

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 Venkata Vinay Tej	Last name Palepu	Your social security number 129-39-5553
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. 20110 Natures Hike Way		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Tampa FL 33647-3581		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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

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

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	80,647.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a	329.	b Ordinary dividends. Attach Sch. B if required	3b	329.
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 ▶ <input type="checkbox"/>				6	-3,000.
7a Other income from Schedule 1, line 9				7a	6.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶				7b	77,982.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶				8b	77,982.
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	65,782.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	10,312.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	10,312.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,312.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	10,312.	
17	Federal income tax withheld from Forms W-2 and 1099	17	10,787.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	10,787.	

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	475.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	475.
b	Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 4 5 1 0 4 6 6 4		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

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

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Venkata Vinay Tej Palepu

Your social security number

129-39-5553

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Other Income from box 3 of 1099-Misc</u> 6.	8	6.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	6.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
Venkata Vinay Tej Palepu

Your social security number
129-39-5553

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	259,652.	267,055.	691.	-6,712.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -6,712.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 	16	-6,712.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Venkata Vinay Tej Palepu

Social security number or taxpayer identification number

129-39-5553

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	001547108 AK STEEL HOLDING CORP. 1950	03/22/19	07/31/19	5,459.65	5,167.50			292.15	
	00751Y106 ADVANCE AUTO PARTS INC 20	02/19/19	03/21/19	3,379.94	3,364.			15.94	
	023135106 AMAZON.COM, INC. COMMON STOCK 5	02/11/19	02/12/19	8,194.88	7,935.			259.88	
	038222105 APPLIED MATERIALS, INC. COMMON STOCK 250	02/14/19	03/19/19	10,174.83	10,150.			24.83	
	05156V102 AURINIA PHARMACEUTICALS INC OR DINARY SHARES 800	03/19/19	03/20/19	5,599.82	5,031.92			567.90	
	129500104 CALERES INC 28	03/21/19	04/11/19	727.96	721.			6.96	
	129500104 CALERES INC 22	03/21/19	04/24/19	615.97	566.50			49.47	
	18914U100 CLOUDERA, INC. 210	03/13/19	11/15/19	1,847.94	3,003.			-1,155.06	
	205887102 CONAGRA BRANDS, INC. 18	03/20/19	03/21/19	466.72	406.80			59.92	
	205887102 CONAGRA BRANDS, INC. 207	03/20/19	03/22/19	5,516.39	4,678.20			838.19	
	21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK 830	VARIOUS	03/21/19	6,224.81	6,416.90	W	350.11	158.02	
	21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK 900	02/28/19	04/05/19	6,749.79	6,650.11			99.68	
	238337109 DAVE & BUSTER'S ENTERTAINMENT, INC. COMMON STOCK 130	04/02/19	04/04/19	7,129.08	6,370.			759.08	
	30303M102 FACEBOOK, INC. CLASS A COMMON STOCK 100	02/13/19	02/25/19	16,499.77	16,450.			49.77	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				78,587.55	76,910.93		350.11	2,026.73

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Venkata Vinay Tej Palepu

Social security number or taxpayer identification number

129-39-5553

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Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	33812L102 FITBIT, INC. CLASS A COMMON ST OCK 1000	02/25/19	11/15/19	6,799.73	6,560.			239.73
	400110102 GRUBHUB INC. 150	VARIOUS	07/29/19	11,963.73	12,030.			-66.27
	580037703 MCDERMOTT INTL INC COMMON STOC K 800	02/13/19	02/25/19	5,839.82	5,600.			239.82
	580037703 MCDERMOTT INTL INC COMMON STOC K 130	03/22/19	04/01/19	1,039.96	920.30			119.66
	67066G104 NVIDIA CORPORATION COMMON STOC K 121	VARIOUS	07/22/19	20,630.06	18,944.			1,686.06
	79466L302 SALESFORCE.COM, INC. 78	03/04/19	10/30/19	12,167.73	12,093.			74.73
	852234103 SQUARE, INC. 400	02/27/19	02/28/19	31,199.54	31,000.			199.54
	867652406 SUNPOWER CORPORATION COMMON ST OCK 801	VARIOUS	04/01/19	5,366.53	4,925.81			440.72
	867652406 SUNPOWER CORPORATION COMMON ST OCK 1160	VARIOUS	12/11/19	8,699.66	11,340.			-2,640.34
	874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK 100	VARIOUS	03/04/19	8,742.87	8,988.39	W	245.52	0.
	874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK 140	VARIOUS	03/06/19	12,389.81	12,351.18	W	95.66	134.29
	88688T100 TILRAY, INC. CLASS 2 COMMON ST OCK 207	VARIOUS	11/15/19	4,139.89	7,097.17			-2,957.28
	90333L201 U.S. CONCRETE, INC. COMMON STO CK 500	02/26/19	02/26/19	21,114.66	18,250.			2,864.66
	912909108 UNITED STATES STEEL CORPORATIO N 1595	VARIOUS	12/11/19	22,488.84	32,032.			-9,543.16
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			172,582.83	182,131.85		341.18	-9,207.84

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Tax History Report

2019

▶ Keep for your records

Name(s) Shown on Return

Venkata Vinay Tej Palepu

Five Year Tax History:					
	2015	2016	2017	2018	2019
Filing status			Single	Single	Single
Total income			16,709.	81,007.	77,982.
Adjustments to income					
Adjusted gross income			16,709.	81,007.	77,982.
Tax expense				887.	1,106.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			6,350.	12,000.	12,200.
Exemption amount . .			4,050.	0.	0.
QBI deduction					
Taxable income			6,309.	69,007.	65,782.
Tax			633.	12,829.	10,312.
Alternative min tax . .					
Total credits			633.		
Other taxes			0.	0.	
Payments			2,093.	10,056.	10,787.
Form 2210 penalty . .					
Amount owed				2,773.	
Applied to next year's estimated tax .					
Refund			2,093.		475.
Effective tax rate % . .			-4.46	15.84	13.22
**Tax bracket %			10.0	22.0	22.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	80,647.
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends (see instructions) 3a		329.
b	Ordinary dividends. Attach Schedule B if required	3b	329.
4	IRA distributions 4a		
	Taxable amount (see instructions)	4b	
	Pensions and annuities 4c		
	Taxable amount (see instructions)	4d	
5 a	Social security benefits 5a		
b	Taxable amount (see instructions)	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	-3,000.
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶			

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

7 a	Other income from Schedule 1, line 9	7a	6.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income	7b	77,982.
8 a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income . AGI including excludable Puerto Rico Income.	8b	77,982.

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

9	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	9	12,200.
			65,782.

Form 1040 or Form 1040-SR, Lines 10 - 12			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11 a	Add lines 9 and 10	11a	12,200.
b	Taxable Income. Subtract line 11a from line 8b	11b	65,782.

12 a	Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
b	Add Schedule 2, line 3 and line 12a and enter total	12b	10,312.
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	10,312.
15	Other taxes, including self-employment tax, from Schedule 2, line 10.	15	0.
16	Add lines 14 and 15. This is your total tax	16	10,312.
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	10,787.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No		
	Nontaxable combat pay election		
b	Add'l child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8.		
d	Schedule 3, line 14.		
e	Add lines 18a through 18d. These are your other payments and refundable credits	18e	
19	Add Lines 17 and 18e. These are your total payments	19	10,787.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated			
QuickZoom to "due diligence checklist" substitute for Form 8867			
QuickZoom to Schedule 3 - Additional Credits and Payments			

Form 1040 or Form 1040-SR, Lines 20 - 22			
Refund:			
20	If total Payments is more than total tax, subtract total tax from payments This is the amount you overpaid	20	475.
21 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	475.
b	Routing number		111000025
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		488045104664
22	Amount of overpayment on line 20 you want applied to your 2020 estimated tax		

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

Schedule 1 - Additional Income and Adjustments

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	1	
Alimony Received Smart Worksheet			
	Taxpayer	Spouse	Date of divorce/sep
A	_____	_____	_____ <input type="checkbox"/>
B	_____	_____	_____ <input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			
2 a	Alimony received. . . . Taxpayer _____ Spouse _____	2a	
b	Date of original divorce or separation agreement ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation (see instr.)	7	
8	Other income. List type and amount (see instructions). Other Income from box 3 of 1099-Misc _____ 6.	8	6.
9	Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ▶ Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b ▶ _____ 77,982.	9	6.
Quickzoom to 1040 Worksheet, line 7b — Total Income. ▶ QuickZoom. . . ▶ _____			

Part II Adjustments to Income

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

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

Schedule 2 - Additional Taxes

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	8	
9	Section 965 net tax liability installment from Form 965-A. 9 _____		
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶	10	0.
	Total tax (add line 10 and Schedule 3, line 7b)		10,312.

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

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

Part II Other Payments and Refundable Credits

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

Third Party Designee

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

Signature and Paid Preparer

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

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

Your Signature Date Your Occupation
Spouse's Signature. If joint, both must sign. Date Spouse's Occupation
Daytime Phone No. (813) 476-9494

Paid Preparer's Use Only

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

Filing Address Information

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

Name(s) Shown on Return Venkata Vinay Tej Palepu	Your SSN 129-39-5553
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Line 4b - Adjustment for trade or business income or loss

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

Line 5b - Adjustment for gain or loss on dispositions

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

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	3,712.
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	0.
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	0.

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%; margin-left: 20px;"> <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:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

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

1) Former Passive Activity Suspended Losses

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

	(a) Taxpayer	(b) Spouse						
1 Child's investment income, from Form 8814								
2 Gambling winnings:								
a From Form W-2G								
b Winnings (prizes, etc.) from Form 1099-MISC, box 3								
c Not reported on Form W-2G or Form 1099-MISC								
3 Taxable income from Form 1099-MISC:								
a Substitute payments in lieu of interest or dividends								
b Other income from box 3	6.							
c Alaska Permanent Fund								
d Tribal Gaming								
e Non-Employee Compensation from Form 1099-MISC box 7								
f Rent from personal property from Form 1099-MISC box 1								
4 Taxable income from Form 1099-Q or 1099-QA:								
a Qualified tuition program distributions								
b Coverdell ESA distributions								
c ABLE account distributions								
5 Taxable income from Form 1099-G:								
a Grants								
b RTAA payments								
6 Foreign earned income and housing exclusion, from Form 2555 .								
7 Net operating loss carryover from a prior year								
8 Other income, from Schedule(s) K-1								
9 Taxable distribution from:								
a Form 8853:								
1 Taxable Archer MSA distributions MSA								
2 Taxable Medicare Advantage distributions Med MSA								
3 Taxable long term care distributions LTC								
4 Total Form 8853								
b Form 8889, Health Savings Accounts								
10 Refunds or reimbursements of deductions claimed								
in a prior year:								
a Reimbursement for deducted medical expenses								
b Refunds of deducted taxes (not state or local income taxes)								
<table border="1" data-bbox="500 1318 948 1436"> <tr> <td>Type of Tax</td> <td>State or Local ID</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Type of Tax	State or Local ID						
Type of Tax	State or Local ID							
c Recapture of deducted moving expenses								
d Reimbursement for deducted casualty or theft loss								
e Reimbursement for deducted employee business expenses								
f Other refunds or reimbursements								
11 Recoveries of bad debts deducted in a prior year								
12 Jury duty pay								
13 Bartering income not reported elsewhere								
14 Income from the rental of personal property								
15 Income from the Cancellation of Debt:								
a From Form 1099-C:								
1 Amount of debt canceled from box 2								
2 Amount of canceled debt excluded from income								
3 Taxable amount of canceled debt								
b From Schedule(s) K-1								
16 Taxable income from Form 1099-K:								
a Payment Card/Third Party Network Transactions								
Income from "not for profit" activities (hobbies):								
18 Limitation on business losses (Form 461)								
19 Global intangible low-taxed income (Form 8992)								
20 Section 965 deferred foreign income (Form 965)								

21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		

23	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8 or Form 1040NR, line 21 . .	6 .	

Part I – Personal Information

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

Taxpayer:

First name Venkata Vinay Tej
 Middle initial Suffix
 Last name Palepu
 Social security no. I29-39-5553
 Occupation Software Developer
 Date of birth 08/14/1993 (mm/dd/yyyy)
 Age as of 1-1-2020 26
 Daytime phone (813) 476-9494 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 20110 Natures Hike Way Apt no.
 City Tampa State FL ZIP code 33647-3581

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

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

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) ... Bank of America
Check the appropriate box ... Checking Savings
Routing number ... 111000025 Account number ... 488045104664

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 ▶ FL

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
PA	

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 81347

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number P410860932940

Issued by what state FL

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 . . . Venkata Vinay Tej Middle initial . . . Last name . . . Palepu
Suffix

Social security no. . . 129-39-5553 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 08/14/1993 (mm/dd/yyyy) age as of 1-1-2020 26

Occupation Software Developer Daytime phone (813) 476-9494 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 FL

Check the appropriate box:

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

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

Date this person established residence in state above ►

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

Part IV – Dependent Care Expenses

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

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

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

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

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

► Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	80,647.		80,647.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	10,787.		10,787.
3 & 7	Total social security wages/tips	65,529.		65,529.
4	Total social security tax withheld	4,063.		4,063.
5	Total Medicare wages and tips	65,529.		65,529.
6	Total Medicare tax withheld	951.		951.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	2,398.		2,398.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	2,398.		2,398.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	6,817.		6,817.
17	Total state tax withheld	209.		209.
19	Total local tax withheld.			

Name Venkata Vinay Tej Palepu Social Security Number 129-39-5553

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

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>129-39-5553</u></p> <p>b Employer ID number (EIN) . . . <u>45-5622329</u></p> <p>c Employer's name, address, and ZIP code <u>WB SOLUTIONS LLC</u></p> <p>Street <u>7320 E FLETCHER AVE</u> City <u>TAMPA</u> State <u>FL</u> ZIP Code <u>33637-0916</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number <u>000019K1/6IM</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>VENKATA</u> M.I. <u>VINAY</u> Last <u>TEJ PALEPU</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>20110 NATURES HIKE WAY</u> City <u>TAMPA</u> State <u>FL</u> ZIP Code <u>33647</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>28,343.09</u></p> <p>3 Social security wages <u>20,042.40</u></p> <p>5 Medicare wages and tips <u>20,042.40</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>3,391.53</u></p> <p>4 Social security tax withheld <u>1,242.63</u></p> <p>6 Medicare tax withheld <u>290.61</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

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

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

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

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

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

▶ Keep for your records

Name Venkata Vinay Tej Palepu Social Security Number 129-39-5553

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

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

<p>a Employee's social security no. . . <u>129-39-5553</u></p> <p>b Employer ID number (EIN) . . . <u>84-1185682</u></p> <p>c Employer's name, address, and ZIP code <u>ADP TOTALSOURCE CO XXI</u> <u>INC</u> Street <u>WB SOLUTIONS LLC</u> City <u>MIAMI</u> State <u>FL</u> ZIP Code <u>33173</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number <u>000119NCT3/KLS</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>VENKATA</u> M.I. <u>VINAY</u> Last <u>TEJ PALEPU</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>20110 NATURES HIKE WAY</u> City <u>TAMPA</u> State <u>FL</u> ZIP Code <u>33647</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>45,486.96</u></p> <p>3 Social security wages <u>45,486.96</u></p> <p>5 Medicare wages and tips <u>45,486.96</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>6,310.36</u></p> <p>4 Social security tax withheld <u>2,820.19</u></p> <p>6 Medicare tax withheld <u>659.57</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>DD</u>	<u>2,398.02</u>	A: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	P: Double click to link to Form 3903, line 4. . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

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

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

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

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

► Keep for your records

Name Venkata Vinay Tej Palepu Social Security Number 129-39-5553

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

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

<p>a Employee's social security no. . . <u>129-39-5553</u></p> <p>b Employer ID number (EIN) . . . <u>27-4131205</u></p> <p>c Employer's name, address, and ZIP code <u>PIONEER CONSULTING SERVICES LLC</u> Street <u>3490 US HIGHWAY 1 BUILDING 10</u> City <u>PRINCETON</u> State <u>NJ</u> ZIP Code <u>08540</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number <u>375</u></p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Venkata Vinay Tej</u> M.I. <u>MI</u> Last <u>Palepu</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>6351 OVERBROOK AVE APT # B202</u> City <u>PHILADELPHIA</u> State <u>PA</u> ZIP Code <u>19151</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>6,816.66</u></p> <p>3 Social security wages _____</p> <p>5 Medicare wages and tips _____</p> <p>7 Social security tips _____</p> <p>► Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>1,085.00</u></p> <p>4 Social security tax withheld _____</p> <p>6 Medicare tax withheld _____</p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>PA</u>	<u>95374833</u>	<u>6,816.66</u>	<u>209.27</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".)

Form 1099-MISC Summary

2019

▶ Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties	0 .		0 .
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income	6 .		6 .
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
▶ Other Income	6 .		6 .	
4	Federal tax withheld	0 .		0 .
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	▶ Schedule C			
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
8	Substitute payments	0 .		0 .
10	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	▶ Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			
Total	Boxes 1-3, 5-8, 10, 13-15b	6 .		6 .

Name Venkata Vinay Tej Palepu Social Security Number 129-39-5553

Payer's Name Robinhood Securities LLC
Payer's TIN EIN 38-4019216 or SSN
Account number (for your records only) 699229522

Spouse's 1099-MISC Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1 Rents. Required: double-click to select the form on which to report this income:
Schedule C Form 4835
Schedule E Other Income

Box 2 Royalties. 0.00
Required: double-click to select the form on which to report this income:
Schedule C
Schedule E

Box 3 Other income 5.81
Required: double-click to select the form on which to report this income:
Schedule C Form 4835
Schedule F
Winnings (Prizes, etc.)
Tribal Member Gaming Payments
From Alaska Permanent Fund
Other Income
Back Wages from Lawsuit. Amount:
Olympic or Paralympic Prize Money

Box 4 Federal income tax withheld 0.00

Box 5 Fishing boat proceeds.
Required: double-click to select the Schedule C on which to report this income:
Schedule C

Box 6 Medical and health care payments.
Required: double-click to select the Schedule C on which to report this income:
Schedule C

Box 7 Nonemployee compensation.
Required: double-click to select the form on which to report this income:
Schedule C
Schedule F
Wages subject to Social Security & Medicare tax
If checked, enter Reason Code for Form 8919 (see Help)
If Reason Code A or C, enter determination date
Other Income
Back Wages from Lawsuit. Amount:

Box 8 Substitute payments in lieu of dividends or interest 0.00

Box 10 Crop insurance proceeds.
Required: double-click to select the form on which to report this income:
Schedule F
Form 4835

Box 13 Excess golden parachute payments.
Report 20% excise tax on Form 1040

Box 14 Gross proceeds paid to an attorney.
Taxable amount from box 14 to Schedule C.
Required: double-click to select the Schedule C on which to report this income:
Schedule C

Boxes 15a & b Section 409A deferrals.
Section 409A income.

Boxes 16-18 State tax withheld - 1st state.
State name (two letters) - 1st state. State ID number - 1st state.
State income - 1st state.
State tax withheld - 2nd state.
State name (two letters) - 2nd state. State ID number - 2nd state.
State income - 2nd state.
I confirm that the state withholding identification number(s) are accurate.

FATCA filing requirement

Additional Payer and Recipient Information

Payer's address and ZIP code

Street 500 Colonial Center Parkway
City Lake Mary
State FL ZIP Code 32746
Foreign Country

Recipient's address and ZIP code

Transfer address from Federal Information Wks
Street
City
State ZIP Code
Foreign Country

Wages, Salaries, & Tips Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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	80,647.		80,647.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b _____			

10 Subtotal.			
Add lines 1 through 9	80,647.		80,647.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	80,647.		80,647.

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1		
3	Subtract line 2 from line 1		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
6	Add lines 3 through 5		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7		
8	Enter the amount, if any, from Form 4797, line 8		
9	Subtract line 8 from line 7. If zero or less, enter -0-		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
		Regular	AMT
	a On Form 1099-DIV	0.	0.
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale		
13	Add lines 9 through 12.		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	-6,712.	-6,712.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C		
	a Enter your capital gain excess, if you are filing Form 2555		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	6,712.	6,712.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

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

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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1 a Enter your taxable income from Form 1040, line 11b **1 a** 65,782.
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** 65,782.

2 a Enter your qualified dividends from Form 1040, line 3a **2 a** 329.
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** 329.

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** 329.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** -6,712.
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** 329.

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** 329.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 65,453.

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** 39,375.

17 Enter the **smaller** of line 14 or line 16 **17** 39,375.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 65,453.

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** 65,782.

20 Enter the **smaller** of line 14 or line 19 **20** 65,453.

21 Enter the **larger** of line 18 or line 20 **21** 65,453.

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** 329.

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

25 Subtract line 24 from line 23. If zero or less, enter -0- **25** 329.

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** 434,550.

27 Enter the smaller of line 1c or line 26 **27** 65,782.

28 Add lines 21 and 22 **28** 65,453.

29 Subtract line 28 from line 27. If zero or less, enter -0- **29** 329.

30 Enter the **smaller** of line 25 or line 29 **30** 329.

31 Multiply line 30 by 15% (0.15) **31** 49.

32 Add lines 24 and 30 **32** 329.

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

33 Subtract line 32 from line 23 **33** 0.

34 Multiply line 33 by 20% (0.20) **34** 0.

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

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

36 Add lines 10 and 21 **36** _____

37 Enter the amount from line 1c above **37** _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>10,263.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>10,312.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>10,329.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	<u>10,312.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2019

Line 12a

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	<u>65,782.</u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>329.</u>
3	Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>0.</u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	<u>329.</u>
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5	<u>0.</u>
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	<u>329.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>65,453.</u>
8	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8	<u>39,375.</u>
9	Enter the smaller of line 1 or line 8	9	<u>39,375.</u>
10	Enter the smaller of line 7 or line 9	10	<u>39,375.</u>
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	<u>0.</u>
12	Enter the smaller of line 1 or line 6	12	<u>329.</u>
13	Enter the amount from line 11	13	<u>0.</u>
14	Subtract line 13 from line 12.	14	<u>329.</u>
15	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15	<u>434,550.</u>
16	Enter the smaller of line 1 or line 15	16	<u>65,782.</u>
17	Add lines 7 and 11	17	<u>65,453.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>329.</u>
19	Enter the smaller of line 14 or line 18	19	<u>329.</u>
20	Multiply line 19 by 15% (0.15)	20	<u>49.</u>
21	Add lines 11 and 19	21	<u>329.</u>
22	Subtract line 21 from line 12	22	<u>0.</u>
23	Multiply line 22 by 20% (0.20)	23	<u>0.</u>
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u>10,263.</u>
25	Add lines 20, 23, and 24	25	<u>10,312.</u>
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	<u>10,329.</u>
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.	27	<u>10,312.</u>

Capital Loss Carryforward Worksheet

2020

Capital Loss Carryforward from 2019 to 2020

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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		Regular Tax	Alternative Minimum Tax
1 Enter the amount from 2019 Form 1040, line 11b. If a loss, enter as a negative amount	1	65,782.	77,982.
2 Enter the loss from 2019 Schedule D, line 21, as a positive amount	2	3,000.	3,000.
3 Combine lines 1 and 2. If zero or less, enter -0-	3	68,782.	80,982.
4 Enter the smaller of line 2 or line 3	4	3,000.	3,000.
If line 7 of 2019 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9			
5 Enter the loss from 2019 Schedule D, line 7, as a positive amount.	5	6,712.	6,712.
6 Enter any gain from 2019 Schedule D, line 15. If a loss, enter -0-	6		
7 Add lines 4 and 6	7	3,000.	3,000.
8 Short-term capital loss carryforward to 2020. Subtract line 7 from line 5. If zero or less, enter -0- ▶	8	3,712.	3,712.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.			
9 Enter the loss from 2019 Schedule D, line 15, as a positive amount	9		
10 Enter any gain from 2019 Schedule D, line 7. If a loss, enter -0-	10	0.	0.
11 Subtract line 5 from line 4. If zero or less, enter -0-	11	0.	0.
12 Add lines 10 and 11	12	0.	0.
13 Long-term capital loss carryforward to 2020. Subtract line 12 from line 9. If zero or less, enter -0- ▶	13	0.	0.

Form 1099-B Worksheet

Keep for your records

2019

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security No.
129-39-5553

Name of reporting financial institution . . . Robinhood Securities LLC
Acct Number . . . 699229522

Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

Form 1099-B entry 1: Form 8949 Check Box, Transaction number 1, Description 001547108 AK STEEL HOLDING CORP. 1950, Date acquired 03/22/19, Date of sale/exchange 07/31/19, Sales price 5,459.65, Cost or other basis 5,167.50, Adjusted Gain (Loss) 292.15.

Form 1099-B entry 2: Form 8949 Check Box, Transaction number, Description See TQUICK, Date of sale/exchange, Sales price, Cost or other basis, Adjusted Gain (Loss).

Sale(s) missing info? _____

Reconciliation info

The information below can be used to reconcile gains/losses reported by category on a statement from your Financial Institution.

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Box A	259,652.	267,055.	-7,403.	691.	-6,712.
Short term sales with cost basis reported to the IRS					W
Totals	259,652.	267,055.	-7,403.	691.	-6,712.

Note: Withholding totals don't include withholding on transactions linked to Capital Gain Transaction Wksht

Total Collectible Gain _____

Total Federal Backup Withholding 0.

State ID

State Backup Withholding _____

Total State Backup Withholding _____

PDF Attachment

Taxpayer must mail in a statement with more details? Yes No

If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

IRA Contributions Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year	—	—
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2019

▶ Keep for your records

Venkata Vinay Tej Palepu

129-39-5553 Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
21	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
22	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
23	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions	_____	_____
25	Roth IRA contributions. Combine lines 20 through 24	_____	_____
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
27	Excess Roth IRA contribution credit	_____	_____
28	Total Roth IRA contributions	_____	_____
29	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation	_____	_____
31	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Schedule A
Line 1

Medical Expenses Worksheet

2019

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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1 Prescription medications		1 _____
2 Health insurance premiums:		
a Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	_____
b From Form(s) 1095-A - net of adjustments	b	_____
Taxpayer's portion of 1095-A premiums (total less spouse) . . . _____		
Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer _____		
c Medicare premiums	c	_____
d From Form(s) 1099-R	d	_____
NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e Taxpayer's gross long-term care premiums	2 e	_____
f Taxpayer's allowable long-term care premiums	f	_____
g Spouse's gross long-term care premiums	g	_____
h Spouse's allowable long-term care premiums	h	_____
i Dep or child under 27 gross long-term care premiums	i	_____
j Dep or child under 27 allowable long-term care prem.	j	_____
k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	_____
l Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	_____
m Spouse's long-term care premiums not deducted as an adjustment to income. . . .	m	_____
n Dependent's long-term care premiums not deducted as an adj to income	n	_____
o Other self-employed health insurance not deducted as an adj to income	o	_____
3 Fees for doctors, dentists, etc	3	_____
4 Fees for hospitals, clinics, etc.	4	_____
5 Lab and x-ray fees	5	_____
6 Expenses for qualified long-term care	6	_____
7 Eyeglasses and contact lenses	7	_____
8 Medical equipment and supplies	8	_____
9 Medical transportation expenses:		
a Medical miles driven	9 a	_____
b Multiply the number of miles on line 9a by 20 cents per mile	b	_____
c Other medical transportation costs not included above for example: ambulance fees	c	_____
d Total medical transportation expenses (add lines 9b and 9c)	9 d	_____
10 Lodging for medical purposes (up to \$50 per night per person)	10	_____
11 Other medical and dental expenses:		
a _____	11 a	_____
b _____	b	_____
c _____	c	_____
d _____	d	_____
e _____	e	_____
f _____	f	_____
g _____	g	_____
h _____	h	_____
i _____	i	_____
j _____	j	_____
12 Total of medical and dental expenses (add lines 1 through 11j)	12	_____
13 a Less: insurance reimbursement for any expenses listed	13 a	_____
b Less: medical savings account (MSA) or health savings account (HSA) distributions	b	_____
14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	_____ 0 .

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	10,787.	209.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G	0.		
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B	0.		
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	10,787.	209.	
20 Total Tax Payments for 2019	10,787.	209.	

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

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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	77,982.
(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	77,982.

b Sales Tax Per State of Residence:

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

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

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

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount
FL	01/01/19	12/31/19	8.5000	6.0000	2.5000	781.00	325.44	1,106.44

c Total general sales tax using tables 1,106.44

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 1,106.44

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 209.00

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

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 1,106.44

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. _____

Schedule A
Line 5

Locality for Sales Tax Deduction

2019

► Keep for your records

Name(s) Shown on Return

Venkata Vinay Tej Palepu

Social Security Number

129-39-5553

1 For the state and period of residency of FL (01/01/2019 - 12/31/2019)

2 Check the applicable locality:

a All cities

b Not applicable

c Not applicable

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 209.
2	2019 state estimated taxes paid in 2019	2
3	2018 state estimated taxes paid in 2019	3
4	Amount paid with 2018 state application for extension	4
5	Amount paid with 2018 state income tax return	5
6	Overpayment on 2018 state income tax return applied to 2019 tax	6
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2019 local estimated taxes paid in 2019	10
11	2018 local estimated taxes paid in 2019	11
12	Amount paid with 2018 local application for extension	12
13	Amount paid with 2018 local income tax return	13
14	Overpayment on 2018 local income tax return applied to 2019 tax	14
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 209.
19	State and local refund allocated to 2019	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 209.

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 Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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	77,982.
--	---	---------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F Qualified contributions for certain disaster relief efforts

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

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

G Deduction for the year

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

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

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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	77,982.
		Percentage of line 8
		Used in Current Year
a 60% AGI limit to line 9	a	46,789.
b 50% AGI limit to line 12	b	38,991.
c 30% AGI limit, Section C to line 19	c	23,395.
d 30% AGI limit, Section D to line 26	d	23,395.
e 20% AGI limit to line 35	e	15,596.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G Deduction for the year

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

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

Charitable Contributions Summary

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Part I Cash Contributions Summary

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

Part II Non-Cash Contributions Summary

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

Part III Contribution Carryovers to 2020

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

Part IV Special Situations in Your Return for Current Year Donations

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

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

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

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

Investment Expense ↓

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

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

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

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

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

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

Earned Income Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	80,647.	_____	80,647.
7 a Taxable employer-provided adoption benefits.	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	80,647.	_____	80,647.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	80,647.	_____	80,647.
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	80,647.	_____	80,647.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	80,647.	_____	80,647.
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.	80,647.	_____	80,647.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	80,647.	_____	80,647.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	80,647.	_____	80,647.

► Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

Investment Interest Expense (Form 4952, line 1)

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

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

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	329.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	329.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	329.

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

► Keep for your records

Name(s) Shown on Return
Venkata Vinay Tej Palepu

Social Security Number
129-39-5553

- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p>9 Enter your AGI from Form 1040, line 8b</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>80,647.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>80,647.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>80,647.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	--

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

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

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

Compliance and Due Diligence Information

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

Yes, all of the above is correct.

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

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

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

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

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

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

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

Schedule SE Adjustments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code AH	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return
Venkata Vinay Tej Palepu

Social Security No.
129-39-5553

Part I Casualty or Theft Event Information

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

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

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

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

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

2019

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 329 .			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.	329 .	0 .	329 .
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0 .		0 .
6 Subtract line 5 from line 2. If zero or less, enter -0-	329 .		329 .
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 0 .			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 0 .			
c Enter the smaller of line 7a or line 7b	0 .		0 .
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0 .	0 .	0 .
10 Add lines 6 and 9	329 .		329 .
A Enter the amount from Form 6251, line 6.	6,282 .		
B Capital gain excess. Subtract line A from line 10. *	0 .		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0 .			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0 .
12 Enter the smaller of line 9 or line 11c			0 .
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			329 .

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

► Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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	65,782.
2	Additions to income	2	
3	Add lines 1 and 2	3	65,782.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	65,782.

Taxes – Line 2a

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

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	77,982.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	77,982.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	70,184.
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	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	-3,000.	-3,000.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

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

Exemption – Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	77,982.
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 Venkata Vinay Tej Palepu		Social Security Number 129-39-5553
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. 	4 _____
5	Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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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
PA			887.			
Totals . .			887.			

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
PA	887.	

2018 Locality Tax Refund Information

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

Other Tax and Income Information		2018	2019
1	Filing status	1 <u>1</u> Single	1 <u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	2 _____
3	Itemized deductions	3 <u>887.</u>	<u>1,106.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>81,007.</u>	<u>77,982.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>12,829.</u>	<u>10,312.</u>
7	Alternative minimum tax	7 _____	_____
8	Federal overpayment applied to next year estimated tax	8 _____	_____

QuickZoom to the IRA Information Worksheet for IRA information ►

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

Loss and Expense Carryovers		2018	2019
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a _____	<u>3,712.</u>
b	AMT Short-term capital loss	b _____	<u>3,712.</u>
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:	16 a _____	_____
	a 2019	b _____	_____
	b 2018	c _____	_____
	c 2017	d _____	_____
	d 2016	e _____	_____
	e 2015	f _____	_____
	f 2014	_____	_____
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a _____	_____
	a 2019	b _____	_____
	b 2018	c _____	_____
	c 2017	d _____	_____
	d 2016	e _____	_____
	e 2015	f _____	_____
	f 2014	_____	_____

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 0.

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

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Description	Amount
Income	
Wages	80,647.
Interest income before Series EE bond exclusion	
Dividend income	329.
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	-3,000.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	6.
Total income	77,982.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	77,982.

Depreciation Options

2019

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number 129-39-5553
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Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction Yes No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions Yes No

MACRS Convention and Computation

- Compute convention (result shown below).
When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2019, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'
- 1 Half-year convention
- 2 Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? Yes No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

1 a Elect to treat Qualified Real Property as "Section 179 Property"		1 a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of Section 179 property placed in service"		b _____
c Additions or subtractions to calculated total on line 1a		c _____
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse.	2 a	_____
b Allocation percentage elected for your return, if other than 50%.	b	_____ %
c Section 179 elected on Qualified Real Property this year by spouse	c	_____
3 a Taxable income computed for the Section 179 limitation	3 a	80,647.
b Additions or subtractions to taxable income	b	_____

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.
Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
 - Delete the entry in the "State" field, or change it to the desired state
 - Check the "No" box for "Delete this state's depreciation data from the Federal file now"
- States currently entered: XX PA

State		XX
Delete this state's depreciation data from Federal file when transferring to 2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
State		PA
Delete this state's depreciation data from Federal file when transferring to 2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

State Section 179 Dollar Limitation

1	State	1	PA
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	_____
c	Allocation percentage elected for state return	c	_____ %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	_____
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	_____
c	Additions or subtractions to state calculated value	c	_____
4	State maximum amount	4	25,000.
5	State threshold cost of Section 179 property	5	200,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d)	7	25,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	_____
9	Total state Section 179 elected on Qualified Real Property	9	_____

State Defaults for post-2017 TCJA Autos/Trucks & Farm Property

Check box to reset all state Asset Class defaults shown below.

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
<small>See State Asset Class Default Statement</small>							

State Defaults for Economic Stimulus Depreciation Allowance and 2019 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,020,000.	2,550,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,020,000.	2,550,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
<small>See State 2009 Economic Stimulus Default Statement</small>							

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179

Check box to reset all state Qualified Disaster Area defaults shown below

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Qualified Disaster Area Default Statement</small>							

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179

Check box to reset all state Kansas Disaster Zone defaults shown below

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Kansas Disaster Zone Default Statement</small>							

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)

Check box to reset all state CBEPP defaults shown below

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
<small>See State CBEPP Default Statement</small>				

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179

Check box to reset all state GO Zone defaults shown below

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State GO Zone Default Statement</small>							

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/Vans

Check box to reset all state SDA & Truck/Van defaults shown below

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck /Van
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
<small>See State Pre-2006 SDA Default Statement</small>								

State Defaults for Sec 179 on Computer Software & Qualified Real Property

Check box to reset all state Sec 179 defaults shown below

STATE CALC				QUALIFIED REAL PROPERTY & 179 Lodging Property		
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AR	Federal	TY2003	PERMANENT	None	N/A	N/A
<small>See State Software/Real Property Sec 179 Default Statement</small>						

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/Equipment

Check box to reset all state Asset Class defaults shown below

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
AR	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
<small>See State Asset Class Default Statement</small>							

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

Check box to reset defaults shown below.

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/30/27
AZ	State	Full	12/31/12	12/30/27
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2019

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security Number
---	------------------------

Income	2018	2019	Difference	%
Wages, salaries, tips, etc	81,007.	80,647.	-360.	-0.44
Interest and dividend income		329.	329.	
State tax refund				
Business income (loss)				
Capital and other gains (losses)		-3,000.	-3,000.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		6.	6.	
Total Income	81,007.	77,982.	-3,025.	-3.73
Adjustments to Income				
Adjusted Gross Income	81,007.	77,982.	-3,025.	-3.73
Itemized Deductions				
Medical and dental	0.		0.	
Income or sales tax	887.	1,106.	219.	24.69
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	887.	1,106.	219.	24.69
Standard or Itemized Deduction	12,000.	12,200.	200.	1.67
Qualified Business Income Deduction				
Taxable Income	69,007.	65,782.	-3,225.	-4.67
Income tax	11,125.	10,312.	-813.	-7.31
Additional income taxes	1,704.		-1,704.	-100.00
Alternative minimum tax				
Total Income Taxes	12,829.	10,312.	-2,517.	-19.62
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.		0.	
Total Tax After Credits	12,829.	10,312.	-2,517.	-19.62
Withholding	10,056.	10,787.	731.	7.27
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	10,056.	10,787.	731.	7.27
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		475.	475.	
Balance Due	2,773.		-2,773.	-100.00

Current year effective tax rate 13.22 %

Tax Summary
▶ Keep for your records

2019

Name (s)
Venkata Vinay Tej Palepu

Total income	77,982.
Adjustments to income	
Adjusted gross income	77,982.
Itemized/standard deduction	12,200.
Qualified business income deduction	
Taxable income	65,782.
Tentative tax	10,312.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	10,312.
Total payments	10,787.
Estimated tax penalty	
Amount Overpaid	475.
Refund	475.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2019

Name(s) Shown on Return Venkata Vinay Tej Palepu	Social Security No 129-39-5553
---	-----------------------------------

Your 2019 adjusted gross income (AGI) 77,982.
 National adjusted gross income range used below from 50,000. to 99,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	80,647.	66,668.
Taxable interest		880.
Tax-exempt interest		4,791.
Dividends	329.	3,982.
Business net income		18,584.
Business net loss		7,064.
Net capital gain		7,535.
Net capital loss	-3,000.	2,314.
Taxable IRA		16,542.
Taxable pensions and annuities		28,668.
Rent and royalty net income		8,962.
Rent and royalty net loss		9,333.
Partnership and S corporation net income		25,826.
Partnership and S corporation net loss		12,207.
Taxable social security benefits		18,067.
Medical and dental expenses deduction		9,883.
Taxes paid deduction	1,106.	6,874.
Interest paid deduction		7,461.
Charitable contributions deduction		3,620.
Total itemized deductions	1,106.	20,554.
Child care credit		620.
Education tax credits		1,325.
Child tax credit		1,673.
Retirement savings contributions credit		177.
Earned income credit		350.
Other Information	Actual Per Return	National Average
Adjusted gross income	77,982.	74,704.
Taxable income	65,782.	50,725.
Income tax	10,312.	6,980.
Alternative minimum tax		1,592.
Total tax liability	10,312.	7,384.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Venkata Vinay Tej Palepu
Primary SSN: 129-39-5553

Federal Return Submitted: April 25, 2020 07:35 AM PDT
Federal Return Acceptance Date: 04/25/2020

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

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

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

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

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

IRS regulations require the following statements:

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Original Returns:

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

Select state returns to file electronically:

State(s)

Amended Returns:

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

Select state amended return(s) to file electronically:

State(s)

New! State e-file disclosure consent:

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

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

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

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- Sign return electronically using Practitioner PIN

Choose one:

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

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

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

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- To indicate a client return download in FnF

Smart Worksheets from your 2019 Federal Tax Return

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

Tax Smart Worksheet	
A	Tax <u>10,312.</u>
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input checked="" type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. <u>10,312.</u>

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

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

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

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

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

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

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

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

Substitute Form W-2 Smart Worksheet

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

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E **QuickZoom** to completed Form 4852 for reference ▶ _____

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

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

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

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

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

Substitute Form W-2 Smart Worksheet

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

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

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

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 3)

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 _____ 475 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet

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

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

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

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

C Earned income for EIC from your 2018 return _____ 81,007 .

D Current year earned income for EIC _____ 80,647 .

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 _____ 475 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____ 329 .
C	Capital gain net income _____ 0 .
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 _____ 329 .

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

No. You may take the credit.

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

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 4
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 038222105 APPLIED MATERIALS, INC. COMMON STOCK 250
5 a Date acquired (1b)... 02/14/19 b Date of sale/exchange (1c)... 03/19/19
6 a Sales price (1d)... 10,174.83 b Sales expenses not reported...
7 a Cost or other basis (1e)... 10,150.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 038222105 APPLIED MATERIALS, INC. COMMON STOCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 250.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 24.83 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 5
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 05156V102 AURINIA PHARMACEUTICALS INC OR DINARY SHARES 800
5 a Date acquired (1b)... 03/19/19 b Date of sale/exchange (1c)... 03/20/19
6 a Sales price (1d)... 5,599.82 b Sales expenses not reported...
7 a Cost or other basis (1e)... 5,031.92 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 05156V102 AURINIA PHARMACEUTICALS INC OR DINARY SHARES b Owner of security...
15 a Stock or other symbol... b Quantity sold... 800.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 567.90 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 6
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 129500104 CALERES INC 28
5 a Date acquired (1b)... 03/21/19 b Date of sale/exchange (1c)... 04/11/19
6 a Sales price (1d)... 727.96 b Sales expenses not reported...
7 a Cost or other basis (1e)... 721.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 129500104 CALERES INC b Owner of security...
15 a Stock or other symbol... b Quantity sold... 28.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 6.96 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 7
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 129500104 CALERES INC 22
5 a Date acquired (1b)... 03/21/19 b Date of sale/exchange (1c)... 04/24/19
6 a Sales price (1d)... 615.97 b Sales expenses not reported...
7 a Cost or other basis (1e)... 566.50 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 129500104 CALERES INC b Owner of security...
15 a Stock or other symbol... b Quantity sold... 22.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 49.47 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 8
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 18914U100 CLOUDERA, INC. 210
5 a Date acquired (1b)... 03/13/19 b Date of sale/exchange (1c)... 11/15/19
6 a Sales price (1d)... 1,847.94 b Sales expenses not reported...
7 a Cost or other basis (1e)... 3,003.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 18914U100 CLOUDERA, INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 210.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... -1,155.06 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 9
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 205887102 CONAGRA BRANDS, INC. 18
5 a Date acquired (1b)... 03/20/19 b Date of sale/exchange (1c)... 03/21/19
6 a Sales price (1d)... 466.72 b Sales expenses not reported...
7 a Cost or other basis (1e)... 406.80 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 205887102 CONAGRA BRANDS, INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 18.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 59.92 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 10
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 205887102 CONAGRA BRANDS, INC. 207
5 a Date acquired (1b)... 03/20/19 b Date of sale/exchange (1c)... 03/22/19
6 a Sales price (1d)... 5,516.39 b Sales expenses not reported...
7 a Cost or other basis (1e)... 4,678.20 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 205887102 CONAGRA BRANDS, INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 207.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 838.19 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 11
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK 830
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 03/21/19
6 a Sales price (1d)... 6,224.81 b Sales expenses not reported...
7 a Cost or other basis (1e)... 6,416.90 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 350.11
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... W b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 830.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 158.02 b Holding Period... S
c Adj Codes/Amt W 350.11 This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 12
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK 900
5 a Date acquired (1b)... 02/28/19 b Date of sale/exchange (1c)... 04/05/19
6 a Sales price (1d)... 6,749.79 b Sales expenses not reported...
7 a Cost or other basis (1e)... 6,650.11 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 21833P103 CORBUS PHARMACEUTICALS HOLDING S, INC. COMMON STOCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 900.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 99.68 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 13
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 238337109 DAVE & BUSTER'S ENTERTAINMENT, INC. COMMON STOCK 130
5 a Date acquired (1b)... 04/02/19 b Date of sale/exchange (1c)... 04/04/19
6 a Sales price (1d)... 7,129.08 b Sales expenses not reported...
7 a Cost or other basis (1e)... 6,370.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 238337109 DAVE & BUSTER'S ENTERTAINMENT, INC. COMMON STOCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 130.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 759.08 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 14
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 30303M102 FACEBOOK, INC. CLASS A COMMON STOCK 100
5 a Date acquired (1b)... 02/13/19 b Date of sale/exchange (1c)... 02/25/19
6 a Sales price (1d)... 16,499.77 b Sales expenses not reported...
7 a Cost or other basis (1e)... 16,450.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 30303M102 FACEBOOK, INC. CLASS A COMMON STOCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 100.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 49.77 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 15
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 33812L102 FITBIT, INC. CLASS A COMMON ST OCK 1000
5 a Date acquired (1b)... 02/25/19 b Date of sale/exchange (1c)... 11/15/19
6 a Sales price (1d)... 6,799.73 b Sales expenses not reported...
7 a Cost or other basis (1e)... 6,560.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 33812L102 FITBIT, INC. CLASS A COMMON ST OCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 1000.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 239.73 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 16
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 400110102 GRUBHUB INC. 150
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 07/29/19
6 a Sales price (1d)... 11,963.73 b Sales expenses not reported...
7 a Cost or other basis (1e)... 12,030.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 400110102 GRUBHUB INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 150.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... -66.27 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 17
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 580037703 MCDERMOTT INTL INC COMMON STOC K 800
5 a Date acquired (1b)... 02/13/19 b Date of sale/exchange (1c)... 02/25/19
6 a Sales price (1d)... 5,839.82 b Sales expenses not reported...
7 a Cost or other basis (1e)... 5,600.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 580037703 MCDERMOTT INTL INC COMMON STOC K b Owner of security...
15 a Stock or other symbol... b Quantity sold... 800.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 239.82 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 18
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 580037703 MCDERMOTT INTL INC COMMON STOC K 130
5 a Date acquired (1b)... 03/22/19 b Date of sale/exchange (1c)... 04/01/19
6 a Sales price (1d)... 1,039.96 b Sales expenses not reported...
7 a Cost or other basis (1e)... 920.30 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 580037703 MCDERMOTT INTL INC COMMON STOC K b Owner of security...
15 a Stock or other symbol... b Quantity sold... 130.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 119.66 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 19
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 670666G104 NVIDIA CORPORATION COMMON STOC K 121
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 07/22/19
6 a Sales price (1d)... 20,630.06 b Sales expenses not reported...
7 a Cost or other basis (1e)... 18,944.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 670666G104 NVIDIA CORPORATION COMMON STOC K b Owner of security...
15 a Stock or other symbol... b Quantity sold... 121.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 1,686.06 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 20
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 794666L302 SALESFORCE.COM, INC. 78
5 a Date acquired (1b)... 03/04/19 b Date of sale/exchange (1c)... 10/30/19
6 a Sales price (1d)... 12,167.73 b Sales expenses not reported...
7 a Cost or other basis (1e)... 12,093.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 794666L302 SALESFORCE.COM, INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 78.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 74.73 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 21
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 852234103 SQUARE, INC. 400
5 a Date acquired (1b)... 02/27/19 b Date of sale/exchange (1c)... 02/28/19
6 a Sales price (1d)... 31,199.54 b Sales expenses not reported...
7 a Cost or other basis (1e)... 31,000.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 852234103 SQUARE, INC. b Owner of security...
15 a Stock or other symbol... b Quantity sold... 400.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 199.54 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 22
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 867652406 SUNPOWER CORPORATION COMMON ST OCK 801
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 04/01/19
6 a Sales price (1d)... 5,366.53 b Sales expenses not reported...
7 a Cost or other basis (1e)... 4,925.81 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 867652406 SUNPOWER CORPORATION COMMON ST OCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 801.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 440.72 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 23
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 867652406 SUNPOWER CORPORATION COMMON ST OCK 1160
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 12/11/19
6 a Sales price (1d)... 8,699.66 b Sales expenses not reported...
7 a Cost or other basis (1e)... 11,340.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 867652406 SUNPOWER CORPORATION COMMON ST OCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 1160.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... -2,640.34 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 24
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a) ... 874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK 100
5 a Date acquired (1b) ... VARIOUS b Date of sale/exchange (1c) ... 03/04/19
6 a Sales price (1d) ... 8,742.87 b Sales expenses not reported ...
7 a Cost or other basis (1e) ... 8,988.39 b Corrected basis, if applies ...
8 a Accrued market discount (1f) ... b Wash sale loss disallowed (1g) ... 245.52
9 a Reported type of gain/loss (2) ... S b Corrected gain/loss, if applies ...
10 a Federal tax withheld (4) ... 0.00 b State tax withheld (16) ...
11 a State name (14) ... b State identification no. (15) ...
12 a Type of transaction ... W b Import code ... O
13 a Check if sale of collectible (3) ... b Check if ordinary gain/loss (2) ... c FATCA req'd ...
d Check if sale of QOF (3) ...
Optional
14 a Name of security ... 874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK b Owner of security ...
15 a Stock or other symbol ... b Quantity sold ... 100.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ...
17 Use transaction worksheet? ... [] Yes [] No If yes, select copy ...
18 a Adj code(s) (for summary only) ... b Adj amount (for summary only) ...
Calc'd Results: 19 a Adjusted Gain (Loss) ... 0.00 b Holding Period ... S
c Adj Codes/Amt W 245.52 This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 25
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a) ... 874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK 140
5 a Date acquired (1b) ... VARIOUS b Date of sale/exchange (1c) ... 03/06/19
6 a Sales price (1d) ... 12,389.81 b Sales expenses not reported ...
7 a Cost or other basis (1e) ... 12,351.18 b Corrected basis, if applies ...
8 a Accrued market discount (1f) ... b Wash sale loss disallowed (1g) ... 95.66
9 a Reported type of gain/loss (2) ... S b Corrected gain/loss, if applies ...
10 a Federal tax withheld (4) ... 0.00 b State tax withheld (16) ...
11 a State name (14) ... b State identification no. (15) ...
12 a Type of transaction ... W b Import code ... O
13 a Check if sale of collectible (3) ... b Check if ordinary gain/loss (2) ... c FATCA req'd ...
d Check if sale of QOF (3) ...
Optional
14 a Name of security ... 874054109 TAKE-TWO INTERACTIVE SOFTWARE, INC. COMMON STOCK b Owner of security ...
15 a Stock or other symbol ... b Quantity sold ... 140.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ...
17 Use transaction worksheet? ... [] Yes [] No If yes, select copy ...
18 a Adj code(s) (for summary only) ... b Adj amount (for summary only) ...
Calc'd Results: 19 a Adjusted Gain (Loss) ... 134.29 b Holding Period ... S
c Adj Codes/Amt W 95.66 This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 26
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 88688T100 TILRAY, INC. CLASS 2 COMMON ST OCK 207
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 11/15/19
6 a Sales price (1d)... 4,139.89 b Sales expenses not reported...
7 a Cost or other basis (1e)... 7,097.17 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 88688T100 TILRAY, INC. CLASS 2 COMMON ST OCK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 207.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... -2,957.28 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 27
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 90333L201 U.S. CONCRETE, INC. COMMON STO CK 500
5 a Date acquired (1b)... 02/26/19 b Date of sale/exchange (1c)... 02/26/19
6 a Sales price (1d)... 21,114.66 b Sales expenses not reported...
7 a Cost or other basis (1e)... 18,250.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 90333L201 U.S. CONCRETE, INC. COMMON STO CK b Owner of security...
15 a Stock or other symbol... b Quantity sold... 500.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 2,864.66 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 28
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 912909108 UNITED STATES STEEL CORPORATIO N 1595
5 a Date acquired (1b)... VARIOUS b Date of sale/exchange (1c)... 12/11/19
6 a Sales price (1d)... 22,488.84 b Sales expenses not reported...
7 a Cost or other basis (1e)... 32,032.00 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... 912909108 UNITED STATES STEEL CORPORATIO N b Owner of security...
15 a Stock or other symbol... b Quantity sold... 1595.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... -9,543.16 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 29
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [] No
4 Description (1a)... 92242Y100 VEDANTA LIMITED AMERICAN DEPO STARY SHARES (EACH REPRESENTIN G FOUR EQUITY SHARES) 150
5 a Date acquired (1b)... 02/07/19 b Date of sale/exchange (1c)... 02/28/19
6 a Sales price (1d)... 1,454.95 b Sales expenses not reported...
7 a Cost or other basis (1e)... 1,366.50 b Corrected basis, if applies...
8 a Accrued market discount (1f)... b Wash sale loss disallowed (1g)... 0.00
9 a Reported type of gain/loss (2)... S b Corrected gain/loss, if applies...
10 a Federal tax withheld (4)... 0.00 b State tax withheld (16)...
11 a State name (14)... b State identification no. (15)...
12 a Type of transaction... b Import code... 0
13 a Check if sale of collectible (3)... b Check if ordinary gain/loss (2)... c FATCA req'd
d Check if sale of QOF (3)...
Optional
14 a Name of security... VEDANTA LIMITED AMERICAN DEPO STARY SHARES (EACH REPRESENTIN G FOUR EQUITY SHARES) b Owner of security...
15 a Stock or other symbol... b Quantity sold... 150.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5)...
17 Use transaction worksheet? [] Yes [] No If yes, select copy...
18 a Adj code(s) (for summary only)... b Adj amount (for summary only)...
Calc'd Results: 19 a Adjusted Gain (Loss)... 88.45 b Holding Period... S
c Adj Codes/Amt This sale is missing info?

**Form 4562 Depreciation Options
State Asset Class Default Statement**

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC	Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MA	None	N/A	N/A	None	N/A	N/A
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT

**Form 4562 Depreciation Options
State 2009 Economic Stimulus Default Statement**

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.

**Form 4562 Depreciation Options
State 2009 Economic Stimulus Default Statement**

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2019 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
ID	State	Full	12/31/2007	12/31/2009	Full	1,020,000.	2,550,000.
IL	Federal	Part	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,550,000.
IA	State	N/A	N/A	N/A	Full	100,000.	400,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
KY	State	N/A	N/A	N/A	Full	25,000.	200,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
ME	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
MN	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
MS	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
NY	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,020,000.	2,550,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
SC	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
VT	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
VA	State	N/A	N/A	N/A	Full	1,020,000.	2,550,000.
WV	State	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,020,000.	2,550,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,020,000.	2,550,000.

**Form 4562 Depreciation Options
State Qualified Disaster Area Default Statement**

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options

State Kansas Disaster Zone Default Statement

Continuation Statement

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.

Form 4562 Depreciation Options

State Kansas Disaster Zone Default Statement

Continuation Statement

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options

State CBEPP Default Statement

Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A

**Form 4562 Depreciation Options
State CBEPP Default Statement**

Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement**

Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC & 179 Lodging Property		
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	State	TY2010	TY2011
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

**Form 4562 Depreciation Options
State Asset Class Default Statement**

Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
GA	None	N/A	N/A	Federal	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	12/31/2017
IA	None	N/A	N/A	None	N/A	N/A
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MN	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NY	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OR	State	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
RI	State	12/31/2013	12/31/2017	State	12/31/2013	12/31/2017
SC	State	12/31/2008	12/31/2009	State	12/31/2014	12/31/2017
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WI	State	12/31/2008	12/31/2013	State	10/22/2004	12/31/2013
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017

**Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted**

Continuation Statement

STATE CALC		Fruit/Nut Tree/Vine SDA		
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/30/27
CT	Federal	Part	12/31/15	12/30/27
DE	Federal	Full	12/31/15	12/30/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A

**Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted**

Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/30/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/30/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/30/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/30/27
MN	Federal	Part	12/31/15	12/30/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/30/27
MT	Federal	Full	12/31/15	12/30/27
NE	Federal	Full	12/31/15	12/30/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/30/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/30/27
ND	Federal	Full	12/31/15	12/30/27
OH	Federal	Part	12/31/15	12/30/27
OK	Federal	Full	12/31/15	12/30/27
OR	Federal	Full	12/31/15	12/30/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/30/27
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/30/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/30/27

PA-40 - 2019
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (07-19)

129395553

PALEPU

VENKATA VINAY T Occupation SOFTWARE D

Occupation

20110 NATURES HIKE WAY

TAMPA FL 33647

813-476-9494 99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (6817), 1b (0), 1c (6817), 2 (0), 3 (0), 4 (0), 5 (-7304), 6 (0), 7 (0), 8 (0), 9 (6817), 10 (0), 11 (6817).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2019

Social Security Number

129395553

Name(s) VENKATA VINAY TE PALEPU

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2018 PA Income Tax return.

15 2019 Estimated Installment Payments. REV-459B included.

16 2019 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2020 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		209
13		209
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		209
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
----------------	---------------------------------------

Preparer's Name and Telephone Number SELF-PREPARED	Date
---	------

E-File Opt Out N

Firm FEIN
Preparer's PTIN



PA SCHEDULE W-2S
Wage Statement Summary

1901910024

PA-40 W-2S 09-19 (I)
PA Department of Revenue

2019

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) VENKATA VINAY TE PALEPU	Social Security Number (shown first) 129-39-5553
---	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Section I Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Section II Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Section II, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Section I and Section II.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Section I - Federal Forms W-2		SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2			
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	27-4131205	6,817		6,817	209
Total Section I - Add the Pennsylvania columns				6,817	209

Section II - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS SECTION							
A. T/S	B. Type	C. Payer FEIN	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
T		38-4019216		6		0	
Total Section II - Add the Pennsylvania columns						0	

TOTAL - Add the totals from Sections I and II	6,817	209
Enter the TOTALS on your PA tax return on:		
	Line 1a	Line 13

- Payment type:**
- A. Executor fee
 - B. Jury duty pay
 - C. Director's fee
 - D. Expert witness fee
 - E. Honorarium
 - F. Covenant not to compete
 - G. Damages or settlement for lost wages, other than personal injury
 - H. Other nonemployee compensation. Describe: _____
 - I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 - J. Distribution from IRA (Traditional or Roth)
 - K. Distribution from Life Insurance, Annuity or Endowment Contracts
 - L. Distribution from Charitable Gift Annuities
 - M. Distribution from Employee Stock Ownership Plan
- Describe: _____



PA SCHEDULE D
Sale, Exchange or Disposition of Property

1901310027

PA-40 D 05-19 (1)
PA Department of Revenue

2019

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule Venkata Vinay Te Palepu	Social Security Number (shown first) 129-39-5553
---	--

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.001547108 AK STEEL H	03/22/19	07/31/19	5,460.	5,168.	LOSS 292.
00751Y106 ADVANCE AU	02/19/19	03/21/19	3,380.	3,364.	LOSS 16.
023135106 AMAZON.COM	02/11/19	02/12/19	8,195.	7,935.	LOSS 260.
038222105 APPLIED MA	02/14/19	03/19/19	10,175.	10,150.	LOSS 25.
05156V102 AURINIA PH	03/19/19	03/20/19	5,600.	5,032.	LOSS 568.
129500104 CALERES IN	03/21/19	04/11/19	728.	721.	LOSS 7.
129500104 CALERES IN	03/21/19	04/24/19	616.	567.	LOSS 49.
18914U100 CLOUDERA,	03/13/19	11/15/19	1,848.	3,003.	LOSS 1,155.
205887102 CONAGRA BR	03/20/19	03/21/19	467.	407.	LOSS 60.
205887102 CONAGRA BR	03/20/19	03/22/19	5,516.	4,678.	LOSS 838.
21833P103 CORBUS PHA	VARIOUS	03/21/19	6,225.	6,417.	LOSS 192.
21833P103 CORBUS PHA	02/28/19	04/05/19	6,750.	6,650.	LOSS 100.
238337109 DAVE & BUS	04/02/19	04/04/19	7,129.	6,370.	LOSS 759.
30303M102 FACEBOOK,	02/13/19	02/25/19	16,500.	16,450.	LOSS 50.
33812L102 FITBIT, IN	02/25/19	11/15/19	6,800.	6,560.	LOSS 240.
400110102 GRUBHUB IN	VARIOUS	07/29/19	11,964.	12,030.	LOSS 66.
580037703 MCDERMOTT	02/13/19	02/25/19	5,840.	5,600.	LOSS 240.
580037703 MCDERMOTT	03/22/19	04/01/19	1,040.	920.	LOSS 120.
See Disposition of Property			155,424.	164,939.	LOSS
2. Net gain (loss) from above sales.					LOSS 2. 7,304.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution					= 4.
. Minus adjusted basis					
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.					LOSS 5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					LOSS 6.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).					LOSS 11. 7,304.



1901310027

1901310027

Pennsylvania Information Worksheet

2019

Keep for your records

Part I - Personal Information

Taxpayer:

First Name Venkata Vinay Te
Middle Initial Suffix
Last Name Palepu
Social Security No. 129-39-5553
Occupation Software D
Date of Birth 08/14/93
Date of Death
Daytime phone . . . 813-476-9494 * [X]
Home phone *

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of Birth
Date of Death
Daytime phone *

* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc.
Address 20110 NATURES HIKE WAY
City Tampa State . . FL ZIP Code . . . 33647
Foreign country Foreign Province
Foregin Zip

Prior Year Filing:

- [] Taxpayer did not file a 2018 Pennsylvania return.
[X] Taxpayer filed a 2018 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2019 enter where taxpayer lived:
School district Not in PA School code 99999

Underpayment Penalty:

- [] Allow the Pennsylvania Treasury to figure the interest and penalty
Farmers Only:
[] At least 2/3 of gross income was from farming
[] This tax return will be filed and all tax paid by March 2, 2020
[] This final PA tax return will be filed and all tax paid by January 31, 2020

Military:

- [] Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No

Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2019 Federal tax return?

- [] [X] Taxpayer
[] Spouse

- [] [X] Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

- [] Form PA-40: Full-Year resident
[X] Form PA-40: Nonresident
[] Form PA-40: Part-Year resident

Part-Year residency dates From To

Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file

Schedule NRH Compensation Apportionment

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason _____
- D** Deceased

Part IV – Extension Status

Yes **No** Has the tax return due date been extended?
Extended due date _____

Part V – Direct Deposit Information or Direct Debit Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want direct debit of state tax payment (Electronic Filing Only)?

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

Name of Financial Institution (optional) _____

Check the appropriate box:

Checking	<input type="checkbox"/>	Routing number . . .	_____
Savings	<input type="checkbox"/>	Account number . .	_____

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VI – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)

Tax year being amended _____ **QuickZoom** to Form PA-40X . . ▶ _____

Pennsylvania original balance due _____

Pennsylvania original refund _____

Pennsylvania Use Tax
While A Resident Of Pennsylvania
 ► Keep for your records

2019

Name Venkata Vinay Te Palepu	Social Security Number 129-39-5553
---------------------------------	---------------------------------------

1	Description of Property Purchased Less Than \$1,000	Date of Purchase	Purchase Price

1 a Purchases of \$0 to less than \$1,000	1a	_____
b Use tax rate (Philadelphia: 8%; Allegheny: 7%; All Others: 6%)	1b	x _____
c Use tax (Line 1a times 1b)	1c	_____

2	Description of Property Purchased Greater Than Or Equal To \$1,000	Date of Purchase	Purchase Price

2 a Purchases of \$1,000 or more	2a	_____
b Use tax rate (Philadelphia: 8%; Allegheny: 7%; All Others: 6%)	2b	x _____
c Use tax (multiply amount on line 2a by 2b).	2c	_____

3 Total Use Tax Due (line 1c plus line 2c)	3	_____
4 Additional Estimated Use Tax from Optional Table Below	4	_____
5 Enter the sales tax paid to an out-of-state seller (do not enter an amount greater than the actual sales tax paid or the Pennsylvania Use Tax due on each item purchased)	5	_____
6 Net Use Tax Due: Add lines 3 and 4, then subtract line 5 and enter amount here and on Form PA-40, line 25	6	_____

Optional Use Tax Table for purchases less than \$1,000			
PA Taxable Income (Form PA-40, Line 9)	Philadelphia	Allegheny	All Others
\$0 - \$15,000	\$ 8	\$ 7	\$ 6
\$15,001 - \$30,000	\$ 17	\$ 14	\$ 12
\$30,001 - \$50,000	\$ 22	\$ 19	\$ 17
\$50,001 - \$75,000	\$ 30	\$ 26	\$ 23
\$75,001 - \$100,000	\$ 43	\$ 37	\$ 32
\$100,001 - \$150,000	\$ 59	\$ 52	\$ 44
\$150,001 - \$200,000	\$ 76	\$ 66	\$ 57
Above \$200,000 - Multiply by 0.03% (.0003)*	up to \$100	up to \$88	up to \$75
Optional Use Tax Table Amt for this tax return			
* for Allegheny County multiply by 0.035% (.00035)			
* for Philadelphia County multiply by .04% (.0004)			

Tax Payments Worksheet

2019

▶ Keep for your records

Name Venkata Vinay Te Palepu	Social Security Number 129-39-5553
---------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			209 .
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			209 .
15 Date return will be filed and balance paid		15	

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>	Robinhood Securities LLC	38-4019216	T		0.		6.
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|----------------------------------|---|
| A Executor fee | G Damages or settlement for lost wages, other than personal injury |
| B Jury duty pay | H Other nonemployee compensation. |
| C Director's fee | Describe: _____ |
| D Expert witness fee | I Employer sponsored retirement/pension/deferred compensation plan |
| E Honorarium | J Distribution from IRA (Traditional or Roth) |
| F Covenant not to compete | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| | L Distribution from Charitable Gift Annuities |
| | M Distribution from Employee Stock Ownership Plan. |
| | Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K.	0.	
Withholding		

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|--|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability
(including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . .		
Distribution from Charitable Gift Annuities		
Compensation from Form 1099R (eligible retirement plans)		
Withholding		

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a.	6,817.	0.
Total Schedule NRH gross compensation to PA-40, line 12.		
Withholding to Form PA-40 line 13.	209.	

Total gross compensation to Form PA-40 line 1a	6,817.
--	--------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Interest Income Worksheet

2019

Name(s) shown on return Venkata Vinay Te Palepu	Social Security Number 129-39-5553
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Payer Name	T S J	Regular Interest	Reg Type	U.S. Govt Interest	Tax exempt Interest	St ID	Adjustment Amount (Enter as positive)	Adj Type	Interest Subtotal
		Bond Premium on regular interest		Bond Premium on U.S. Govt Interest	Bond Premium on exempt interest				
Totals		0.		0.			0.		0.

Interest Income and Adjustments

Type
(blank) Regular Taxable Interest
M State Use Only
S Seller Financed

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

Summary

	Spouse	Taxpayer
1 Subtotal of all interest income		
2 Net U.S. obligations		
3 Net Pennsylvania tax-exempt interest		
4 Net taxable PA interest income (Line 1 minus lines 2 and 3)		
5 Distributions from Life Insurance, Annuity, or Endowment Contracts included in federal taxable income		
6 Distributions from Charitable Gift Annuities included in federal taxable income		
7 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes:		
a Total distribution from Form 1099Q Summary, lines 11 and 14		
b Amount used for qualified educational purposes		
c Contributions made in 2018 and earlier		
d Excess contributions in 2019		
e Prior year distributions		
f Adjusted basis (C + D - E = F)		
g Taxable amount (A - B - F = G)		
8 Distributions from Health Savings Accounts included in federal taxable income		
9 Distributions from Medical Savings Accounts included in federal taxable income		
10 Schedule(s) RK-1:		
a Interest Income from Federal Estates and Trusts		
b Interest income from Federal partnership(s)		
c Interest income from Pennsylvania partnership(s)		
c Interest income from Federal S corporation(s)		
Interest income from Pennsylvania S corporation(s)		
11 Enter any taxable distributions from PA ABLE Savings Program Fund accounts		
12 Total Accrued market discount not reported on 1099-INT, but reported as ordinary income Total		
13 Total taxable PA interest income		

Adjusted Dividend Income and Dividend Income Summary

2019

▶ Keep for your records

Name(s) Venkata Vinay Te Palepu	Social Security No. 129-39-5553
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Dividend Income (as adjusted)

* Check this box for each line item that represents a Pennsylvania tax-exempt dividend

Payer's Name	T S J	*	Ordinary Dividend	Net Capital Gain	Net Ordinary Dividend	Net Nontaxable Distributions
			U.S. Gov't Interest	Adjustments	Net U.S. Gov't Interest	
			329.	0.	329.	
Robinhood Securities LLC	T	<input type="checkbox"/>				0.

Dividend Summary

		Spouse	Taxpayer
1 Ordinary dividend (as adjusted)	1		329.
2 Less U.S. government interest included in dividends	2		
3 Net taxable dividend income (as adjusted)	3		329.
4 Tax exempt-interest dividend income (as adjusted)	4		
5 Nontaxable distributions or return of capital (as adjusted)	5		0.
6 Capital gain distributions	6		0.
Schedule(s) RK-1:			
7 Dividend income from partnership(s)	7		
8 Dividend income from Pennsylvania S corporation(s)	8		
9 Earnings and profits included above received in current year	9		
10 Allocated ESOP distributions taxed as dividends	10		
11 Total taxable dividend income (add lines 3, 6, 7, 8, 9, 10)	11		329.

Dividend Income Worksheet

2019

Name(s) shown on return <u>Venkata Vinay Te Palepu</u>	Social Security Number <u>129-39-5553</u>
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Dividend Income and Adjustments

	Payer's Name	T S J	Federally Tax Exempt Dividends	Ordinary Dividends	Capital Gain Distribu- tions	Nontax Distribu- tions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
<input type="checkbox"/>	Robinhood Securities LLC	T		329.	0.	0.		
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
Totals			0.	329.	0.	0.	0.	0.

- D** Check this box if your Ordinary "D"ividends are also Exempt from tax by Pennsylvania. Pennsylvania exempts dividends from direct obligations of the Commonwealth of Pennsylvania, or direct obligations of political subdivisions of Pennsylvania included in any tax exempt fund or money market dividends.
- E** Check this box if your Federally Tax Exempt Dividends are also "E"xempt from tax by Pennsylvania. Pennsylvania exempts dividends issued by the state of Pennsylvania (or a political subdivision within), Guam, Puerto Rico, Virgin Islands, or the Northern Mariana Islands. Other reasons also exist.

K-1 Summary

	Spouse	Taxpayer
Schedule(s) RK-1:		
Dividend income from Federal estate(s) and trust(s)	_____	_____
Dividend income from Federal partnership(s)	_____	_____
Dividend income from Pennsylvania partnership(s)	_____	_____
Dividend income from Federal S corporation(s)	_____	_____
Dividend income from Pennsylvania S corporation(s)	_____	_____

Repatriation of Foreign Income

	Spouse	Taxpayer
Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement	_____	_____
Earnings and profits included above received in prior years	_____	_____
Earnings and profits included above received in current year	_____	_____

Allocated ESOP distributions taxed as dividends

	Spouse	Taxpayer
Allocated ESOP distributions taxed as dividends	_____	_____

Keep for your records

Name(s) Shown on Return
Venkata Vinay Te Palepu

Your Social Security Number
129-39-5553

Part I 2020 Estimated Tax Amount Options

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

- a 100% of 2019 taxes less Tax Forgiveness Credit (default, see Tax Help) 209.
b 100% of tax less credits on 2020 estimated taxable income 209.
c 90% of tax less credits on 2020 estimated taxable income 189.
d 66-2/3% of tax less credits on 2020 estimated taxable income (farmers) 140.
e Equal to 100% of overpayment (no vouchers)
f Enter total amount you want to use for estimates and check box

2 Selected estimated tax amount:

- a 2020 Required Annual Payment based on your choice above 209.
b Estimated amount of 2020 state income tax withholding 209.
c Total of estimated tax payments required for 2020 (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$246 or more (default) X
b Calculate estimates if (specify amount) or more
c Calculate estimates regardless of amount
d Do not calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form PA-40, line 29)

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) X
b Apply all (increase estimate if required)
c Apply to extent of total estimated tax and refund excess
d Apply to extent of first quarter amount and refund excess
e Enter amount you want to apply
f Amount applied to 2020 estimated tax 0.
g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a X Consecutively b Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a X Round up to next \$1 b Round up to next \$10 c Round up to next \$100 d Round to nearest \$1

2 Select Voucher Printing Option:

- a Print (per Part I, lines 3a - c) b Print only name, etc. c X Do not print vouchers

Part IV Estimated Tax Payment Summary

	1 Jul 15, 2020	2 Jul 15, 2020	3 Sep 15, 2020	4 Jan 15, 2021	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now July 25, 2020, check col. 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2020

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

***Caution:** For each line in the "2020 Estimated" column, enter the estimated 2020 amount **if different** from 2019. Otherwise, the "2019 Actual" amount will be used for that line. If zero, you **must** enter zero.

	<u>2019 Actual</u>	<u>* 2020 Estimated</u>
1 Pennsylvania taxable income	6,817.	
2 Credits. Do not include PA income tax withholding	0.	
3 Pennsylvania tax withholding	209.	

Part VI 2020 Estimated Taxable Income and Tax

1 Estimated Pennsylvania taxable income	1	6,817.
2 Pennsylvania Income tax (3.07% of line 1)	2	209.
3 Total credits	3	0.
4 Line 2 less line 3. This is your 2020 tax based on your estimate of 2020 income	4	209.

Schedule D

Schedule of Gains and Losses

2019

Name Venkata Vinay Te Palepu	Social Security Number 129-39-5553
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Sale or Exchange of Property

Note: Pennsylvania does not follow Federal wash sale rules. Please verify the Pennsylvania basis.

*	T/ S/ J	Check for Sch D-71	Property description	Date acquired	** Personal portion	*** Basis Adjustment	Gain or loss
				Date sold	Price less expenses	Cost or basis	
<input type="checkbox"/>	T	<input type="checkbox"/>	001547108 AK STEEL H	03/22/19 07/31/19	5,460.	5,168.	292.
<input type="checkbox"/>	T	<input type="checkbox"/>	00751Y106 ADVANCE AU	02/19/19 03/21/19	3,380.	3,364.	16.
<input type="checkbox"/>	T	<input type="checkbox"/>	023135106 AMAZON.COM	02/11/19 02/12/19	8,195.	7,935.	260.
<input type="checkbox"/>	T	<input type="checkbox"/>	038222105 APPLIED MA	02/14/19 03/19/19	10,175.	10,150.	25.
<input type="checkbox"/>	T	<input type="checkbox"/>	05156V102 AURINIA PH	03/19/19 03/20/19	5,600.	5,032.	568.
<input type="checkbox"/>	T	<input type="checkbox"/>	129500104 CALERES IN	03/21/19 04/11/19	728.	721.	7.
<input type="checkbox"/>		<input type="checkbox"/>	See Additional Schedule D Transactions		226,119.	234,591.	-8,472.
Totals							<u>-7,304.</u>

- * Enter an 'X' if this transaction is **Not** subject to Pennsylvania tax.
- ** Enter the personal portion of the **total** sales price
- *** The sale of asset cost basis adjustment due to Pennsylvania's non-conformity with federal bonus depreciation, sale of stock options or other differences from federal basis amounts.

Additional Capital Gain Transactions from C Corporations

Description	Gain/(loss)		
	Joint	Taxpayer	Spouse
Taxable return of capital distributions			
Total distribution			
Adjusted basis			

Name Venkata Vinay Te Palepu	Social Security Number 129-39-5553
---------------------------------	---------------------------------------

*	Name and Address of Estate or Trust	**	TSJ	Federal Employer Identification Number	Income
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			

Income from estates and trusts	
--	--

* Enter an 'X' if this income is **not** subject to Pennsylvania tax.
 ** Enter an 'X' if this income is from a Pennsylvania Schedule RK-1/NRK-1 for an estate or trust.

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return Venkata Vinay Te Palepu	Social Security Number 129-39-5553
--	---------------------------------------

Schedule C	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule C Depreciation Adjustment (Sum of Column E) _____

Schedule E	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule E Depreciation Adjustment (Sum of Column E) _____

Schedule F	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule F Depreciation Adjustment (Sum of Column E) _____

Form 4835	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 4835 Depreciation Adjustment (Sum of Column E) _____

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return	Social Security Number
-------------------------	------------------------

Schedule K-1 Partnership	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 S Corporation	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 Estates & Trusts	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Column E). _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return Venkata Vinay Te Palepu	Social Security Number 129-39-5553
--	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) _____

Total Federal/State Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income _____
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation _____
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation _____

Sale of Assets

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment		(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(2) Federal	(F) Other Adjustments		
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						

Section 179 recapture adjustment from pass-thru K-1 Partnerships and S Corporations _____
 Total Sale of Asset Adjustment _____

Tax Summary
 ► Keep for your records

2019

Name(s) Venkata Vinay Te Palepu	
Taxable compensation	6,817.
Interest/Dividends	
Net Income/Loss from business, profession, farm	0.
Net Gain/Loss from sale, exchange, disposition of property	-7,304.
Other income	0.
Taxable income	6,817.
Tax	209.
Total credits and payments	209.
Amount overpaid	
Less: Contributions	
Amount applied to next year's estimated tax	0.
Refund	
Amount Owed	
Penalty	
Total payment	0.

Smart Worksheets from your 2019 Pennsylvania Tax Return

SMART WORKSHEET FOR: Pennsylvania Use Tax Worksheet

Out-of-State Purchases Smart Worksheet		
<ul style="list-style-type: none"> ● Did you make untaxed purchases from out-of-state retailers (e.g., on Internet) that are subject to use tax? (See Help) Yes <input type="checkbox"/> No <input type="checkbox"/> ● Do you have all receipts on individual purchases from out-of-state retailers <i>that are subject to use tax?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> ● If you answer "No," enter individual entries for the items that you have receipts for below that are subject to use tax as applicable. ● If you answer "Yes," then you must enter all your out-of state individual purchases below that are subject to use tax as applicable. ● <i>Pennsylvania residence during 2019</i> _____ 		
Description of Property Purchased <i>Enter all purchases in this table</i>	Date of Purchase	Purchase Price
Purchases		

Additional information from your 2019 Pennsylvania Tax Return

PA Sch D: Sale, Exchange or Disposition of Property (Taxpayer)

Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L o s s	Gain or Loss
67066G104 NVIDIA COR	VARIOUS	07/22/19	20,630.	18,944.		1,686.
79466L302 SALESFORCE	03/04/19	10/30/19	12,168.	12,093.		75.
852234103 SQUARE, IN	02/27/19	02/28/19	31,200.	31,000.		200.
867652406 SUNPOWER C	VARIOUS	04/01/19	5,367.	4,926.		441.
867652406 SUNPOWER C	VARIOUS	12/11/19	8,700.	11,340.	X	2,640.
874054109 TAKE-TWO I	VARIOUS	03/04/19	8,743.	8,988.	X	245.
874054109 TAKE-TWO I	VARIOUS	03/06/19	12,390.	12,256.		134.
88688T100 TILRAY, IN	VARIOUS	11/15/19	4,140.	7,097.	X	2,957.
90333L201 U.S. CONCR	02/26/19	02/26/19	21,115.	18,250.		2,865.
912909108 UNITED STA	VARIOUS	12/11/19	22,489.	32,032.	X	9,543.
92242Y100 VEDANTA LI	02/07/19	02/28/19	1,455.	1,367.		88.
962879102 WHEATON PR	03/21/19	03/21/19	5,520.	5,336.		184.
L8681T102 SPOTIFY TE	02/06/19	06/18/19	1,507.	1,310.		197.
Total			155,424.	164,939.		

Schedule of Gains and Losses

Additional Schedule D Transactions

Continuation Statement

*	T/ S/ J	Check for Sch D-71	Property description	Date acquired Date sold	** Personal portion Price less expenses	*** Basis Adjustment Cost or basis	Gain or loss
<input type="checkbox"/>	T	<input type="checkbox"/>	129500104 CALERES IN	03/21/19 04/24/19	616.	567.	49.
<input type="checkbox"/>	T	<input type="checkbox"/>	18914U100 CLOUDERA,	03/13/19 11/15/19	1,848.	3,003.	-1,155.
<input type="checkbox"/>	T	<input type="checkbox"/>	205887102 CONAGRA BR	03/20/19 03/21/19	467.	407.	60.
<input type="checkbox"/>	T	<input type="checkbox"/>	205887102 CONAGRA BR	03/20/19 03/22/19	5,516.	4,678.	838.
<input type="checkbox"/>	T	<input type="checkbox"/>	21833P103 CORBUS PHA	VARIOUS 03/21/19	6,225.	6,417.	-192.
<input type="checkbox"/>	T	<input type="checkbox"/>	21833P103 CORBUS PHA	02/28/19 04/05/19	6,750.	6,650.	100.
<input type="checkbox"/>	T	<input type="checkbox"/>	238337109 DAVE & BUS	04/02/19 04/04/19	7,129.	6,370.	759.
<input type="checkbox"/>	T	<input type="checkbox"/>	30303M102 FACEBOOK,	02/13/19 02/25/19	16,500.	16,450.	50.
<input type="checkbox"/>	T	<input type="checkbox"/>	33812L102 FITBIT, IN	02/25/19 11/15/19	6,800.	6,560.	240.
<input type="checkbox"/>	T	<input type="checkbox"/>	400110102 GRUBHUB IN	VARIOUS 07/29/19	11,964.	12,030.	-66.
<input type="checkbox"/>	T	<input type="checkbox"/>	580037703 MCDERMOTT	02/13/19 02/25/19	5,840.	5,600.	240.
<input type="checkbox"/>	T	<input type="checkbox"/>	580037703 MCDERMOTT	03/22/19 04/01/19	1,040.	920.	120.
<input type="checkbox"/>	T	<input type="checkbox"/>	67066G104 NVIDIA COR	VARIOUS 07/22/19	20,630.	18,944.	1,686.
<input type="checkbox"/>	T	<input type="checkbox"/>	79466L302 SALESFORCE	03/04/19 10/30/19	12,168.	12,093.	75.
<input type="checkbox"/>	T	<input type="checkbox"/>	852234103 SQUARE, IN	02/27/19 02/28/19	31,200.	31,000.	200.
<input type="checkbox"/>	T	<input type="checkbox"/>	867652406 SUNPOWER C	VARIOUS 04/01/19	5,367.	4,926.	441.
<input type="checkbox"/>	T	<input type="checkbox"/>	867652406 SUNPOWER C	VARIOUS 12/11/19	8,700.	11,340.	-2,640.
<input type="checkbox"/>	T	<input type="checkbox"/>	874054109 TAKE-TWO I	VARIOUS 03/04/19	8,743.	8,988.	-245.
<input type="checkbox"/>	T	<input type="checkbox"/>	874054109 TAKE-TWO I	VARIOUS 03/06/19	12,390.	12,256.	134.
<input type="checkbox"/>	T	<input type="checkbox"/>	88688T100 TILRAY, IN	VARIOUS 11/15/19	4,140.	7,097.	-2,957.
<input type="checkbox"/>	T	<input type="checkbox"/>	90333L201 U.S. CONCR	02/26/19 02/26/19	21,115.	18,250.	2,865.
<input type="checkbox"/>	T	<input type="checkbox"/>	912909108 UNITED STA	VARIOUS 12/11/19	22,489.	32,032.	-9,543.
<input type="checkbox"/>	T	<input type="checkbox"/>	92242Y100 VEDANTA LI	02/07/19 02/28/19	1,455.	1,367.	88.
<input type="checkbox"/>	T	<input type="checkbox"/>	962879102 WHEATON PR	03/21/19 03/21/19	5,520.	5,336.	184.

Schedule of Gains and Losses

Additional Schedule D Transactions

Continuation Statement

*	T/ S/ J	Check for Sch D-71	Property description	Date acquired	** Personal portion	*** Basis Adjustment	Gain or loss
				Date sold	Price less expenses	Cost or basis	
<input type="checkbox"/>	T	<input type="checkbox"/>	L8681T102 SPOTIFY TE	02/06/19 06/18/19	1,507.	1,310.	197.
Total					226,119.	234,591.	-8,472.