

Review your print out for checklist items.

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

Your first name and middle initial <b>Ananya</b>	Last name <b>Sudhir</b>	Your social security number <b>095-23-8010</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>1275 E University Dr</b>	Apt. no. <b>406</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Tempe AZ 85281-5284</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .				1	
2a Tax-exempt interest . . . . .	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends . . . . .	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions . . . . .	4a		b Taxable amount . . . . .	4b	
c Pensions and annuities . . . . .	4c		d Taxable amount . . . . .	4d	
5a Social security benefits . . . . .	5a		b Taxable amount . . . . .	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .				6	
7a Other income from Schedule 1, line 9 . . . . .				7a	0.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .				7b	0.
8a Adjustments to income from Schedule 1, line 22 . . . . .				8a	
b Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .				8b	0.
9 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	12,200.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10				
11a Add lines 9 and 10 . . . . .				11a	12,200.
b <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .				11b	0.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	0 .
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>	0 .
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	0 .
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	0 .
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	0 .
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>	

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

**Refund**

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

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>	0 .
<b>24</b>	Estimated tax penalty (see instructions) . . . . .	<b>24</b>	

**Third Party Designee**

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

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

**Sign Here**

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

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

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

**Paid Preparer Use Only**

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

# Tax History Report

▶ Keep for your records

**2019**

Name(s) Shown on Return

Ananya Sudhir

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status . . . . .				Single	Single
Total income . . . . .				2,583.	0.
Adjustments to income					
Adjusted gross income				2,583.	0.
Tax expense . . . . .				21.	0.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,000.	12,200.
Exemption amount . .				0.	0.
QBI deduction . . . . .					
Taxable income . . . .				0.	0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .				0.	
Payments . . . . .				77.	
Form 2210 penalty . .					
Amount owed . . . . .					0.
Applied to next year's estimated tax .					
Refund . . . . .				77.	
Effective tax rate % . .				0.00	0.00
**Tax bracket % . . . .				10.0	10.0

\*\*Tax bracket % is based on Taxable income.

## IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ <sup>3</sup>

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

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

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

Questions? Call 877-908-7228

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

**Form 1040 or Form 1040SR Worksheet Navigation QuickZooms**

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

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

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

Your First Name	MI	Last Name	Your Social Security No.
<u>Ananya</u>		<u>Sudhir</u>	<u>095-23-8010</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>1275 E University Dr</u>			<u>406</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Tempe</u>		<u>AZ</u>	<u>85281-5284</u>
Foreign country name		Foreign province/state/county	Foreign postal code

**QuickZoom** to explanation statement for overseas extension . . . . . ▶

**Presidential Election Campaign**

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

**Filing Status**

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

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

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

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

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

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

<b>Form 1040 or Form 1040-SR, Lines 1 - 6</b>					
<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>		
<b>2 a</b>	<b>Tax-exempt</b> interest . . . . .	<b>2a</b> _____			
<b>b</b>	<b>Taxable</b> interest . . . . .		<b>2b</b>		_____
<b>3 a</b>	Qualified dividends (see instructions) . . . . .	<b>3a</b> _____			
<b>b</b>	Ordinary dividends. Attach Schedule B if required . . . . .		<b>3b</b>		_____
<b>4</b>	IRA distributions . . . . .	<b>4a</b> _____			
	Taxable amount (see instructions) . . . . .		<b>4b</b>		_____
	Pensions and annuities . . . . .	<b>4c</b> _____			
	Taxable amount (see instructions) . . . . .		<b>4d</b>		_____
<b>5 a</b>	Social security benefits . . . . .	<b>5a</b> _____			
<b>b</b>	Taxable amount (see instructions) . . . . .		<b>5b</b>		_____
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . <b>▶</b> <input type="checkbox"/>		<b>6</b>		_____
<b>QuickZoom</b> to Schedule 1 — Additional Income and Adjustments to Income . . . . . <b>▶</b>					_____

<b>Form 1040 or Form 1040-SR, Lines 7 and 8</b>					
<b>7 a</b>	Other income from Schedule 1, line 9 . . . . .		<b>7a</b>		0.
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your <b>total income</b> . . . . .		<b>7b</b>		0.
<b>8 a</b>	Adjustments to income from Schedule 1, line 22 . . . . .		<b>8a</b>		_____
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . AGI including excludable Puerto Rico Income. . . . .		<b>8b</b>		0.
					0.

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



Form 1040 or Form 1040-SR, Lines 10 - 12			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11 a	Add lines 9 and 10 . . . . .	11a	12,200.
b	<b>Taxable Income.</b> Subtract line 11a from line 8b . . . . .	11b	0.

12 a	<b>Tax.</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
b	Add Schedule 2, line 3 and line 12a and enter total . . . . .	12b	0.
QuickZoom to Schedule 2 - Additional Tax section . . . . .			

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

Form 1040 or Form 1040-SR, Lines 17 - 19			
17	Federal income tax withheld from Forms W-2 and 1099 . . . . .	17	
18	Other payments and refundable credits: a Earned income credit (EIC) . . . . . Nontaxable combat pay election . . . . . b Add'l child tax credit. Attach Schedule 8812 . . . . . c American opportunity credit from Form 8863, line 8. . . . . d Schedule 3, line 14. . . . . e Add lines 18a through 18d. <b>These are your other payments and refundable credits</b> . . . . .	18e	
19	Add Lines 17 and 18e. These are your <b>total payments</b> . . . . .	19	
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated . . . . .			
QuickZoom to "due diligence checklist" substitute for Form 8867 . . . . .			
QuickZoom to Schedule 3 - Additional Credits and Payments . . . . .			

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

Form 1040 or Form 1040SR, Lines 23 - 24			
<b>Amount You Owe:</b>			
23	Subtract line total payments from total tax . . . . .	23	0.
24	Estimated tax penalty (see instructions) . . . . .	24	
QuickZoom to Late Penalties and Interest Worksheet . . . . .			
			QuickZoom. . . . .

Schedule 1 - Additional Income and Adjustments

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

Part I Additional Income

Table with 2 columns: Description and Amount. Row 1: Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . . . 1 0.

Alimony Received Smart Worksheet

Table with 4 columns: Taxpayer, Spouse, Date of divorce/sep, and a checkbox. Rows A and B for input.

\* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

Main table for Part I with 2 columns: Description and Amount. Rows 2a-9 and Total Income. Includes 'QuickZoom to 1040 Worksheet, line 7b - Total Income'.

Part II Adjustments to Income

Table with 2 columns: Description and Amount. Rows 10-17 for various adjustments like Educator expenses, health savings account deduction, etc.

Alimony Paid Smart Worksheet

Table with 5 columns: Recipient's name, Recipient's SSN, Date of divorce/sep, a checkbox, and Alimony paid. Rows A and B for input.

\* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

Main table for Part II with 2 columns: Description and Amount. Rows 18a-22 for alimony paid and other adjustments like IRA deduction, student loan interest, etc.

**Schedule 2 - Additional Taxes**

**Part I Tax**

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

**Part II Other Taxes**

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

**Schedule 3 - Additional Credits and Payments**

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential Energy Credit. Attach Form 5695 . . . . .	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>		
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	6	
a	Total non-refundable credits . . . . .	7	
b	Subtract total credits on line 7 from tax on line 12b above . . . . .		0.
<b>Quickzoom to 1040 Worksheet, line 16 – Total Tax . . . . .</b>		<b>QuickZoom . . . . .</b>	

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments . . . . . and amount applied from 2018 return . . . . .	8	
9	Net premium tax credit. Attach Form 8962 . . . . .	9	
10	Amount paid with request for extension to file . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> <b>Reserved</b>		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>		
14	<b>Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17) . . . . .</b> <b>Other Payments and Refundable Credits (Form 1040, line 18e) ▶</b>	<b>13</b> <b>14</b>	

**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 ▶ _____ ▶ _____
Spouse's Signature. If joint, <b>both</b> must sign. _____	Date _____	Student _____ Spouse's Occupation _____	
Daytime Phone No. _____ (480) 868-4346			

**Paid Preparer's Use Only**

Print/Type Preparer's name _____	Preparer's PTIN _____	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Preparer's Signature _____	Date _____	
Firm's Adress (or yours if self-employed) _____ Self-Prepared	Firm's EIN. _____	Phone No. _____
	State _____	ZIP Code _____

**Filing Address Information**

Send Form 1040 to: Department of the Treasury  
 Internal Revenue Service  
 Ogden, UT 84201-0002

Name(s) Shown on Return Ananya Sudhir	Your SSN 095-23-8010
--	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

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

**Line 5b - Adjustment for gain or loss on dispositions**

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

**Capital gain/loss not included in net investment income**

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

**Calculation of line 5b adjustment due to capital loss carryforward**

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

**Line 7 - Other modifications to investment income**

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

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

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

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**

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

1	Reserved	1	_____						
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	_____						
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 15px;">_____</td> <td style="width: 40%; height: 15px;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="height: 15px;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="height: 15px;">_____</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:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
_____		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		

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

**1) Former Passive Activity Suspended Losses**

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

**2) Former Passive Activity Suspended Losses - Schedule D**

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

**3) Former Passive Activity Suspended Losses - Form 4797**

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

**Part I – Personal Information**

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

**Taxpayer:**

First name . . . . . Ananya  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . Sudhir  
 Social security no. . . . . 095-23-8010  
 Occupation . . . . . Student  
 Date of birth . . . . . 09/22/1996 (mm/dd/yyyy)  
 Age as of 1-1-2020 . . . . . 23  
 Daytime phone . . . . . (480) 868-4346 Ext \_\_\_\_\_  
 Legally blind . . . . .   
 Date of death . . . . . \_\_\_\_\_

**Spouse:**

First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2020 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . .   
 Date of death . . . . . \_\_\_\_\_

**Dependent of Someone Else:**

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

**Dependent of Someone Else:**

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

**Credit for the Elderly or Disabled (Schedule R):**

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

**Credit for the Elderly or Disabled (Schedule R):**

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

**Presidential Election Campaign Fund:**

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

**Presidential Election Campaign Fund:**

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

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

**US Address:**

Address . . . . . 1275 E University Dr Apt no. . . . . 406  
 City . . . . . Tempe State . . . . . AZ ZIP code . . . . . 85281-5284

**Foreign Address:**

Check this box to use foreign address . . ▶   
 Address . . . . . \_\_\_\_\_ Apt no. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

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

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . . .  Home  Taxpayer daytime  Spouse daytime

Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**Federal filing status:**

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

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

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

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

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



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

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

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

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

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

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

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

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

Amended Returns:

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

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

American Opportunity and Lifetime Learning Credit (Form 8863)

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

Foreign Tax Credit (Form 1116):

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

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

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

Dual Status Alien Return:

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

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

**Part VI – Additional Information for Your Federal Return - Continued**

**Personal Representative for deceased taxpayers:**

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

**Part VII – State Filing Information**

**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

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

Check the appropriate box:

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

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

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

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

**Spouse:**

Enter the spouse’s state of residence as of December 31, 2019 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

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

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

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

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

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

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

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

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

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

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

Taxpayer's PIN used to sign the return 22096

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number \_\_\_\_\_

Issued by what state \_\_\_\_\_<sup>AZ</sup>

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

---

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state \_\_\_\_\_

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

---

Personal Information Worksheet  
For the Taxpayer

2019

► Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Ananya Middle initial . . .      Last name . . . Sudhir

Suffix . . . . .     

Social security no. . . 095-23-8010 Member of U.S. Armed Forces in 2019? . .  Yes  No

Date of birth . . . . . 09/22/1996 (mm/dd/yyyy) age as of 1-1-2020 . . . . . 23

Occupation . . . . Student Daytime phone . . . . (480) 868-4346 Ext     

Marital status . . . Single

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

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

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

Check if this person is legally blind . . . . . ►  Yes  No

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

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

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

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

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

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

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

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

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

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

Part III – Taxpayer's State Residency Information

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

Check the appropriate box:

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

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

Date this person established residence in state above . . . . . ►     

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2019 . . . . .     

Employment taxes paid for dependent care providers in 2019 . . . . .     

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

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

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

# Student Information Worksheet

**2019**

▶ Keep for your records

Name of Student <b>Ananya Sudhir</b>	Social Security Number <b>095-23-8010</b>
---	--

## Part I – Student Status

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

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

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

## Part II – College Student Information

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

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

- 1 Is this student qualified for the American Opportunity Credit? . . . . .  Yes  No  
\_\_\_\_\_
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . .  Yes  No  
\_\_\_\_\_
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . .  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

## Part IV – Educational Institution and Tuition Summary

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

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

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

**Part VI – Education Expenses**

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

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

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
4	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

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

**Part IX – Education Savings Account (ESA)**

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

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

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

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Street address

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Street address

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City

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State Zip Code

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City

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State Zip Code

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► Keep for your records

Name(s) Shown on Return  
Ananya Sudhir

Social Security Number  
095-23-8010

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .			
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .			
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .			
<b>4</b>	Total social security tax withheld . . . . .			
<b>5</b>	Total Medicare wages and tips . . . . .			
<b>6</b>	Total Medicare tax withheld . . . . .			
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. . .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .			
<b>17</b>	Total state tax withheld . . . . .			
<b>19</b>	Total local tax withheld. . . . .			

Name Ananya Sudhir Social Security Number 095-23-8010

**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. . . 095-23-8010  
**b** Employer ID number (EIN) . . . 86-0196696  
**c** Employer's name, address, and ZIP code  
ARIZONA STATE UNIVERSITY  
FINANCIAL SERVICES  
Street PO BOX 875812  
City TEMPE  
State AZ ZIP Code 85287-5812  
  
Foreign Province \_\_\_\_\_  
Foreign Postal Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation \_\_\_\_\_  
**3** Social security wages \_\_\_\_\_  
**5** Medicare wages and tips \_\_\_\_\_  
**7** Social security tips \_\_\_\_\_  
▶ Enter unreported tips in Part VII on Page 2 below.

**2** Federal income tax withheld \_\_\_\_\_  
**4** Social security tax withheld \_\_\_\_\_  
**6** Medicare tax withheld \_\_\_\_\_  
**8** Allocated tips \_\_\_\_\_

**d** Control number 0000034147VYF

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
First ANANYA M.I. \_\_\_\_\_  
Last SUDHIR Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
Street 1275 E UNIVERSITY DR  
City TEMPE  
State AZ ZIP Code 85281  
Foreign Province \_\_\_\_\_  
Foreign Postal Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

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

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

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

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

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

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

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

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

Taxpayer's name <u>Ananya Sudhir</u>	Social Security No. <u>095-23-8010</u>
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**1098-T Information (Required):**

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

**Identify Student (Required):**

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

Filer's name <u>Arizona State University</u>	<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ _____
Street address <u>1151 S Forest Ave</u>	
City State Zip Code <u>Tempe AZ 85281</u>	<b>2</b> _____
Foreign province/county _____	<b>3</b> _____
Foreign postal code Foreign country _____	

<b>Filer's Employer</b> Identification Number <u>86-0196696</u>	<b>Student's</b> Taxpayer Identification Number <u>095-23-8010</u>	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
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Student's name <u>Ananya</u>	<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2020 . . . . ▶ <input type="checkbox"/>
Street address Apt. No. <u>1275 E University Dr 406</u>		
City State Zip Code <u>Tempe AZ 85281-5284</u>		

Service Provider/ Acct No _____	<b>8</b> Check if at least half-time student ▶ <input type="checkbox"/>	<b>9</b> Check if a graduate student . . ▶ <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____
------------------------------------	---	---	---

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

- A** Enter box 1 amount **not** paid during 2019 . . . . . \_\_\_\_\_
- B** Enter box 1 amount actually paid during 2019 . . . . . \_\_\_\_\_

**Reconciliation of Box 5, Scholarships or Grants**

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

**Form 1099-Q Summary**

**2019**

► Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security No. <u>095-23-8010</u>
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	Recipient Taxpayer	Recipient Spouse
<b>Coverdell Educational Savings Account (ESA) Distributions</b>		
<b>1</b> Total gross distributions from box 1 of Form 1099-Q . . . . .	_____	_____
<b>a</b> Less: Rollover to another ESA of beneficiary . . . . .	_____	_____
<b>b</b> Less: Transfer to another family member . . . . .	_____	_____
<b>c</b> Less: Transfer to a non-family member . . . . .	_____	_____
<b>d</b> Less: Return of 2019 contributions . . . . .	_____	_____
<b>e</b> Less: Return of pre 2019 contributions. These are reported on the tax return in the year the contribution was made, not on the 2019 tax return . . . . .	_____	_____
<b>2</b> Balance of gross Coverdell ESA distributions . . . . .	_____	_____
<b>3</b> Education expenses not used as basis for credits . . . . .	_____	_____
<b>4</b> Amount of ESA distributions after return of basis . . . . .	_____	_____
<b>5</b> Earnings on return of 2019 contributions . . . . .	_____	_____
<b>6</b> Earnings on non-family member transfer . . . . .	_____	_____
<b>7</b> Taxable amount of ESA distributions on line 2 . . . . .	_____	_____
<b>8</b> Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . .	_____	_____
<b>9</b> Non-taxable ESA distributions . . . . .	_____	_____
<b>Gross State Qualified Tuition Plan (QTP) Distributions</b>		
<b>10</b> Total gross distributions from box 1 of Form 1099-Q . . . . .	_____	_____
<b>a</b> Less: Rollover to another QTP of beneficiary . . . . .	_____	_____
<b>b</b> Less: Transfer to another family member . . . . .	_____	_____
<b>c</b> Less: Transfer to a non-family member . . . . .	_____	_____
<b>d</b> Less: Expenses refunded and recontributed . . . . .	_____	_____
<b>11</b> Balance of gross state QTP distributions . . . . .	_____	_____
<b>12</b> Earnings on state QTP distributions on line 11 . . . . .	_____	_____
<b>Gross Private Qualified Tuition Plan (QTP) Distributions</b>		
<b>13</b> Total gross distributions from box 1 of Form 1099-Q . . . . .	_____	_____
<b>a</b> Less: Rollover to another QTP of beneficiary . . . . .	_____	_____
<b>b</b> Less: Transfer to another family member . . . . .	_____	_____
<b>c</b> Less: Transfer to a non-family member . . . . .	_____	_____
<b>d</b> Less: Expenses refunded and recontributed . . . . .	_____	_____
<b>14</b> Balance of gross private QTP distributions . . . . .	_____	_____
<b>15</b> Earnings on private QTP distributions on line 14 . . . . .	_____	_____
<b>Taxable Qualified Tuition Plan (QTP) Distributions</b>		
<b>16</b> Balance of gross QTP distributions. . . . .	_____	_____
<b>17</b> Earnings on QTP distributions on line 16 . . . . .	_____	_____
<b>18</b> Education expenses not used as basis for credits . . . . .	_____	_____
<b>19</b> Non-taxable QTP distributions . . . . .	_____	_____
<b>20</b> Taxable amount of earnings on line 17 . . . . .	_____	_____
<b>21</b> Earnings on non-family member transfer (state) . . . . .	_____	_____
<b>22</b> Earnings on non-family member transfer (private) . . . . .	_____	_____
<b>23</b> Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . .	_____	_____

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

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

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

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

# Wages, Salaries, & Tips Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</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 . . . . .			
2 Miscellaneous income, from Form 8919 . . . . .			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . . . .			
b Return of contributions . . . . .			
4 Excess reimbursement, from Form 2106 . . . . .			
5 a Taxable tips, from Form 4137 . . . . .			
b Noncash tips . . . . .			
6 Excess moving expense reimbursement, from Form 3903 . . . . .			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments . . . . .			
b Total foreign source income . . . . .			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b _____			
_____			
_____			
10 <b>Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>			
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 <b>Total of lines 10 through 14 . . . . .</b>			

► Keep for your records

Name(s) Shown on Return  
Ananya Sudhir

Social Security Number  
095-23-8010

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

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

**2019**

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



Name(s) Shown on Return Ananya Sudhir	Social Security Number 095-23-8010
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1 a Enter your taxable income from Form 1040, line 11b . . . . . 1 a 0.

b Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 . . . . . b

c Add lines 1a and 1b . . . . . 1 c 0.

2 a Enter your qualified dividends from Form 1040, line 3a . . . . . 2 a

b Enter any capital gain excess attributable to qualified dividends . . . . . b

c Subtract line 2b from line 2a . . . . . 2 c

3 Amount from Form 4952, line 4g . . . . . 3

4 a Amount from Form 4952, line 4e . . . . . 4 a

b Amount from the dotted line next to Form 4952, line 4e . . . . . b

c Line 4b, if applicable, 4a, if not . . . . . c

5 Subtract line 4c from line 3 . . . . . 5 0.

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

7 a Enter line 15 of Schedule D . . . . . 7 a

b Enter line 16 of Schedule D . . . . . b

c Enter the **smaller** of line 7a or line 7b . . . . . 7 c 0.

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

9 a Subtract line 8 from line 7 . . . . . 9 a 0.

b Enter any capital gain excess attributable to capital gains . . . . . b

c Subtract line 9b from line 9a . . . . . 9 c 0.

10 Add lines 6 and 9c . . . . . 10 0.

11 a Enter the amount from Schedule D, line 18 . . . . . 11 a 0.

b Enter the amount from Schedule D, line 19 . . . . . b

c Add lines 11a and 11b . . . . . 11 c 0.

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

13 Subtract line 12 from line 10 . . . . . 13 0.

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

15 Enter:

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

15 39,375.

16 Enter the **smaller** of line 1c or line 15 . . . . . 16 0.

17 Enter the **smaller** of line 14 or line 16 . . . . . 17 0.

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

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

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

19 0.

20 Enter the **smaller** of line 14 or line 19 . . . . . 20 0.

21 Enter the **larger** of line 18 or line 20 . . . . . 21 0.

22 Subtract line 17 from line 16. This amount is taxed at 0% . . . . . 22 0.

**If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.**

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

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

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

26 Enter:

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

26

27 Enter the smaller of line 1c or line 26 . . . . . 27

28 Add lines 21 and 22 . . . . . 28

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

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

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

32 Add lines 24 and 30 . . . . . 32

**If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33**

33 Subtract line 32 from line 23 . . . . . 33

34 Multiply line 33 by 20% (0.20) . . . . . 34

**If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.**

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

36 Add lines 10 and 21 . . . . . 36

37 Enter the amount from line 1c above . . . . . 37

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

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**Form 1040**  
**Line 12a**

**Qualified Dividends and Capital Gain Tax Worksheet**

**2019**

► Keep for your records

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



► Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

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

**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) S t a t e	(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.  
 2018 Amount                      Enter 2019 description:  
 \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_
  - b Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . . \_\_\_\_\_
  - c Other personal property taxes . . . . . \_\_\_\_\_
  - d Add lines 3a through 3c (to Schedule A, line 5c) . . . . . \_\_\_\_\_
- 4 Other taxes:**
  - a Other taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - b Foreign taxes from interest and dividends . . . . . \_\_\_\_\_
  - c Foreign taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - d Other foreign taxes (not used to claim a foreign tax credit). . . . . \_\_\_\_\_
  - e Other taxes.  
 2018 Amount                      Enter 2019 description:  
 \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_
  - f Foreign real propety taxes included in lines 4a-4e above . . . . . \_\_\_\_\_
  - g Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . . \_\_\_\_\_

**Interest Deductions**

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

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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**State and Local Income Taxes**

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

2019

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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**Step 1 – Enter your other charitable contributions made during the year.**

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

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

8 Enter your adjusted gross income (AGI) . . . . .	8	0.
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**A Cash contributions subject to the limit based on 60% of AGI**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

**F Qualified contributions for certain disaster relief efforts**

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

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

**G Deduction for the year**

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

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

# Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Ananya Sudhir	Social Security Number 095-23-8010
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**Step 1 — Enter your other charitable contributions made during the year.**

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

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

8 Enter your adjusted gross income (AGI) . . . . .			8		0.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9 . . . . .	0.	Less 0.	a	0.	
b 50% AGI limit to line 12 . . . . .	0.	Less 0.	b	0.	
c 30% AGI limit, Section C to line 19 . . . . .	0.	Less 0.	c	0.	
d 30% AGI limit, Section D to line 26 . . . . .	0.	Less 0.	d	0.	
e 20% AGI limit to line 35 . . . . .	0.	Less 0.	e	0.	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**G Deduction for the year**

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

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

# Charitable Contributions Summary

2019

▶ Keep for your records

Name(s) Shown on Return Ananya Sudhir	Social Security Number 095-23-8010
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## Part I Cash Contributions Summary

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

## Part II Non-Cash Contributions Summary

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

## Part III Contribution Carryovers to 2020

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

## Part IV Special Situations in Your Return for Current Year Donations

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

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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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 . . . . .	<b>1</b>	
2 a Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	<b>2a</b>	
b Educator Expense Deduction (from 1040, line 23) . . . . .	<b>2b</b>	
c Excess Educator Expenses (line 2a less line 2b) . . . . .	<b>2c</b>	
3 Union and professional dues . . . . .	<b>3</b>	
4 Professional subscriptions . . . . .	<b>4</b>	
5 Uniforms and protective clothing . . . . .	<b>5</b>	
6 Job search costs . . . . .	<b>6</b>	
7 Tax preparation fees . . . . .	<b>7</b>	
8 Entertainment expenses	<b>8</b>	
9 Other: _____ _____ _____	<b>9</b>	
10 Combine lines 1 through 9 . . . . .	<b>10</b>	

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

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

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

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

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

# Earned Income Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .	_____	_____	_____
<b>4</b> 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 . . . . .	_____	_____	_____
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	_____	_____	_____
9 <b>a</b> Taxable dependent care benefits . . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 . . . . .	_____	_____	_____
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 . . . . .	_____	_____	_____

## Part III – IRA Deduction Worksheet Computation

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

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

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

Keep for your records

Name(s) Shown on Return
Ananya Sudhir

Social Security Number
095-23-8010

Investment Interest Expense (Form 4952, line 1)

Table with 4 main rows and sub-rows (a-d) for 'Other investment interest expense'. Columns include line numbers and blank input fields.

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

Table with 10 main rows and sub-rows (a-d) for 'Other investment income'. Columns include line numbers and blank input fields.

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

Table with 6 main rows and sub-rows (a-c). Includes columns for 'Regular Tax' and 'Alt Min Tax'.

Investment Expenses (Form 4952, line 5)

Table with 5 main rows and sub-rows (a-d) for 'Other investment expenses'. Columns include line numbers and blank input fields.

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

Table with 6 main rows and sub-rows (a-d). Includes columns for 'Regular Tax' and 'Alt Min Tax'.





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

---

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

**Compliance and Due Diligence Information**

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

Yes, all of the above is correct.

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

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

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

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

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

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

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

# Schedule SE Adjustments Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total for Schedule SE, line 1</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Schedule K-1 (Form 1065), box 20, code AH . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Total CRP payments not subject to SE tax . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>a</b> Clergy Form W-2 wages . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Clergy housing allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Less clergy business deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>Total for Schedule SE, line 2</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

**2019**

► Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> 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 Ananya Sudhir	Social Security Number 095-23-8010
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**Taxable Income – Line 1**

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	1	-12,200.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	-12,200.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	-12,200.

**Taxes – Line 2a**

1	Generation skipping transfer taxes included on Schedule A, line 6 . . . . .	1	
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**Refund of Taxes – Line 2b**

1	Taxable refund of state and local income tax . . . . .	1	0.
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	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	0.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	0.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	0.
6	Enter ATNOL carried to 2018 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	11	

**Incentive Stock Options – Line 2i**

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

**Alternative Minimum Taxable Income – Line 4**

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

**Exemption – Line 5**

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

► Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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<b>1</b> Enter the amount from Form 6251, line 6 . . . . .	<b>1</b>	_____
<b>2 a</b> Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. . . . .	<b>2a</b>	_____
<b>b</b> Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income . . . . .	<b>2b</b>	_____
<b>c</b> Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	_____
<b>3</b> Add line 1 and line 2c . . . . .	<b>3</b>	_____
<b>4 Tax on the amount on line 3.</b> <ul style="list-style-type: none"> <li>● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; <b>or</b> you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here.</li> <li>● <b>All Others:</b> If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>	_____
<b>5 Tax on amount on line 2c.</b> If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result . . . . .	<b>5</b>	_____
<b>6</b> Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. . . . .	<b>6</b>	_____



# Federal Carryover Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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**2018 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
AZ			21.		46.	
<b>Totals . .</b>			21.		46.	

**2018 State Extension Information**

(a) State	(b) Paid With Extension

**2018 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2018 State Estimates Information**

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

**2018 Locality Estimates Information**

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

**2018 State Taxes Due Information**

(a) State	(e) Paid With Return

**2018 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2018 State Refund Applied Information**

(a) State	(g) Applied Amount

**2018 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2018 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
AZ	21.	46.

**2018 Locality Tax Refund Information**

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

Other Tax and Income Information			2018	2019
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	21.	0.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	2,583.	0.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	0.	0.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

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

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

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

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

**Charitable Contribution Carryovers**

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

  

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

28 Amount overpaid less earned income credit . . . . . 77.

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

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

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

► Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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Description	Amount
<b>Income</b>	
Wages . . . . .	_____
Interest income before Series EE bond exclusion . . . . .	_____
Dividend income . . . . .	_____
Tax refund . . . . .	0.
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 . . . . .	_____
<b>Total income</b> . . . . .	0.
<b>Adjustments</b>	
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 . . . . .	_____
<b>Total adjustments</b> . . . . .	_____
<b>Modified adjusted gross income</b> . . . . .	0.

**Two-Year Comparison**

**2019**

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security Number
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<b>Income</b>	<b>2018</b>	<b>2019</b>	<b>Difference</b>	<b>%</b>
Wages, salaries, tips, etc . . . . .	2,583.		-2,583.	-100.00
Interest and dividend income . . . . .				
State tax refund . . . . .		0.	0.	
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 . . . . .				
<b>Total Income</b> . . . . .	2,583.	0.	-2,583.	-100.00
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	2,583.	0.	-2,583.	-100.00
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	21.		-21.	-100.00
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Total Itemized Deductions . . . . .	21.	0.	-21.	-100.00
<b>Standard or Itemized Deduction</b> . . . . .	12,000.	12,200.	200.	1.67
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .	0.	0.	0.	
Income tax . . . . .	0.	0.	0.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	0.	0.	0.	
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .	0.		0.	
<b>Total Tax After Credits</b> . . . . .	0.	0.	0.	
Withholding . . . . .	77.		-77.	-100.00
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	77.		-77.	-100.00
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	77.		-77.	-100.00
<b>Balance Due</b> . . . . .		0.	0.	

Current year effective tax rate . . . . . 0.00 %

**Tax Summary**  
▶ Keep for your records

**2019**

Name (s)  
Ananya Sudhir

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

# Compare to U. S. Averages

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Ananya Sudhir</u>	Social Security No <u>095-23-8010</u>
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Your 2019 adjusted gross income (AGI) . . . . . 0.  
 National adjusted gross income range used below . . . . . from 0. to 14,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .		8,927.
Taxable interest . . . . .		1,243.
Tax-exempt interest . . . . .		6,370.
Dividends . . . . .		2,632.
Business net income . . . . .		8,185.
Business net loss . . . . .		25,054.
Net capital gain . . . . .		10,357.
Net capital loss . . . . .		2,359.
Taxable IRA . . . . .		6,176.
Taxable pensions and annuities . . . . .		7,410.
Rent and royalty net income . . . . .		7,308.
Rent and royalty net loss . . . . .		16,591.
Partnership and S corporation net income . . . . .		21,408.
Partnership and S corporation net loss . . . . .		117,548.
Taxable social security benefits . . . . .		2,727.
<hr/>		
Medical and dental expenses deduction . . . . .		9,604.
Taxes paid deduction . . . . .	0.	3,920.
Interest paid deduction . . . . .		6,508.
Charitable contributions deduction . . . . .		1,625.
Total itemized deductions . . . . .	0.	16,454.
<hr/>		
Child care credit . . . . .		96.
Education tax credits . . . . .		248.
Child tax credit . . . . .		232.
Retirement savings contributions credit . . . . .		153.
Earned income credit . . . . .		1,935.
<hr/>		
Other Information	Actual Per Return	National Average
<hr/>		
Adjusted gross income . . . . .	0.	1,698.
Taxable income . . . . .	0.	2,749.
Income tax . . . . .	0.	311.
Alternative minimum tax . . . . .		29,540.
Total tax liability . . . . .	0.	539.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Ananya Sudhir

**Primary SSN:** 095-23-8010

**Federal Return Submitted:** \_\_\_\_\_

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return has not been electronically transmitted yet

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

There are two important aspects of the Intuit Electronic Postmark:

### **1. THE INTUIT ELECTRONIC POSTMARK.**

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

#### **TIMELY FILING:**

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

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

### **2. THE ACCEPTANCE DATE.**

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



## We need your consent - Early Access

This is an IRS requirement

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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](mailto:complaints@tigta.treas.gov).

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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.

<hr/> <hr/> <hr/> <hr/>
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First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

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

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

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### IRS regulations require the following statements:

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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, 2020.

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

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

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

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

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

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://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.

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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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

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

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

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

Questions? Call 877-908-7228

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

**Preparer / Electronic Return Originator (ERO) Information**

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

**Electronic Filing and Printing of Tax Return Information**

**Original Returns:**

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

Select state returns to file electronically:

State(s)

**Amended Returns:**

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

Select state amended return(s) to file electronically:

State(s)

**New! State e-file disclosure consent:**

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

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

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

Select state returns to file by mail:

State(s)

**Practitioner PIN Program:**

- Sign return electronically using Practitioner PIN

**Choose one:**

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

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . . \_\_\_\_\_

Date PIN entered. . . . . \_\_\_\_\_

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## Identity Verification Information

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### Driver's License and/or State Id:

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

### Documents Used to Verify Primary Taxpayer Identity:

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

### Finish and File Info:

- To indicate a client return download in FnF



# Smart Worksheets from your 2019 Federal Tax Return

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

<b>Tax Smart Worksheet</b>	
<b>A</b> Tax . . . . .	_____ 0.
Check if from:	
<b>1</b> Tax table . . . . .	<input checked="" type="checkbox"/>
<b>2</b> Tax Computation Worksheet (see instructions) . . . . .	<input type="checkbox"/>
<b>3</b> Schedule D Tax Worksheet . . . . .	<input type="checkbox"/>
<b>4</b> Qualified Dividends and Capital Gain Tax Worksheet . . . . .	<input type="checkbox"/>
<b>5</b> Schedule J . . . . .	<input type="checkbox"/>
<b>6</b> Form 8615 . . . . .	<input type="checkbox"/>
<b>7</b> Foreign Earned Income Tax Worksheet . . . . .	<input type="checkbox"/>
<b>B</b> Additional tax from Form 8814 . . . . .	_____
<b>C</b> Additional tax from Form 4972 . . . . .	_____
<b>D</b> Tax from additional Form(s) 4972 . . . . .	_____
<b>E</b> Recapture tax from Form 8863 . . . . .	_____
<b>F</b> IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .	_____
<b>G</b> Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .	_____
<b>H</b> Additional tax from Form 8621 . . . . .	_____
<b>I</b> <b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . .	_____ 0.

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

<b>Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet</b>	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
<b>A</b> Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . . .	_____ 0.

SMART WORKSHEET FOR: Federal Information Worksheet

<b>TurboTax for the Web Filing Status Smart Worksheet</b>	
Check this box to override the filing status selected thru Interview . . . . .	<input type="checkbox"/>
Marital Status . . . . .	_____
Filing Status Selected . . . . .	_____

SMART WORKSHEET FOR: Federal Information Worksheet

**2017 Tax Cuts & Jobs Act**  
**Apply 15-year recovery period to qualified improvement property**  
**(asset types J2, J3, J4 and J5)**  
**placed in service after December 31, 2017?**  
 Yes  No

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

SMART WORKSHEET FOR: Personal Worksheet (Ananya) -- Student Info Worksheet

**Apprenticeship and Education Loan Smart Worksheet**

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

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

**1** Principal . . . . . \_\_\_\_\_

**2** Interest . . . . . \_\_\_\_\_

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

**QuickZoom** to Student Loan Interest Deduction Worksheet . . . . . ► \_\_\_\_\_

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

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

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

**B** QBI worksheet to report . . . . . ►

**C** Specified Service Trade or Business (SSTB)? . . . . .

**D** I am not a statutory employee . . . . .

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

**Substitute Form W-2 Smart Worksheet**

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

**B** Linked substitute W-2 Form 4852 . . . . . ▶ \_\_\_\_\_

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

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

**E QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

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

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

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ▶

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

**A Home mortgage interest and points reported on Form 1098:**

**1** Sum of lines 5a through 5d below . . . . . \_\_\_\_\_

**2** Limited amount to report on Sch A, line 8a . . . . . \_\_\_\_\_

**B Home mortgage interest not reported on Form 1098:**

**1** Sum of lines 6a and 6b below . . . . . \_\_\_\_\_

**2** Limited amount to report on Sch A, line 8b . . . . . \_\_\_\_\_

**C Points not reported on Form 1098:**

**1** Sum of lines 7a through 7c below . . . . . \_\_\_\_\_

**2** Limited amount to report on Sch A, line 8c. . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

**Depreciation Smart Worksheet**

**A** Enter Section 179 carryover from prior year . . . . . \_\_\_\_\_

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

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

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

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

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

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

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

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

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

**A Taxpayer:**

1 Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

1a Taxpayer, prior year nontaxable combat pay from 2018 . . . . . \_\_\_\_\_

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

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

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

**B Spouse:**

1 Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

1a Spouse, prior year nontaxable combat pay from 2018 . . . . . \_\_\_\_\_

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

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

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

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

Overpayment \_\_\_\_\_ Amount due \_\_\_\_\_ 0.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**  
Election to use 2018 earned income for EIC and Additional Child Tax Credit

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

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

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

**C Earned income for EIC from your 2018 return** . . . . . 2,583.

**D Current year earned income for EIC** . . . . . 0.

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

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

Overpayment \_\_\_\_\_ Amount due 0.

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 . . . . . 0.

Is line H, **total investment income** over \$3,600?

**No.** You may take the credit.

**Yes. Stop.** You cannot take the credit.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Your First Name and Middle Initial: Ananya; Last Name: Sudhir; Your Social Security Number: 095 23 8010; Spouse's First Name and Middle Initial: (if box 4 or 6 checked); Last Name: (if box 4 or 6 checked); Spouse's Social Security No.:

Current Home Address - number and street, rural route: 1275 E University Dr; Apt. No.: 406; Daytime Phone (with area code): 94 (480) 868-4346; City, Town or Post Office: Tempe; State: AZ; ZIP Code: 85281-5284; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4  Married filing joint return 4a  Injured Spouse Protection of Joint Overpayment; 5  Head of household: Enter name of qualifying child or dependent on next line:; 6  Married filing separate return: Enter spouse's name and Social Security Number above.; 7  Single

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88; 8  Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49. 81 PM; 9  Blind (you and/or spouse) 80 RCVD; 10a  Dependents: under age of 17. 10b  Dependents: Age 17 and over.; 11a  Qualifying parents and grandparents

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box  and complete page 4, Part 1. Table with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2019, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box  and complete page 4, Part 2. Table with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2019, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2019.

12 Federal adjusted gross income (from your federal return) 12 0 00; 13 Non-Arizona municipal interest 13 00; 14 Partnership Income adjustment: See instructions 14 00; 15 Total federal depreciation 15 00; 16 Net capital (loss) derived from the exchange of legal tender: See instructions 16 00; 17 Other Additions to Income: Complete Adjustments to Arizona Gross Income schedule on page 5. 17 00; 18 Subtotal: Add lines 12 through 17 and enter the total 18 0 00; 19 Total net capital gain or (loss): See instructions 19 00; 20 Total net short-term capital gain or (loss): See instructions 20 00; 21 Total net long-term capital gain or (loss): See instructions 21 00; 22 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 22 0 00; 23 Multiply line 22 by 25% (.25) and enter the result 23 0 00; 24 Net capital gain derived from investment in qualified small business 24 00

This box may be blank or may contain a printed barcode of data from your return. Subtractions: 25 Net capital gain exchange of legal tender 25 00; 26 Recalculated Arizona depreciation 26 00; 27 Partnership Income adjustment 27 00; 28 Interest on U.S. obligations 28 00; 29a Exclusion for fed., AZ state or local govt. pensions. 29a 00; 29b Pensions-Uniformed Services retired/retainer pay 29b 00; 30 U.S. Social Security or Railroad Retirement Act 30 00; 31 Certain wages of American Indians 31 00; 32 Pay received for being an active service member 32 00; 33 Net operating loss adjustment 33 00; 34 Contributions to 529 College Savings Plans.... 34 00; 35 Subtract lines 23 through 34 from line 18 35 0 00

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

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

Additions

Subtractions

Your Name (as shown on page 1) **Ananya Sudhir** Your Social Security Number **095-23-8010**

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

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

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION Student

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

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

PAID PREPARER'S STREET ADDRESS \_\_\_\_\_ PAID PREPARER'S TIN \_\_\_\_\_

PAID PREPARER'S CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER \_\_\_\_\_

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

► Keep for your records

Name as Shown on Return

Ananya Sudhir

Social Security Number

095-23-8010

Family Income Tax Credit Worksheet

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



Arizona Information Worksheet

2019

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . Ananya
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . Sudhir
Social Security No . . . . . 095-23-8010
Date of Birth . . . . . 09/22/1996
Date of Death . . . . .
Daytime Phone . . . . . (480) 868-4346
Extension . . . . .

Spouse:

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

Home Phone . . . . .
Print this daytime phone on forms . . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home
Street Address . 1275 E University Dr Apt No. . 406
City . . . . . Tempe State . . . . . AZ ZIP Code . 85281-5284

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

Part II - Main Form

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

Military personnel and composite return filers:

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

Part III - Filing Status

- [ ] Married filing joint return
[ ] Injured spouse protection of joint overpayment (Form 203)
[ ] Head of household
[ ] Married filing separate return
[ ] Spouse itemized deductions
[X] Single

Part IV - Other Information

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

Increased Excise Tax Credit

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

Voluntary Gifts

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

Part V - Electronic Filing Information

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

Part VI - Direct Deposit Information or Direct Debit Information

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

Name of Financial Institution (optional) . . . . . \_\_\_\_\_

Account type . . . . . Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

International ACH Transactions

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

**Part VII – Extension Status**

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

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶ \_\_\_\_\_

**Part VIII – Amended Return**

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

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

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# Tax Payments Worksheet

**2019**

▶ Keep for your records

Name <u>Ananya Sudhir</u>	Social Security Number <u>095-23-8010</u>
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

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

**Tax Summary**  
▶ Keep for your records

**2019**

Name(s) <u>Ananya Sudhir</u>	
<b>Federal adjusted gross income</b> .....	0.
<b>Arizona adjusted gross income</b> .....	0.
<b>Itemized or standard deduction</b> .....	12,200.
<b>Arizona taxable income</b> .....	0.
<b>Non-refundable Credits</b> .....	40.
<b>Balance of Tax</b> .....	0.
<b>Total payments and refundable credits</b> .....	25.
<b>Tax due</b> .....	
<b>Overpayment</b> .....	25.
<b>Amount applied to estimates</b> .....	
<b>Voluntary contributions</b> .....	
<b>Penalties</b> .....	
<b>Refund</b> .....	25.
<b>Amount owed</b> .....	

# Smart Worksheets from your 2019 Arizona Tax Return

SMART WORKSHEET FOR: Form 140: Resident Personal Return

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