

Review your print out for checklist items.

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

Your first name and initial: **Rajesh** Last name: **RamanujacharMandikal** Your social security number: **379-67-6718**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **Sudha** Last name: **Rajesh** Spouse's social security number: **785-73-9779**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions: **3603 Greenside Dr** Apt. no.: **204** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: **Memphis TN 38125** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Siddharth	Rajesh	939-90-7678	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		Software Engineer	[PIN]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		Home Maker	[PIN]

Paid Preparer Use Only

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	69,130.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	69,130.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	69,130.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	45,130.
11	a Tax (see inst.) 5,034. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	5,034.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	500.
13	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	4,534.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	4,534.
16	Total tax. Add lines 13 and 14	16	5,582.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	5,582.
19	Add any amount from Schedule 5	19	1,048.
20a	Add lines 16 and 17. These are your total payments	20a	1,048.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

▶ **b** Routing number **064000020** ▶ **c** Type: Checking Savings

▶ **d** Account number **444016103285**

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

Rajesh RamanujacharMandikal & Sudha Rajesh

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					69,130.
Adjustments to income					
Adjusted gross income					69,130.
Tax expense					0.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					45,130.
Tax					5,034.
Alternative min tax . .					
Total credits					500.
Other taxes					0.
Payments					5,582.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,048.
Effective tax rate % . .					6.56
**Tax bracket %					12.0

**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, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista 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, 2019.

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.

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 prepaid card ¹ .	Usually within 21 days ²	\$ 39 . 99

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid 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, 2019.

Questions? Call 1-877-908-7228



Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2018 income tax return. This service is provided by an independent tax firm TaxAudit.com brought to you by the experts at TaxResources, Inc.

Name: Rajesh RamanujacharMandikal & Sudha Rajesh
Confirmation Number: TTWC97053254
Amount Paid: 19.99

When TaxAudit.com defends your income tax return during an IRS or state audit, you have professional representation throughout the entire process.

TaxAudit.com:

- Defends your 2018 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the tax agency sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

If you paid for Audit Defense by credit card:

1. You'll receive an email from TaxAudit.com in two to five days notifying you that your membership has been processed
2. View and print your certificate at <http://intuit.taxaudit.com>
3. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

1. You'll need notice that the IRS has accepted your e-filed return and your refund has been processed
2. Two to five days after this, you'll receive an email from TaxAudit.com notifying you that your membership has been processed
3. View and print your certificate at <http://intuit.taxaudit.com>
4. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

IMPORTANT: If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either e-filing your return or paying by credit card.

If you receive any audit or tax notice from the IRS or state taxing agency, contact TaxAudit.com immediately at 877-829-9695. TaxAudit.com's customer service office hours are 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. TaxAudit.com must be your only contact with the IRS or state (please read the Audit Defense Membership Agreement).

For more information, or to purchase Audit Defense for other tax returns, visit TaxAudit.com's website at <http://intuit.taxaudit.com>.

1040 WORKSHEET

NOTE: Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 - Additional Income and Adjustments ▶ _____
- QuickZoom** to Schedule 2 - Tax section ▶ _____
- QuickZoom** to Schedule 3 - Nonrefundable credits ▶ _____
- QuickZoom** to Schedule 4 - Other Taxes ▶ _____
- QuickZoom** to Schedule 5 - Other Payments and Refundable Credits ▶ _____
- QuickZoom** to Schedule 6 - Foreign Address and Third Party Designee ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year
beginning _____, 2018, ending _____, 20 ____.

Your First Name Rajesh MI Last Name RamanujacharMandikal Your Social Security No. 379-67-6718
If Joint Return, Spouse's First Name Sudha MI Last Name Rajesh Spouse's Social Security No. 785-73-9779
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. 3603 Greenside Dr Apt. No. 204
City, Town or Post Office. If you have a foreign address, also complete below. Memphis State TN ZIP Code 38125

Schedule 6 - Foreign Address

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

QuickZoom to explanation statement for overseas extension ▶

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)

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:		(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	
(1) First name	Last name				Credit for other dependents
<u>Siddharth</u>	<u>Rajesh</u>	<u>939-90-7678</u>	<u>Son</u>	<input type="checkbox"/>	<input checked="" 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

Form 1040, Identifying Information (cont'd)

Someone can claim you as a dependent
 Someone can claim your spouse as a dependent

a Check if: **You** were born before January 2, 1954, Blind.
 Spouse was born before January 2, 1954, Blind.
Total boxes checked ▶ **a** ____

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b**

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	69,130.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions)		
b Ordinary dividends. Attach Schedule B if required	3b	
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ▶		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	69,130.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ▶	7	69,130.
AGI including excludable Puerto Rico Income		69,130.

Form 1040, Line 8 - Standard or Itemized Deduction

8 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: \$12,000 ● Married filing jointly or Qualifying widow(er): \$24,000 ● Head of household: \$18,000 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	8	24,000.
		45,130.

Form 1040, Lines 9-11		
9	Qualified business income deduction (see instructions)	9 _____
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 <u>45,130.</u>

11	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"/>	<u>5,034.</u>
b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	<u>5,034.</u>
QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>		

Form 1040, Line 12-15		
12 a	Child tax credit/credit for other dependents 12a	<u>500.</u>
b	Add any amount from Schedule 3 and check here <input type="checkbox"/>	12 <u>500.</u>
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 <u>4,534.</u>
14	Other taxes. Attach Schedule 4	14 <u>0.</u>
15	Total tax. Add lines 13 and 14	15 <u>4,534.</u>
QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>		
QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>		

Form 1040, Lines 16-17		
16	Federal income tax withheld from Forms W-2 and 1099	16 <u>5,582.</u>
17 a	Earned income credit (EIC)	No
	Nontaxable combat pay election	
b	Additional child tax credit. Attach Schedule 8812	
c	American opportunity credit from Form 8863, line 8	
	Add lines 17a,b,c and any amount from Schedule 5	17 _____
18	Add Lines 16 and 17. These are your total payments	18 <u>5,582.</u>
QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated QuickZoom. <input type="checkbox"/>		
QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>		
QuickZoom to Schedule 5 - Other Payments and Refundable Credits QuickZoom. <input type="checkbox"/>		

Form 1040, Lines 19-21		
Refund:		
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19 <u>1,048.</u>
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20 <u>1,048.</u>
b	Routing number <input type="checkbox"/> 064000020	
c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	
d	Account number <input type="checkbox"/> 444016103285	
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>	

Form 1040, Lines 22-23		
Amount You Owe:		
22	Subtract line total payments from total tax <input type="checkbox"/>	22 _____
23	Estimated tax penalty (see instructions) 23	_____
QuickZoom to Late Penalties and Interest Worksheet QuickZoom. <input type="checkbox"/>		

Schedule 1 - Additional Income and Adjustments

1-9b Reserved		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	
11 Alimony received. . . . Taxpayer _____ Spouse _____	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation (see instr.)	19	
21 Other income. List type and amount (see instructions). _____	21	
22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶	22	
Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ <u>69,130.</u>		
Quickzoom to 1040 Workhseet, line 6 - Total Income ▶ QuickZoom. . . ▶		

Schedule 1 - Adjustments to Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25 Health savings account deduction. Attach Form 8889 . .	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings.	30	

Alimony Paid Smart Worksheet		
	Recipient's name	Recipient's SSN
A	_____	_____
B	_____	_____

31 a Alimony paid	31 a	
b Recipient's SSN ▶ _____		
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Reserved	35	
36 Add lines 23 through 35		36

Schedule 2 - Tax

38-44 Reserved	38-44	
45 Alternative minimum tax (see instructions). Attach Form 6251	45	
46 Excess advance premium tax credit repayment. Attach Form 8962	46	
47 Add the amounts in the far right column. Enter here and include on Form 1040, line 11. ▶	47	

Schedule 3 - Nonrefundable Credits

48 Foreign tax credit. Attach Form 1116 if required	48		
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Reserved	52		
53 Residential Energy Credit. Attach Form 5695	53		
54 Other credits from Form:	54		
a <input type="checkbox"/> 3800			
b <input type="checkbox"/> 8801			
c <input type="checkbox"/>			
55 Add lines 12a, and 48 through 54. These are your total credits	55		500.
a If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b Total non-refundable credits			
c Subtract total credits on line 55 from total tax above		4,534.	
Quickzoom to 1040 Workhseet, line 15 - Total Tax. ▶ QuickZoom. ▶			

Schedule 4 - Other Taxes

57 Self-employment tax. Attach Schedule SE	57	
58 Unreported social security and Medicare tax from Form:		
a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		
Explain underreported tips	58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a Household employment taxes from Schedule H	60 a	
b First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61 Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62 Taxes from:	62	
a <input type="checkbox"/> Form 8959		
b <input type="checkbox"/> Form 8960		
c <input type="checkbox"/> Instructions; enter code(s)	62	
63 Section 965 net tax liability installment from Form 965-A.	63	
64 Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
Tax after credits: Add lines 64 and line 55c		4,534.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65		
66	2018 estimated tax payments and amount applied from 2017 return	66		
67	Reserved for future use	67		
68	Reserved for future use	68		
69	Reserved for future use	69		
70	Net premium tax credit. Attach Form 8962	70		
71	Amount paid with request for extension to file	71		
72	Excess social security and tier 1 RRTA tax withheld	72		
73	Credit for federal tax on fuels. Attach Form 4136	73		
74	Credits from Form:	74		
a	<input type="checkbox"/> 2439			
b	<input type="checkbox"/> Reserved			
c	<input type="checkbox"/> 8885			
d	<input type="checkbox"/>			
75	Add lines 66, and 70 through 74. These are your total payments	75		5,582.
	Amount included above on line 75 from Schedule 5			
	Amount included above on line 75 from Form 1040, line 17			

Schedule 6 - Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. 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
_____	_____	Software Engineer	▶ _____
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
_____	_____	Home Maker	▶ _____
Daytime Phone No. (901) 518-6695			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
_____	_____	<input type="checkbox"/> 3rd Party Designee
Preparer's Signature		<input type="checkbox"/> Self-employed
Firm's Adress (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.

Date

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Your SSN 379-67-6718
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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 2017 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 20.	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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 15px;">_____</td> <td style="width: 40%; text-align: right;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: right;">_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	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 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

Part I – Personal Information

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

Taxpayer:
 First name Rajesh
 Middle initial Suffix
 Last name RamanujacharMandikal
 Social security no. 379-67-6718
 Occupation Software Engineer
 Date of birth 07/25/1976 (mm/dd/yyyy)
 Age as of 1-1-2019 42
 Daytime phone (901) 518-6695 Ext _____
 Legally blind
 Date of death _____

Spouse:
 First name Sudha
 Middle initial Suffix
 Last name Rajesh
 Social security no. 785-73-9779
 Occupation Home Maker
 Date of birth 02/13/1978 (mm/dd/yyyy)
 Age as of 1-1-2019 40
 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 3603 Greenside Dr Apt no. 204
 City Memphis State TN ZIP code 38125

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

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 2016 ▶ 2017 ▶
 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	*
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2018				
Siddharth Rajesh		939-90-7678 Son	06/22/2009 9	L	X		E	12		Yes

* "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 2018? ... 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 2018 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or if you are ineligible to claim the EIC in 2018 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) ... Bank of America
Check the appropriate box ... Checking Savings
Routing number ... 064000020 Account number ... 444016103285

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 ...

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, and Tuition and Fees Deduction (Form 8863 and 8917)
For 2018, 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, 2018 ▶ TN

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, 2018 ▶ TN

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 54186

Spouse's PIN used to sign the return 68145

Taxpayer:

Drivers license or state ID number 122085643

Issued by what state TN

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

Spouse

Drivers license or state ID number 125863787

Issued by what state TN

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

Personal Information Worksheet
For the Taxpayer
Keep for your records

2018

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

Part I - Taxpayer's Personal Information

First name . . . Rajesh Middle initial . . . Last name . . . RamanujacharMandikal
Social security no. . . 379-67-6718 Member of U.S. Armed Forces in 2018? . . . Yes No
Date of birth . . . 07/25/1976 (mm/dd/yyyy) age as of 1-1-2019 . . . 42
Occupation . . . Software Engineer Daytime phone . . . (901) 518-6695 Ext
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2018 2018 2017 2016 Before 2016
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 1-1-2019 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 2018? . . . 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, 2018? . . . Yes No

Part III - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . TN
Check the appropriate box:
This person is a resident of the state above for the entire year . . . X
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 2018 . . .
Unreimbursed medical expenses paid for qualifying person in 2018 . . .
Employment taxes paid for dependent care providers in 2018 . . .
Full-time student for 5 calendar months during 2018? . . . 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

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. Yes No
Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.
Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.
12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
Full Year . . . ▶																	
Full Year . . . ▶																	
Full Year . . . ▶																	
Full Year . . . ▶																	

Healthcare coverage information has been completed for this person.. . . .

Personal Information Worksheet
For the Spouse

2018

Keep for your records

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

Part I - Spouse's Personal Information

First name . . . Sudha Middle initial . . . Last name . . . Rajesh
Social security no. . . 785-73-9779 Member of U.S. Armed Forces in 2018? . . . Yes No
Date of birth . . . 02/13/1978 (mm/dd/yyyy) age as of 1-1-2019 . . . 40
Occupation . . . Home Maker Daytime phone . . . Ext
Marital status . . .
If widowed, check the appropriate box for the year your spouse died:
After 2018 2018 2017 2016 Before 2016
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 1-1-2019 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 2018? . . . 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, 2018? . . . Yes No

Part III - Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . TN
Check the appropriate box:
This person is a resident of the state above for the entire year . . . X
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 2018 . . .
Unreimbursed medical expenses paid for qualifying person in 2018 . . .
Employment taxes paid for dependent care providers in 2018 . . .
Full-time student for 5 calendar months during 2018? . . . 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

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. Yes No
Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.
Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.
12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
								Full Year . . . ▶							
								Full Year . . . ▶							
								Full Year . . . ▶							
								Full Year . . . ▶							
								Full Year . . . ▶							

Healthcare coverage information has been completed for this person..

Dependent and Nondependent Information Worksheet

2018

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name . . . Siddharth Middle initial . . . Last name . . . Rajesh
Suffix

Social security no. . . 939-90-7678

Date of birth 06/22/2009 (mm/dd/yyyy) age as of 12-31-2018 9
Did this person pass away in 2018 (deceased)? . . . [] Yes [X] No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? [] Yes [] No

Dependency code * . L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled []

Check this box if: []

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] No

This person is adopted and you are a U.S. citizen or U.S. national []

TurboTax Web Only:

Was the adoption final as of December 31, 2018? [] Yes [] No

Was the person placed with you for adoption after 2018, or was the adoption final in 2018 or later? [] Yes [] No

The adopted child lived with you all year [] Yes [] No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit [] Yes [X] No
Child is a nondependent, but may qualify for earned income credit [] Yes [] No
You, and no one else, is claiming this nondependent for the earned income credit. [] Yes [] No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is not valid for employment []

Check if this person is not a qualifying child for the child tax credit [X]

Check if this person is not a qualifying person for the credit for other dependents []

Dependent has ITIN [X]

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2018 _____
 Unreimbursed medical expenses paid for qualifying person in 2018 _____
 Employment taxes paid for dependent care providers in 2018 _____
 Child or dependent is a qualifying person for the child and dependent care credit Yes No
 Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2018 TN
 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 VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November
 Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type	Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Full Year . . . ▶												
Full Year . . . ▶												
Full Year . . . ▶												

Healthcare coverage information has been completed for this person.

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return

Rajesh RamanujacharMandikal & Sudha Rajesh

Social Security Number

379-67-6718

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	69,130.		69,130.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	5,582.		5,582.
3 & 7	Total social security wages/tips	69,130.		69,130.
4	Total social security tax withheld	4,286.		4,286.
5	Total Medicare wages and tips	69,130.		69,130.
6	Total Medicare tax withheld	1,002.		1,002.
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	12,564.		12,564.
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	12,564.		12,564.
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			
17	Total state tax withheld			
19	Total local tax withheld.			

► Keep for your records

Name Rajesh RamanujacharMandikal Social Security Number 379-67-6718

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. 379-67-6718
b Employer's ID number 95-4759720
c Employer's name, address, and ZIP code
MPHASIS CORPORATION
 Street 460 PARK AVE SOUTH STE
 City NEW YORK
 State NY ZIP Code 10016
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 69,129.60
3 Social security wages 69,129.60
5 Medicare wages and tips 69,129.60
7 Social security tips _____
 ► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 5,582.49
4 Social security tax withheld 4,286.04
6 Medicare tax withheld 1,002.38
8 Allocated tips _____

d Control number 228418CLIF/XJ9

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First RAJESH M.I. _____
 Last MR Suff. _____
f Employee's address and ZIP code
 Street 3603 GREENSIDE DRIVE
 City MEMPHIS
 State TN ZIP Code 38125
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 Verification Code 2DBD-C1B6-98A5-88BB
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
C	66.00
DD	12,497.64

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: Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

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

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

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

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

*Short Gap
Eligible*
Yes No*

	a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Rajesh RamanujacharMandikal	379-67-6718	07/25/76	<input checked="" type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2	Sudha Rajesh	785-73-9779	02/13/78	<input checked="" type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S
3	Siddharth Rajesh	939-90-7678	06/22/09	<input checked="" type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
4				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Wages, Salaries, & Tips Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>	Social Security Number <u>379-67-6718</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	69,130.		69,130.
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 2018			
b _____			

10 Subtotal.			
Add lines 1 through 9	69,130.		69,130.
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	69,130.		69,130.

Name as Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security No. 379-67-6718
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>0</u> X \$2,000. Enter the result	1		
2	Number of other dependents, including qualifying children without the required social security number: <u>1</u> X \$500. Enter the result	2	500.	
3	Add lines 1 and 2	3		500.
4	Enter the amount from Form 1040, line 7	4	69,130.	
5	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.	5	0.	
6	Add lines 4 and 5. Enter the total	6	69,130.	
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$400,000 All other filing statuses — \$200,000 	7	400,000.	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9		0.
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10		500.

Part 2

11	Enter the amount from Form 1040, line 11	11		5,034.
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	0.	
13	Subtract line 12 from line 11	13		5,034.
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14		0.
15	Subtract line 14 from line 13. Enter the result	15		5,034.
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16		500.

This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, line 12a

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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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
▶ Keep for your records

2018

Name(s) Shown on Return
Rajesh RamanujacharMandikal & Sudha Rajesh

Social Security Number
379-67-6718

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II				
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	_____	_____	_____	
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	_____	_____		
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	_____	_____		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				
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				
8	Enter the amount of any capital gain excess				0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a			0.	0.

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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1 a Enter your taxable income from Form 1040, line 10 **1 a** 45,130.
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** 45,130.

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** 45,130.

15 Enter:
• \$38,600 if single or married filing separately;
• \$77,200 if married filing jointly or qualifying widow(er); or
• \$51,700 if head of household. } **15** 77,200.

16 Enter the **smaller** of line 1c or line 15 **16** 45,130.

17 Enter the **smaller** of line 14 or line 16 **17** 45,130.

18 a Subtr In 10 from In 1c. If zero or less, enter -0- **18 a** 45,130.
b Enter the **smaller** of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)). **b** _____
c Enter the **smaller** of line 14 or line 18b. **c** _____

19 Enter the **larger** of line 18a or line 18c **19** 45,130.

20 Subtract line 17 from line 16. This amount is taxed at 0% **20** 0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.

21 Enter the **smaller** of line 1c or line 13 **21** _____

22 Enter the amount from line 20 (if line 20 is blank, enter -0-) **22** _____

23 Subtract line 22 from line 21. If zero or less, enter -0- **23** _____

24 Enter:
• \$425,800 if single,
• \$239,500 if married filing separately,
• \$479,000 if married filing jointly or qualifying widow(er),
• \$452,400 if head of household. } **24** _____

25 Enter the smaller of line 1c or line 24 **25** _____

26 Add lines 19 and 20 **26** _____

27 Subtract line 26 from line 25. If zero or less, enter -0- **27** _____

28 Enter the **smaller** of line 23 or line 27 **28** _____

29 Multiply line 28 by 15% (0.15) **29** _____

30 Add lines 22 and 28 **30** _____

31 Subtract line 30 from line 21. **31** _____

32 Multiply line 31 by 20% (0.20) **32** _____

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33 Enter the **smaller** of line 9c above or Schedule D, line 19 **33** _____
34 Add lines 10 and 19 **34** _____
35 Enter the amount from line 1c above **35** _____

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	<u>5,034.</u>
44	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	44	<u>5,034.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>5,034.</u>

Name(s) Shown on Return

Rajesh RamanujacharMandikal & Sudha Rajesh

Social Security Number

379-67-6718

1	Enter the amount from Form 1040, line 10	1	_____
2	Enter the amount from Form 1040, 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 Schedule 1, line 13.		
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: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 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: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 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, line 11a.	27	_____

Schedule A
Line 1

Medical Expenses Worksheet

2018

► Keep for your records

Name(s) Shown on Return <u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>	Social Security Number <u>379-67-6718</u>
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1 Prescription medications		1	<u>800.</u>
2 Health insurance premiums:			
a Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a		
b From Form(s) 1095-A - net of adjustments	b		
Taxpayer's portion of 1095-A premiums (total less spouse)			
Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer			
c Medicare premiums	c		
d From Form(s) 1099-R	d		
NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.			
e Taxpayer's gross long-term care premiums	2 e		
f Taxpayer's allowable long-term care premiums	f		
g Spouse's gross long-term care premiums	g		
h Spouse's allowable long-term care premiums	h		
i Dep or child under 27 gross long-term care premiums	i		
j Dep or child under 27 allowable long-term care prem.	j		
k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k		
l Taxpayer's long-term care premiums not deducted as an adjustment to income.	l		
m Spouse's long-term care premiums not deducted as an adjustment to income.	m		
n Dependent's long-term care premiums not deducted as an adj to income	n		
o Other self-employed health insurance not deducted as an adj to income	o		
3 Fees for doctors, dentists, etc	3		<u>2,000.</u>
4 Fees for hospitals, clinics, etc.	4		
5 Lab and x-ray fees	5		<u>800.</u>
6 Expenses for qualified long-term care	6		<u>800.</u>
7 Eyeglasses and contact lenses	7		<u>200.</u>
8 Medical equipment and supplies	8		
9 Medical transportation expenses:			
a Medical miles driven	9 a		
b Multiply the number of miles on line 9a by 18 cents per mile	b		
c Other medical transportation costs not included above for example: ambulance fees	c		
d Total medical transportation expenses (add lines 9b and 9c)	9 d		
10 Lodging for medical purposes (up to \$50 per night per person)	10		
11 Other medical and dental expenses:			
a _____	11 a		
b _____	b		
c _____	c		
d _____	d		
e _____	e		
f _____	f		
g _____	g		
h _____	h		
i _____	i		
j _____	j		
12 Total of medical and dental expenses (add lines 1 through 11j)	12		<u>4,600.</u>
13 a Less: insurance reimbursement for any expenses listed	13 a		
b Less: medical savings account (MSA) or health savings account (HSA) distributions	b		
14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14		<u>4,600.</u>

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Estimated Tax Payments for 2018 (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	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2018					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2018 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			5,582.		
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Positive Adjustment	St	Loc			
e	Negative Adjustment	St	Loc			
f	Additional Medicare Tax.					
19	Total Withholding Lines 10 through 18f			5,582.		
20	Total Tax Payments for 2018			5,582.		

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2017 extensions				
22	2017 estimated tax paid after 12/31/2017				
23	Balance due paid with 2017 return				
24	Other (amended returns, installment payments, etc)				

Name(s) Shown on Return
Rajesh RamanujacharMandikal & Sudha Rajesh

Social Security Number
379-67-6718

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	69,130.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	69,130.

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 _____

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). _____

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.
 2017 Amount Enter 2018 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.
 2017 Amount Enter 2018 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 <u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>	Social Security Number <u>379-67-6718</u>
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	
2 2018 state estimated taxes paid in 2018	2	
3 2017 state estimated taxes paid in 2018	3	
4 Amount paid with 2017 state application for extension	4	
5 Amount paid with 2017 state income tax return	5	
6 Overpayment on 2017 state income tax return applied to 2018 tax	6	
7 Other amounts paid in 2018 (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 2018 local estimated taxes paid in 2018	10	
11 2017 local estimated taxes paid in 2018	11	
12 Amount paid with 2017 local application for extension	12	
13 Amount paid with 2017 local income tax return	13	
14 Overpayment on 2017 local income tax return applied to 2018 tax	14	
15 Other amounts paid in 2018 (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	
19 State and local refund allocated to 2018	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	

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

2018

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income 69,130.

10 a Multiply line 9 by 0.5. This is your 50% limit. 34,565.

b Multiply line 9 by 0.6. This is your 60% limit. 41,478.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11					0.	
12						0.
13			41,478.			
Contributions to 50% limit organizations						
14		34,565.				
15					0.	
16						0.
17			34,565.			
Contributions not to 50% limit organizations						
18						
19						
20		20,739.	20,739.			
21		34,565.			0.	
22						0.
23				20,739.		
Capital gain property to 50% limit organizations						
24					0.	
25						0.
26				34,565.		
27				20,739.		
Capital gain property not to 50% limit organizations						
28						
29				13,826.		
30					0.	
31					0.	

32	Subtract line 31 from line 9	69,130.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income 69,130.

10 a Multiply line 9 by 0.5. This is your 50% limit. 34,565. less. 0.

b Multiply line 9 by 0.6. This is your 60% limit. 41,478. less. 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11					0.	
12						0.
13			41,478.			
Contributions to 50% limit organizations						
14		34,565.				
15					0.	
16						0.
17			34,565.			
Contributions not to 50% limit organizations						
18		0.				
19		20,739.	20,739.			
20		34,565.				
21					0.	
22						0.
23				20,739.		
Capital gain property to 50% limit organizations						
24					0.	
25						0.
26				34,565.		
27				20,739.		
Capital gain property not to 50% limit organizations						
28						
29				13,826.		
30					0.	
31					0.	

32	Subtract line 31 from line 9	69,130.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Contributions Summary

2018

▶ Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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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 2019

	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 2018 contributions							
2 2018 contributions allowed	0.	0.	0.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

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 Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

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

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

Investment
Expense ↓

11 Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12 Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	12	
13 REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14 Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15 Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16 Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	16	
17 Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	17	
18 Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19 Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20 Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21 IRA custodial fees	<input checked="" type="checkbox"/>	21	
22 Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	22	
23 Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	23	
24 Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	24	
25 Hobby expense (limited to hobby income)	<input type="checkbox"/>	25	
26 Other: a Prior year government unemployment benefits repaid in 2018	<input type="checkbox"/>	26	
b _____ _____	<input type="checkbox"/> <input type="checkbox"/>		
27 Combine lines 11 through 26	<input type="checkbox"/>	27	

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

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

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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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 \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050	_____	► . . .	1	_____
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000	_____	► . . .	2	24,000.
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b			3 a	_____
3 b	If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)			3 b	_____
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.			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, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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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 or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
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	69,130.		69,130.
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	69,130.		69,130.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	69,130.		69,130.
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	69,130.		69,130.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	69,130.		69,130.
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.	69,130.		69,130.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	69,130.		69,130.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	69,130.		69,130.

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Investment Interest Expense (Form 4952, line 1)

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

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

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

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

► Keep for your records

Name(s) Shown on Return

Rajesh RamanujacharMandikal & Sudha Rajesh

Social Security Number

379-67-6718

- 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. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4, and 5.</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.</p> <p>8 Enter your AGI from Form 1040, line 7</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><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</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>69,130.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>69,130.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>69,130.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 10 amount on Form 1040, line 17a.

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:
- \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,500.
(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 2018.
(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 2018?

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 2018?

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 2018.

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

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

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

2018

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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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 Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	45,130.
2	Additions to income	2	
3	Add lines 1 and 2	3	45,130.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	45,130.

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	69,130.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	69,130.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	62,217.
6	Enter ATNOL carried to 2017 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 \$718,800:		
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 \$54,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	109,400.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	69,130.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	1,000,000.
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-	6	109,400.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	

► Keep for your records

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh		Social Security Number 379-67-6718
1	Enter amount from Form 6251, line 6	1 _____
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a _____
b	Enter the total amount of any itemized deductions or exclusions you could not 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. Enter the result here and on Form 6251 line 36	3 _____
4	Tax on amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), 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 Form 2555 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 \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4 _____
5	Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6 _____

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>	Social Security Number <u>379-67-6718</u>
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2017 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 . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		0.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		69,130.
6	Tax liability for Form 2210 or Form 2210-F		4,534.
7	Alternative minimum tax.		
8	Federal overpayment applied to next year estimated tax.		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2017	2018
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		2017	2018
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	2018. . .
		b	2017. . .
		c	2016. . .
		d	2015. . .
		e	2014. . .
		f	2013. . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018. . .
		b	2017. . .
		c	2016. . .
		d	2015. . .
		e	2014. . .
		f	2013. . .

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number 379-67-6718
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Description	Amount
Income	
Wages	69,130.
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	69,130.
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	69,130.

Two-Year Comparison

2018

Name(s) Shown on Return Rajesh RamanujacharMandikal & Sudha Rajesh	Social Security Number
---	------------------------

Income	2017	2018	Difference	%
Wages, salaries, tips, etc		69,130.	69,130.	
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		69,130.	69,130.	
Adjustments to Income				
Adjusted Gross Income		69,130.	69,130.	
Itemized Deductions				
Medical and dental		0.	0.	
Income or sales tax				
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions		0.	0.	
Standard or Itemized Deduction		24,000.	24,000.	
Exemption Amount		0.	0.	
Qualified Business Income Deduction				
Taxable Income		45,130.	45,130.	
Income tax		5,034.	5,034.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		5,034.	5,034.	
Nonbusiness credits		500.	500.	
Business credits				
Total Credits		500.	500.	
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits		4,534.	4,534.	
Withholding		5,582.	5,582.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		5,582.	5,582.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,048.	1,048.	
Balance Due				

Current year effective tax rate 6.56 %

Tax Summary
► Keep for your records

2018

Name (s)

Rajesh RamanujacharMandikal & Sudha Rajesh

Total income	69,130.
Adjustments to income	
Adjusted gross income	69,130.
Itemized/standard deduction	24,000.
Qualified business income deduction	
Taxable income	45,130.
Tentative tax	5,034.
Additional taxes	
Alternative minimum tax	
Total credits	500.
Other taxes	0.
Total tax	4,534.
Total payments	5,582.
Estimated tax penalty	
Amount Overpaid	1,048.
Refund	1,048.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2018

Name(s) Shown on Return <u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>	Social Security No <u>379-67-6718</u>
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Your 2018 adjusted gross income (AGI) 69,130.
 National adjusted gross income range used below from 50,000. to 99,999.

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	69,130.	64,724.
Taxable interest		919.
Tax-exempt interest		6,266.
Dividends		4,023.
Business net income		17,765.
Business net loss		6,965.
Net capital gain		6,477.
Net capital loss		2,228.
Taxable IRA		16,272.
Taxable pensions and annuities		28,457.
Rent and royalty net income		8,480.
Rent and royalty net loss		8,669.
Partnership and S corporation net income		23,184.
Partnership and S corporation net loss		10,890.
Taxable social security benefits		17,931.
Medical and dental expenses deduction	0.	9,818.
Taxes paid deduction	0.	6,762.
Interest paid deduction		7,715.
Charitable contributions deduction		3,452.
Total itemized deductions	0.	20,056.
Child care credit		603.
Education tax credits		1,345.
Child tax credit	500.	1,674.
Retirement savings contributions credit		176.
Earned income credit		334.
Other Information	Actual Per Return	National Average
Adjusted gross income	69,130.	74,674.
Taxable income	45,130.	50,607.
Income tax	5,034.	6,951.
Alternative minimum tax		1,540.
Total tax liability	4,534.	7,337.

Estimated Taxes and Form W-4 Worksheet

Name: Rajesh RamanujacharMandikal & Sudha Rajesh
SSN: 379-67-6718

Choose the Method You Will Use to Pay Your 2019 Federal Income Taxes

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

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2019 withholding will be _____

Overpayment from my 2018 return. 1,048.

Amount of my 2018 overpayment to apply to 2019 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2019 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2019 43
 Spouse age as of the end of 2019 41

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

Check if you must itemize in 2019. (See Tax Help.)

Dependent of Another

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

Dependents on return:	2018	2019
Number of qualifying children dependents age 16 and under	_____	_____
Number of qualifying children dependents age 17 to 23	_____	_____
Number of other dependents on return	_____	_____

Enter Your 2019 Income and Deductions in 2nd column	2018 Actual	2019 Expected
Compensation:		
Annual wages and salary for taxpayer	69,130.	_____
Medicare wages for taxpayer (W-2 box 5)	69,130.	_____
Annual wages and salary for spouse	_____	_____
Medicare wages for spouse (W-2 box 5)	_____	_____
Self-employment Income:		
Schedule C income for taxpayer	_____	_____
Schedule C income for spouse	_____	_____
Schedule F & K-1 income for taxpayer	_____	_____
Schedule F & K-1 income for spouse	_____	_____
Conservation Reserve Program Payments for taxpayer	_____	_____
Conservation Reserve Program Payments for spouse	_____	_____
Annual net income from self-employment for taxpayer	_____	_____
Annual net income from self-employment for spouse	_____	_____

W-2: Check to populate W-2 table from 2018 return

Employer	Owner	Wages	2018 Withholding	2019 Wages	2019 Withholding

Schedule C: Check to populate Schedule C table from 2018 return

Name	Owner	2018 Income	2018 Expenses	2019 Income	2019 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>)		0 .	
Foreign income or housing exclusions			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses		4,600 .	
State and local property and income taxes (or sales tax)		0 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Other Deduction:			
Qualified business income deduction (<i>see Tax Help</i>)			

Credits:		
Earned Income Tax Credit	_____	_____
Child Tax Credit	_____	_____
Child and Dependent Care Credit	_____	_____
Education Credits	_____	_____
Other Credits.	_____	_____

Income Tax Calculation for Your 2019 Tax Return	2018 Actual	2019 Expected
Taxable income	45,130.	0.
Income tax	5,034.	
Alternative minimum tax (Enter Alt Min tax expected in 2019) . . .		
Premium tax credit repayment (Enter amt expected for 2019) . . .		
Total credits (Enter credits expected in 2019)	500.	
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2019)	0.	
Total federal income tax	4,534.	0.

Enter the Tax Payments You've Already Made for Your 2019 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	_____
Spouse	_____
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2019)	_____
Payment number 2 (June 17, 2019)	_____
Payment number 3 (September 16, 2019)	_____
2018 federal overpayment credited to 2019 (from page 1 above)	_____
Total taxes paid to date	_____
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2019	
Federal income taxes to be withheld from your paychecks	_____
Your 2018 federal overpayment you applied to 2019.	_____
Your 2019 federal estimated taxes,	
based on <u>100% of your 2018 actual tax</u>	_____
Estimate of total payments you will need to make for 2019	_____

Estimated Tax Payment Options

Name:	<u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>
SSN:	<u>379-67-6718</u>

Prepare My 2019 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2019 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2018 taxes (prior-year exception) Note: If your 2018 taxes were less than \$1000, see Tax Help	4,534.

Amount of Estimated Taxes to Pay in 2019	
Taxes based on method above	4,534.
Expected withholding for 2019 . . .(.2018 actual withholding).	5,582.
Taxes due after withholding	0.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	0.

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

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

Schedule of Estimated Tax Payments for 2019	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2019	_____
<input type="checkbox"/> Payment number 2, due June 17, 2019	_____
<input type="checkbox"/> Payment number 3, due September 16, 2019	_____
<input type="checkbox"/> Payment number 4, due January 15, 2020	_____

Total estimated tax payments for 2019	_____
---	-------

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

Additional Information for Form W-4

Name:	<u>Rajesh RamanujacharMandikal & Sudha Rajesh</u>
SSN:	<u>379-67-6718</u>

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2019	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2019	_____	_____
Your remaining salary for this year	0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Allowances and Withholding	Taxpayer	Spouse
Withholding status	_____	_____
Personal allowances (see Tax Help if more than 10)		
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	%	%

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

Summary of Federal Income Taxes to be Withheld in 2019: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Rajesh RamanujacharMandikal & Sudha Rajesh
Primary SSN: 379-67-6718

Federal Return Submitted: April 14, 2019 12:46 PM PDT
Federal Return Acceptance Date: 04/14/2019

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 April 15, 2019. 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 April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 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 April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, 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, 2019. 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, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX 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 ID Notify's parent company, CSIdentity Corporation. 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.

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

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

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, 2019.

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 Civista 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, 2019.

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.

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 prepaid 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 prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing 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, 2019.

Questions? Call 1-877-908-7228

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

Electronic Filing:

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

Select state returns 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 2018 Federal Tax Return

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax 5,034.
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	Tax. Add lines A through G. Enter the result here and include in tax below. 5,034.

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

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p> <p>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.</p> <p>Refer to Tax Help</p>	
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SMART WORKSHEET FOR: Dependent Information Worksheet (Siddharth)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person? (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse [X]
Taxpayer
Spouse

C Did this person provide more than 1/2 of their own support? [] Yes [X] No

D Was this person married on December 31, 2018 and filing a joint return for the year (You may answer no if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? [] Yes [] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2018 [] Yes [] No
- If married, filed a joint return for the year [] Yes [] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. [] Yes [] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately [] Yes [] No

E Is this person a Full time student? [] Yes [] No

F Is this person's gross income less than \$4,150? [] Yes [] No

1 Did you provide over 1/2 the support for this person? or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [] Yes [] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? [] Yes [] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? [] Yes [] No

Has the other parent waived their legal right so you can claim this dependent on your tax return? [] Yes [] No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? [X]
Other parent in different return?
Someone else in different return?

SMART WORKSHEET FOR: Dependent Information Worksheet (Siddharth)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,150 or more or
- * They filed a joint return

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: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>4,286.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,002.</u>
C	Enter any amount from Form 8959, line 7 <u>0.</u>
D	Add line A, B, and C <u>5,288.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>5,288.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J _____
O	Add line L, M, and N _____
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. <u>5,288.</u>

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: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Depreciation/Amortization Reports ▶

D QuickZoom to Form 4562 for Schedule A. ▶

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

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

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

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

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

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

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2017 _____

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 2017 _____

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 1,048. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet

Election to use 2017 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used
for EIC and Additional Child Tax Credit calculations.

**A Elect to use 2017 earned income for EIC
and Additional Child Tax Credit.** ▶ Yes No

B Taxpayer is eligible to elect to use 2017 earned income
(see Publication 4492 for details) ▶ Yes No

C Earned income for EIC from your 2017 return _____

D Current year earned income for EIC _____

If Line D is equal to or greater than Line C the taxpayer is not eligible
to use 2016 earned income for EIC and Additional Child Tax Credit
calculations.

E You may compare the tax benefit of electing to use 2017 Earned Income
by checking the boxes on line A and B

Overpayment _____ 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 \$3,500?	
<input checked="" type="checkbox"/>	No. You may take the credit.
<input type="checkbox"/>	Yes. Stop. You cannot take the credit.

SMART WORKSHEET FOR: Estimated Tax Payment Options

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