

File by Mail Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

krishna P pothugunta
1327 High Road, Apt. R1-B
Tallahassee, FL 32304

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$303.00. Your refund will be direct deposited into the following account: Account Number: 0371008931076, Routing Transit Number: 061000104.																		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Austin, TX 73301-0002</p> <p>Deadline: Postmarked by Monday, April 15, 2019</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>																		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.																		
2018 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>6,637.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>0.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>0.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>303.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>303.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>0.00%</td></tr></table>	Adjusted Gross Income	\$	6,637.00	Taxable Income	\$	0.00	Total Tax	\$	0.00	Total Payments/Credits	\$	303.00	Amount to be Refunded	\$	303.00	Effective Tax Rate		0.00%
Adjusted Gross Income	\$	6,637.00																	
Taxable Income	\$	0.00																	
Total Tax	\$	0.00																	
Total Payments/Credits	\$	303.00																	
Amount to be Refunded	\$	303.00																	
Effective Tax Rate		0.00%																	
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.																		



Hi krishna,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

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

Your first name and initial: **krishna P** Last name: **pothugunta** Your social security number: **092-02-7795**

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: _____ Last name: _____ Spouse's social security number: _____

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. **1327 High Road** Apt. no. **R1-B** 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. **Tallahassee FL 32304** 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
				<input type="checkbox"/>	<input 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: **Student**

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.)

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

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **Self-Prepared** Phone no.: _____

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	6,637.
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	6,637.
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	6,637.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
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	0.
11	a Tax (see inst.) <u>0.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	0.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	0.
16	Total tax. Add lines 13 and 14	16	303.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	303.
19	Add any amount from Schedule 5	19	303.
20a	Add lines 16 and 17. These are your total payments	20a	303.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	303.
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	303.
23	Routing number: <u>061000104</u> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number: <u>0371008931076</u>	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

krishna P pothugunta

Your social security number

092-02-7795

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	krishna pothugunta	092-02-7795	G	X												
9																
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12																
13																