neuter of Animals 10 _____
- 11 Political Gift - select party below 11 _____
 - Democratic
 - Green
 - Libertarian
 - Republican

Part V - Electronic Filing Information

- Yes No
- Federal PIN(s) will be used (See help)

Part VI - Direct Deposit Information or Direct Debit Information

- Yes No
- Do you want to elect direct deposit of state tax refund?
- Do you want direct debit of state tax payment (Electronic Filing Only)?

Name of Financial Institution (optional) Chase _____
 Account type Checking Savings
 Routing number 122100024
 Account number 367006233
 Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

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

Part VII – Extension Status

Yes **No**
 Has the tax return due date been extended by filing IRS Form 4868?
Extended due date _____

QuickZoom to Form 204: Application for Filing Extension ▶ _____

Part VIII – Amended Return

You are filing an Arizona amended return for 2019 (See Tax Help)

Current tax year you are amending _____
Payment with original return _____
Overpayment from original return _____
QuickZoom to Form 140X: Individual Amended Income Tax Return ► _____

Keep for your records

Name(s) Shown on Return
Nithyasri Ramachandran

Your Social Security Number
487-45-9791

Part I 2020 Estimated Tax Amount Options to be paid before January 15, 2021

1 Select One of Five Ways to Calculate the Required Annual Payment for 2020 Estimates:

- a 100% of 2019 taxes (default, see Tax Help)
b 100% of tax on 2020 estimated taxable income
c 90% of tax on 2020 estimated taxable income
d Equal to 100% of overpayment (no vouchers)
e Enter total amount you want to use for estimates and check box

Voluntary Payments:

Method 1: If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid. To choose this option, enter the percentage to be used and the total amount of federal estimate tax on lines a and b below. Then check the box on line 1e.

- a Enter percentage to calculate the estimated vouchers
b Enter total federal estimates due

Method 2: Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e. Then, on Part IV, line 2, check the box indicating the number of installments to be used.

Method 3: Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e. Then check the box on Part IV, line 2, column 4 indicating the January payment is due next.

2 Selected estimated tax amount:

- a 2020 Required Annual Payment based on your choice above
b Estimated amount of 2020 state income tax withholding
c Total of estimated tax payments required for 2020 (line 2a less line 2b)

3 Select Estimated Tax Payment option:

- a Calculate estimates if Arizona gross income in 2019 and expected 2020 gross income exceeds \$75,000 (\$150,000 if MFJ) (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 (Arizona Form 140, 140NR, or 140PY) 271.

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
f Amount applied to 2020 estimated tax
g Overpayment to be refunded (line 1 less line 2f) 271.

3 Select Overpayment Application Sequence:

- a [X] Consecutively b Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a [X] 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 [X] Do not print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2020	2 Jun 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 April 25, check col. 2)	<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					

Part V Changes to Income, Deductions and Withholding for 2020

2019 income and deductions are shown in the '2019 Actual' column below.

***Caution:** For each line in the '2020 Estimated' column, enter the 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
1 Use the estimated tax worksheet attached to IRS Form 1040ES and <i>enter here the amount shown as income on your federal worksheet</i>	9,113.	
Additions		
2 Non-Arizona municipal interest		
3 Partnership Income		
4 Total federal depreciation		
5 Other additions to income		
Subtractions		
6 Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax.		
7 Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc)		
8 Benefits, annuities, and pensions for retired/retainer pay of the uniformed services (up to \$3,500) that are subject to federal tax		
9 U.S. Social Security benefits or railroad retirement act benefits included as income on federal return		
10 Other exempt income	0.	
Deductions		
11 If you plan to itemize deductions, <i>enter the estimated total of your deductions</i> . If you do not plan to itemize deductions, <i>see the instructions for the allowable 2019 standard deduction</i>	12,200.	
12 Arizona tax withholding	246.	
Credits		
13 Credits	65.	

Part VI Filing Status and Exemptions for 2020

- 1 Choose 2020 filing status:
- Married filing jointly
 - Head of household
Check the box if head of household and married in 2020
 - Married filing separately
Check box if married filing separate with one spouse claiming at least one dependent
 - Single
- 2 a Number of exemptions for age 65 and over to be claimed in 2020 (taxpayer or spouse only) 0
- b Number of blind exemptions to be claimed in 2020 0
- c Number of other exemptions to be claimed in 2020 _____
- d Number of qualifying parents and ancestors of parents to be claimed in 2020 _____
- 3 **Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR or Form 140PY _____ %

Part VII 2020 Estimated Taxable Income and Tax

1	Amount shown as income on your federal estimated tax worksheet	9,113.
2	Adjustments to income:	
a	Total additions _____	
b	Total subtractions <u>0.</u>	
c	Net adjustments _____	0.
3	Deductions <u>12,200.</u>	
4	Dependent exemptions <u>0.</u>	
5	Total deductions and exemptions _____	12,200.
6	Estimated Arizona taxable income (line 1 plus line 2c minus line 5)	<u>-3,087.</u>
7	Tax on amount from line 6 _____	0.
8	Credits _____	65.
9	Subtract line 8 from line 7. Enter the difference (no less than 0). This is your 2020 tax based on your estimate of 2020 income	<u>0.</u>

Tax Payments Worksheet

2019

▶ Keep for your records

Name <u>Nithyasri Ramachandran</u>	Social Security Number <u>487-45-9791</u>
---------------------------------------	--

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	246.
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	246.
15	Date return will be filed and balance paid	15	

Tax Summary
 ▶ Keep for your records

2019

Name(s) Nithyasri Ramachandran	
Federal adjusted gross income	9,113.
Arizona adjusted gross income	9,113.
Itemized or standard deduction	12,200.
Arizona taxable income	0.
Non-refundable Credits	40.
Balance of Tax	0.
Total payments and refundable credits	271.
Tax due	
Overpayment	271.
Amount applied to estimates	0.
Voluntary contributions	
Penalties	
Refund	271.
Amount owed	

Smart Worksheets from your 2019 Arizona Tax Return

SMART WORKSHEET FOR: Form 140: Resident Personal Return

Income Tax Smart Worksheet	
<input type="checkbox"/>	Use Optional Tax Rate Table only (for less than \$50,000 taxable income)
<input type="checkbox"/>	Use Tax Rate Table X or Y only
a	Tax from Optional Tax Rate Table (if taxable income is less than \$50,000) <u>0.</u>
b	Tax from Tax Rate Table X or Y <u>0.</u>
c	Smaller of line a and line b <u>0.</u>