

Review your print out for checklist items.

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

Your first name and initial: **Siva K** Last name: **Thirumalasetty** Your social security number: **318-55-0547**

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

If joint return, spouse's first name and initial: **KAVITA** Last name: **RAYALA** Spouse's social security number: **999-88-9999**

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

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

Home address (number and street). If you have a P.O. box, see instructions: **422 Sandcreek Rd** Apt. no.: **306** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: **Albany NY 12205** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Toshan	Thirumalasetty	007-53-1380	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: **Software Analyst**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **Home Maker**

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

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

Paid Preparer Use Only

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

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

Firm's address: _____

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	117,810.
2a	Tax-exempt interest	2b	
3a	Qualified dividends 16.	3b	16.
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -2,618.	6	115,208.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	115,208.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	91,208.
11	a Tax (see inst.) 11,940. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	11,940.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	2,000.
13	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	9,940.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	9,940.
16	Total tax. Add lines 13 and 14	16	14,613.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	14,613.
19	Add any amount from Schedule 5	19	4,673.
20a	Add lines 16 and 17. These are your total payments	20a	4,673.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

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

Standard Deduction for—

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

Direct deposit? See instructions.

Routing number: **021000322** Type: Checking Savings

Account number: **483051214996**

**SCHEDULE 1
(Form 1040)**

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Siva K Thirumalasetty & KAVITA RAYALA

Your social security number

318-55-0547

Additional Income	1-9b	Reserved	1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.	
	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	-2,618.	
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Reserved	20b		
	21	Other income. List type and amount ▶ _____	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-2,618.	
	Adjustments to Income	23	Educator expenses	23	
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
		25	Health savings account deduction. Attach Form 8889	25	
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
		27	Deductible part of self-employment tax. Attach Schedule SE	27	
		28	Self-employed SEP, SIMPLE, and qualified plans	28	
		29	Self-employed health insurance deduction	29	
		30	Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN ▶ _____	31a		
32		IRA deduction	32		
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Reserved	35			
36	Add lines 23 through 35	36			

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

Schedule 1 (Form 1040) 2018

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040.

Name(s) shown on return

Siva K Thirumalasetty & KAVITA RAYALA

Your social security number

318-55-0547

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

(See instructions and the instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2**

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ► **4**

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

1

2

3

4

Amount

Part II
Ordinary Dividends

5 List name of payer ► APEX CLEARING

(See instructions and the instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ► **6**

Note: If line 6 is over \$1,500, you must complete Part III.

15.64

5

15.64

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

(See instructions.)

7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ► IN India

8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

	Yes	No
7a	X	
	X	
8		X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **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.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

Siva K Thirumalasetty & KAVITA RAYALA

Your social security number

318-55-0547

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	3,990.	3,981.	12.	21.
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	9,026.	11,665.		-2,639.
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 -2,618.

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

16	Combine lines 7 and 15 and enter the result	16	-2,618.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, 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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(2,618.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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

Siva K Thirumalasetty & KAVITA RAYALA

Social security number or taxpayer identification number

318-55-0547

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	
	ROBINHOOD - see attached statement			3,989.67	3,980.63	DM	12.32	21.36
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) ▶			3,989.67	3,980.63		12.32	21.36

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

Siva K Thirumalasetty & KAVITA RAYALA

Social security number or taxpayer identification number

318-55-0547

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		
	Coinbase - short-term	Various	03/03/18	9,026.	11,665.			-2,639.	
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) ►				9,026.	11,665.			-2,639.

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.

Health Coverage Exemptions

▶ Attach to Form 1040.

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

Name as shown on return

Siva K Thirumalasetty & KAVITA RAYALA

Your social security number

318-55-0547

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

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

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

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

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

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

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
8	KAVITA RAYALA	999-88-9999	C		X	X	X	X	X	X	X	X	X	X	X	X
9	Toshan Thirumalase	007-53-1380	C		X	X	X	X	X	X	X	X	X	X	X	X
10																
11																
12																
13																

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status			MFJ	MFJ	MFJ
Total income			120,482.	120,400.	115,208.
Adjustments to income					
Adjusted gross income			120,482.	120,400.	115,208.
Tax expense			7,238.	7,249.	7,402.
Interest expense . . .					
Contributions				347.	270.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			12,600.	12,700.	24,000.
Exemption amount . .			12,150.	12,150.	0.
QBI deduction					
Taxable income			95,732.	95,550.	91,208.
Tax			15,474.	15,371.	11,940.
Alternative min tax . .					
Total credits				450.	2,000.
Other taxes			0.	2,490.	0.
Payments			16,808.	18,007.	14,613.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund			1,334.	596.	4,673.
Effective tax rate % . .			12.84	12.39	8.63
**Tax bracket %			25.0	25.0	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, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 39 . 99

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

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

1040 WORKSHEET

2018

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

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

1040 Worksheet Navigation QuickZooms

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

Form 1040 - Personal Info, Filing Status, Dependent Info

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

Your First Name	MI	Last Name	Your Social Security No.
<u>Siva</u>	<u>K</u>	<u>Thirumalasetty</u>	<u>318-55-0547</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
<u>KAVITA</u>		<u>RAYALA</u>	<u>999-88-9999</u>
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>422 Sandcreek Rd</u>			<u>306</u>
City, Town or Post Office. If you have a foreign address, also complete below.			ZIP Code
<u>Albany</u>		State	<u>12205</u>
		<u>NY</u>	

Schedule 6 - Foreign Address

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

QuickZoom to explanation statement for overseas extension ▶

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

Presidential Election Campaign

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

Filing Status

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

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

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

Dependents: (1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit	Credit for other dependents
<u>Toshan</u>	<u>Thirumalasetty</u>	<u>007-53-1380</u>	<u>Son</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Form 1040, Identifying Information (cont'd)

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

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

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

Form 1040 Lines 1-5

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	117,810.
2 a Tax-exempt interest		
b Taxable interest	2b	
3 a Qualified dividends (see instructions)		16.
b Ordinary dividends. Attach Schedule B if required	3b	16.
4 IRA distributions		
Taxable amount (see instructions)		
Pensions and annuities		
Taxable amount (see instructions)	4b	
5 a Social security benefits		
b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ▶		

Form 1040, Lines 6 and 7

6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	115,208.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ▶	7	115,208.
AGI including excludable Puerto Rico Income		115,208.

Form 1040, Line 8 - Standard or Itemized Deduction

8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,000 ● Married filing jointly or Qualifying widow(er): \$24,000 ● Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet _____ Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	24,000.
		91,208.

Form 1040, Lines 9-11		
9	Qualified business income deduction (see instructions)	9 _____
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 <u>91,208.</u>

11	a Tax. (see instructions). Check if any from:	
1	<input type="checkbox"/> Form(s) 8814	
2	<input type="checkbox"/> Form 4972	
3	<input type="checkbox"/>	
	b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/>	11 <u>11,940.</u>
	QuickZoom to Schedule 2 - Tax section <input type="checkbox"/>	_____

Form 1040, Line 12-15		
12 a	Child tax credit/credit for other dependents 12a	<u>2,000.</u>
	b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12 <u>2,000.</u>
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 <u>9,940.</u>
14	Other taxes. Attach Schedule 4	14 <u>0.</u>
15	Total tax. Add lines 13 and 14	15 <u>9,940.</u>
	QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/>	_____
	QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/>	_____

Form 1040, Lines 16-17		
16	Federal income tax withheld from Forms W-2 and 1099	16 <u>14,613.</u>
17 a	Earned income credit (EIC)	
	Nontaxable combat pay election	
b	Additional child tax credit. Attach Schedule 8812	
c	American opportunity credit from Form 8863, line 8.	
	Add lines 17a,b,c and any amount from Schedule 5	17 _____
18	Add Lines 16 and 17. These are your total payments	18 <u>14,613.</u>
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated QuickZoom. <input type="checkbox"/>	_____
	QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/>	_____
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits QuickZoom. <input type="checkbox"/>	_____

Form 1040, Lines 19-21		
Refund:		
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19 <u>4,673.</u>
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20 <u>4,673.</u>
b	Routing number <input type="checkbox"/> 021000322	
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="checkbox"/> 483051214996	
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>	_____

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

Schedule 1 - Additional Income and Adjustments

1-9b Reserved		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	0.
11 Alimony received. . . . Taxpayer _____ Spouse _____	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-2,618.
14 Other gains or (losses). Attach Form 4797	14	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation (see instr.)	19	
21 Other income. List type and amount (see instructions). _____	21	
22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶	22	-2,618.
Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶		115,208.
Quickzoom to 1040 Worksheet, line 6 - Total Income ▶ QuickZoom. . . ▶		

Schedule 1 - Adjustments to Income

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

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

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

Schedule 2 - Tax

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

Schedule 3 - Nonrefundable Credits

48 Foreign tax credit. Attach Form 1116 if required	48		
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Reserved	52		
53 Residential Energy Credit. Attach Form 5695	53		
54 Other credits from Form:	54		
a <input type="checkbox"/> 3800			
b <input type="checkbox"/> 8801			
c <input type="checkbox"/>			
55 Add lines 12a, and 48 through 54. These are your total credits	55		2,000.
a If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
b Total non-refundable credits			
c Subtract total credits on line 55 from total tax above		9,940.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶			

Schedule 4 - Other Taxes

57 Self-employment tax. Attach Schedule SE	57	
58 Unreported social security and Medicare tax from Form:		
a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		
Explain underreported tips	58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a Household employment taxes from Schedule H	60 a	
b First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61 Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62 Taxes from:	62	
a <input type="checkbox"/> Form 8959		
b <input type="checkbox"/> Form 8960		
c <input type="checkbox"/> Instructions; enter code(s)	62	
63 Section 965 net tax liability installment from Form 965-A.	63	
64 Add lines 57 through 62. Total Other taxes amount. ▶	64	0.
Tax after credits: Add lines 64 and line 55c		9,940.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65		
66	2018 estimated tax payments and amount applied from 2017 return	66		
67	Reserved for future use	67		
68	Reserved for future use	68		
69	Reserved for future use	69		
70	Net premium tax credit. Attach Form 8962	70		
71	Amount paid with request for extension to file	71		
72	Excess social security and tier 1 RRTA tax withheld	72		
73	Credit for federal tax on fuels. Attach Form 4136	73		
74	Credits from Form:	74		
a	<input type="checkbox"/> 2439			
b	<input type="checkbox"/> Reserved			
c	<input type="checkbox"/> 8885			
d	<input type="checkbox"/>			
75	Add lines 66, and 70 through 74. These are your total payments	75		14,613.
	Amount included above on line 75 from Schedule 5			
	Amount included above on line 75 from Form 1040, line 17			

Schedule 6 - Third Party Designee

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

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer

Sign Here

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

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

Your Signature	Date	Your Occupation Software Analyst	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation Home Maker	
Daytime Phone No. (518)951-5599			

Paid Preparer's Use Only

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

Filing Address Information

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0002

Date

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Your SSN 318-55-0547
------------------------------------------------------------------	-------------------------

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

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

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

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

Calculation of line 5b adjustment due to capital loss carryforward

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

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

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

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

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

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

1	Reserved	1	_____						
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____						
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 15px;">_____</td> <td style="width: 40%; text-align: right;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: right;">_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	3	_____
_____	_____								
_____	_____								
_____	_____								
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____						
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	_____						
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____						
7	Subtract line 6 from line 5.	7	_____						
8	Enter the lesser of line 7 or line 4	8	_____						

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

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

1) Former Passive Activity Suspended Losses

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

2) Former Passive Activity Suspended Losses - Schedule D

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

3) Former Passive Activity Suspended Losses - Form 4797

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

Charitable Organization Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty & KAVITA RAYALA</u>	Social Security Number <u>318-55-0547</u>
-----------------------------------------------------------------------------	----------------------------------------------

Charity Name . . . ANAMRITA

Address _____

City _____ State _____ ZIP code . . . _____

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	270.00
			Total:	270.00
			Prior Year Total:	247.20

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring			2018 Amount	
1	(not needed)	270.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	270.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? **Yes** **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ▶ **Yes** **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ▶ **Yes** **No**
- 4 What Type of charitable organization was it? Check one:

 (a) 50% charity **(b)** Other than 50% charity

▶ Not a required statement - Use for import purposes
▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Your Social Security No. 318-55-0547
------------------------------------------------------------------	-----------------------------------------

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name	1 Mortgage interest received from payer(s)
Street address	2 Outstanding mortgage principal as of 1/1/2018
City State ZIP code	3 Mortgage origination date
Telephone number	4 Refund of overpaid interest
RECIPIENT'S federal identification number	PAYER'S social security number
PAYER'S/BORROWER'S name	5 Mortgage insurance premiums
Street address	6 Points paid on purchase of principal residence
City State ZIP code	8 Address of the property securing this mortgage (if different than your mailing address shown) Street address
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	City State ZIP code
9 If the property securing the mortgage has no address, provide a description of the property below	
Account number	10 Property tax

Mortgage Use

1 Mortgage was used to finance (check one):

a <input type="checkbox"/> Main home	b <input type="checkbox"/> Second home	c <input type="checkbox"/> Business activity
d <input type="checkbox"/> Rental activity	e <input type="checkbox"/> Farm activity	f <input type="checkbox"/> Farm rental activity
g <input type="checkbox"/> Royalty activity	h <input type="checkbox"/> Other	

2 If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. ▶ _____

3 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↘ _____

a Schedule C, Business	_____
b Schedule F, Farm	_____
c Schedule E, Rental or Royalty	_____
d Form 4835, Farm Rental	_____

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment	_____
b Mortgage interest not qualifying for main or second home treatment	_____

Mortgage Insurance Premiums Information

1 Did your home loan close after December 31, 2006? Yes No

Part I – Personal Information

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

Taxpayer:
 First name Siva
 Middle initial K Suffix
 Last name Thirumalasetty
 Social security no. 318-55-0547
 Occupation Software Analyst
 Date of birth 08/26/1984 (mm/dd/yyyy)
 Age as of 1-1-2019 34
 Daytime phone (518) 951-5599 Ext _____
 Legally blind
 Date of death _____

Spouse:
 First name KAVITA
 Middle initial Suffix
 Last name RAYALA
 Social security no. 999-88-9999
 Occupation Home Maker
 Date of birth 08/10/1985 (mm/dd/yyyy)
 Age as of 1-1-2019 33
 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 422 Sandcreek Rd Apt no. 306
 City Albany State NY ZIP code 12205

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

APO/FPO/DPO address, check if appropriate APO FPO DPO
 Home phone
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Federal filing status:

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ▶
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ▶
 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number
 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2016 ▶ 2017 ▶
 Are you a dependent with a qualifying child Yes ▶ No ▶
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number

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

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

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	*
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2018				
Toshan Thirumalasetty		007-53-1380 Son	06/26/2012 6	N			N	0	<input type="checkbox"/>	Yes
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	

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

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

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2018? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2018 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or if you are ineligible to claim the EIC in 2018 for any other reason ...

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

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

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ... Bank Of America
Check the appropriate box ... Checking Savings
Routing number ... 021000322 Account number ... 483051214996

Enter the following information only if you are requesting direct debit of balance due:
Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

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

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

Credit for Qualified Retirement Savings Contributions (Form 8880):
Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)
For 2018, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):
Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

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

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

Third Party Designee:
Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ... Yes No
If Yes, complete the following:
Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

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

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2018 ▶ NY

Check the appropriate box:

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

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:

Enter the spouse’s state of residence as of December 31, 2018 ▶ FC

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 ▶ 05/07/2018

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

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

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

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

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

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

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 60784

Spouse's PIN used to sign the return 60784

Taxpayer:

Drivers license or state ID number 128741715

Issued by what state NY

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

New York Document Number HZI

Spouse

Drivers license or state ID number _____

Issued by what state _____

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

Personal Information Worksheet
For the Taxpayer
Keep for your records

2018

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

Part I - Taxpayer's Personal Information

First name . . . Siva Middle initial . K Last name . . Thirumalasetty
Social security no. . . 318-55-0547 Member of U.S. Armed Forces in 2018? . . Yes No
Date of birth . . . 08/26/1984 (mm/dd/yyyy) age as of 1-1-2019 . . . 34
Occupation . . . Software Analyst Daytime phone . . . (518) 951-5599 Ext
Marital status . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2018 2018 2017 2016 Before 2016
Are you retired on total and permanent disability? (for Schedule R, see Help) . . . Yes No
Check if this person is legally blind . . . Yes No
If deceased, enter the date of death (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2019 and this is the first year you
are filing a tax return? . . . Yes No
Do you want \$3 to go to Presidential Election Campaign Fund? . . . Yes No

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

1 Can someone (such as your parent) claim you as a dependent? . . . Yes No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? . . . Yes No
Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2018? . . . Yes No
4 Did your earned income exceed one-half of your support? . . . Yes No
5 Was at least one of your parents alive on December 31, 2018? . . . Yes No

Part III - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . NY
Check the appropriate box:
This person is a resident of the state above for the entire year . . . X
This person is a resident of the state above for only part of year . . .
Date this person established residence in state above
In which state (or foreign country) did this person reside before this change?

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 . . .
Unreimbursed medical expenses paid for qualifying person in 2018 . . .
Employment taxes paid for dependent care providers in 2018 . . .
Full-time student for 5 calendar months during 2018? . . . Yes No
Disabled person who was not physically or mentally capable of self-care? . . . Yes No
This person is a qualifying person for the child and dependent care credit . . . Yes No

Part VI - Healthcare Coverage

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

Healthcare coverage information has been completed for this person..

Personal Information Worksheet
For the Spouse

2018

Keep for your records

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

Part I - Spouse's Personal Information

First name . . . KAVITA Middle initial . . . Last name . . . RAYALA
Social security no. . . 999-88-9999 Member of U.S. Armed Forces in 2018? . . . Yes [] No [X]
Date of birth . . . 08/10/1985 (mm/dd/yyyy) age as of 1-1-2019 . . . 33
Occupation . . . Home Maker Daytime phone . . . Ext
Marital status . . .
If widowed, check the appropriate box for the year your spouse died:
After 2018 [] 2018 [] 2017 [] 2016 [] Before 2016 []
Are you retired on total and permanent disability? (for Schedule R, see Help) . . . Yes [] No []
Check if this person is legally blind . . . Yes [] No [X]
If deceased, enter the date of death . . . (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2019 and this is the first year you
are filing a tax return? . . . Yes [] No []
Do you want \$3 to go to Presidential Election Campaign Fund? . . . Yes [] No [X]

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 [X]
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? . . . Yes [] No [X]
Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2018? . . . Yes [] No []
4 Did your earned income exceed one-half of your support? . . . Yes [] No []
5 Was at least one of your parents alive on December 31, 2018? . . . Yes [] No []

Part III - Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . FC
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 . . . [X]
Date this person established residence in state above . . . 05/07/2018
In which state (or foreign country) did this person reside before this change? . . . FC

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 . . .
Unreimbursed medical expenses paid for qualifying person in 2018 . . .
Employment taxes paid for dependent care providers in 2018 . . .
Full-time student for 5 calendar months during 2018? . . . Yes [] No []
Disabled person who was not physically or mentally capable of self-care? . . . Yes [] No []
This person is a qualifying person for the child and dependent care credit . . . Yes [] No [X]

Part VI - Healthcare Coverage

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

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

Healthcare coverage information has been completed for this person..

Dependent and Nondependent Information Worksheet **2018**
 ► Keep for your records

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

Part I – Personal Information

First name . . . Toshan Middle initial . . . Last name . . . Thirumalasetty
 Suffix

Social security no. . . . 007-53-1380

Date of birth 06/26/2012 (mm/dd/yyyy) age as of 12-31-2018 6
 Did this person pass away in 2018 (deceased)? . . . Yes No Date of death

Relationship to taxpayer or spouse Son

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

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

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

Dependency code * . N — Dependent child who did not live with you due to divorce or separation

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

Dependent is disabled

Check this box if:

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

Part II – Earned Income Credit and Child Tax Credit

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

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

TurboTax Web Only:

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

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

The adopted child lived with you all year Yes No

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

Child is a potentially qualifying child for earned income credit Yes No

Child is a nondependent, but may qualify for earned income credit Yes No

You, and no one else, is claiming this nondependent for the earned income credit. Yes No

Months lived with taxpayer in the United States 0

Qualifying for the earned income credit * . N — Non-qualifying person

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

Check if Social Security number is **not** valid for employment

Check if this person is **not** a qualifying child for the child tax credit

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

Dependent has ITIN ►

Part III – Dependent Care Expenses

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

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2018 _____
 Check the appropriate box:
 This person is a resident of the state above for the entire year
 This person is a resident of the state above for only part of year
 Date this person established residence in state above ▶ _____
 In which state (or foreign country) did this person reside before this change? ▶ _____

Part VI – Healthcare Coverage

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

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

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

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

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

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

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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

Exemption Type	Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
C	Full Year . . . ▶ <input type="checkbox"/>											
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Full Year . . . ▶ <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"/>
	Full Year . . . ▶ <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"/>

Healthcare coverage information has been completed for this person.

Part VI – Identity Protection Pin

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

► Keep for your records

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number

318-55-0547

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	117,810.		117,810.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	14,613.		14,613.
3 & 7	Total social security wages/tips	117,810.		117,810.
4	Total social security tax withheld	7,304.		7,304.
5	Total Medicare wages and tips	117,810.		117,810.
6	Total Medicare tax withheld	1,708.		1,708.
8	Total allocated tips	0.		0.
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	2,399.		2,399.
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	2,399.		2,399.
14 a	Total deductible mandatory state tax	29.		29.
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	47.		47.
16	Total state wages and tips	117,810.		117,810.
17	Total state tax withheld	7,173.		7,173.
19	Total local tax withheld.			

► Keep for your records

Name Siva K Thirumalasetty Social Security Number 318-55-0547

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

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

a Employee's social security No . 318-55-0547
b Employer's ID number 20-2902922
c Employer's name, address, and ZIP code
GCOM Software LLC
 Street 24 Madison Ave Ext
 City Albany
 State NY ZIP Code 12203
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 117,809.70
3 Social security wages 117,809.70
5 Medicare wages and tips 117,809.70
7 Social security tips 0.00
 ► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 14,613.10
4 Social security tax withheld 7,304.20
6 Medicare tax withheld 1,708.23
8 Allocated tips 0.00

d Control number 11171 179

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Siva M.I. Kumar
 Last Thirumalasetty Suff. _____
f Employee's address and ZIP code
Street 422 Sand Creek Rd
 City Albany
 State NY ZIP Code 12205
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 Verification Code _____
11 Nonqualified plans 0.00
12 Enter box 12 below _____
13 Statutory employee
 Retirement plan
 Third-party sick pay

10 Dependent care benefits 0.00
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

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

Box 12 Code	Box 12 Amount
DD	2,398.64

If Box 12 code is:
 A: Enter amount attributable to RRTA Tier 2 tax _____
 M: Enter amount attributable to RRTA Tier 2 tax _____
 P: Double click to link to Form 3903, line 4. . . _____
 R: Enter MSA contribution for Taxpayer . . . _____
 Spouse _____
 W: Enter HSA contribution for Taxpayer . . . _____
 Spouse _____
 G: Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	NY2029029229	117,809.70	7,173.21

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).
NYPSL-E	46.63	Other (not classified)
NYSDI-E	28.60	NY Nonoccupational Disability Fund tax

Wages, Salaries, & Tips Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty & KAVITA RAYALA</u>	Social Security Number <u>318-55-0547</u>
-----------------------------------------------------------------------------	----------------------------------------------

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	117,810.		117,810.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2018			
b _____			

10 Subtotal.			
Add lines 1 through 9	117,810.		117,810.
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	117,810.		117,810.

Name as Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security No. 318-55-0547
------------------------------------------------------------------	------------------------------------

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result	1	2,000.		
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2			
3	Add lines 1 and 2	3		2,000.	
4	Enter the amount from Form 1040, line 7	4	115,208.		
5	1040 filers: enter the total of any — <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.	5	0.		
6	Add lines 4 and 5. Enter the total	6	115,208.		
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly — \$400,000 • All other filing statuses — \$200,000 	7	400,000.		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8			
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9		0.	
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10		2,000.	

Part 2

11	Enter the amount from Form 1040, line 11	11			11,940.
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	0.		
13	Subtract line 12 from line 11	13		11,940.	
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14		0.	
15	Subtract line 14 from line 13. Enter the result	15		11,940.	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16		2,000.	

This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, line 12a

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

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

Name(s) Shown on Return
Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number
318-55-0547

		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.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	-2,618.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	2,618.
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.	18	

**Schedule D
Line 18**

28% Rate Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number

318-55-0547

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

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

1 a	Enter your taxable income from Form 1040, line 10	1 a	91,208.
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	91,208.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	16.
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	16.
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	16.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	-2,618.
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	16.
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	16.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	91,192.
15	Enter: <ul style="list-style-type: none"> • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household. 	15	77,200.
16	Enter the smaller of line 1c or line 15	16	77,200.
17	Enter the smaller of line 14 or line 16	17	77,200.
18 a	Subtr in 10 from ln 1c. If zero or less, enter -0-	18 a	91,192.
b	Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er))	b	91,208.
c	Enter the smaller of line 14 or line 18b	c	91,192.
19	Enter the larger of line 18a or line 18c	19	91,192.
20	Subtract line 17 from line 16. This amount is taxed at 0%	20	0.
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.			
21	Enter the smaller of line 1c or line 13	21	16.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	16.
24	Enter: <ul style="list-style-type: none"> • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household. 	24	479,000.
25	Enter the smaller of line 1c or line 24	25	91,208.
26	Add lines 19 and 20	26	91,192.
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	16.
28	Enter the smaller of line 23 or line 27	28	16.
29	Multiply line 28 by 15% (0.15)	29	2.
30	Add lines 22 and 28	30	16.
31	Subtract line 30 from line 21	31	0.
32	Multiply line 31 by 20% (0.20)	32	0.

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

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

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	<u>11,938.</u>
43	Add lines 29, 32, 38, 41, and 42	43	<u>11,940.</u>
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	<u>11,949.</u>
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	<u>11,940.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2018

Line 11a

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

1	Enter the amount from Form 1040, line 10	1	<u>91,208.</u>
2	Enter the amount from Form 1040, line 3a	2	<u>16.</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 Schedule 1, line 13.		
4	Add lines 2 and 3	4	<u>16.</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>16.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>91,192.</u>
8	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	8	<u>77,200.</u>
9	Enter the smaller of line 1 or line 8	9	<u>77,200.</u>
10	Enter the smaller of line 7 or line 9	10	<u>77,200.</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>16.</u>
13	Enter the amount from line 11	13	<u>0.</u>
14	Subtract line 13 from line 12.	14	<u>16.</u>
15	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	15	<u>479,000.</u>
16	Enter the smaller of line 1 or line 15	16	<u>91,208.</u>
17	Add lines 7 and 11	17	<u>91,192.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>16.</u>
19	Enter the smaller of line 14 or line 18	19	<u>16.</u>
20	Multiply line 19 by 15% (0.15)	20	<u>2.</u>
21	Add lines 11 and 19	21	<u>16.</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>11,938.</u>
25	Add lines 20, 23, and 24	25	<u>11,940.</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>11,949.</u>
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a.	27	<u>11,940.</u>

Capital Loss Carryforward Worksheet

2019

Capital Loss Carryforward from 2018 to 2019

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

		Regular Tax	Alternative Minimum Tax
1 Enter the amount from 2018 Form 1040, line 10. If a loss, enter as a negative amount	1	91,208.	115,208.
2 Enter the loss from 2018 Schedule D, line 21, as a positive amount	2	2,618.	2,618.
3 Combine lines 1 and 2. If zero or less, enter -0-	3	93,826.	117,826.
4 Enter the smaller of line 2 or line 3	4	2,618.	2,618.
If line 7 of 2018 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 2018 Schedule D, line 7, as a positive amount.	5	2,618.	2,618.
6 Enter any gain from 2018 Schedule D, line 15. If a loss, enter -0-	6		
7 Add lines 4 and 6	7	2,618.	2,618.
8 Short-term capital loss carryforward to 2019. Subtract line 7 from line 5. If zero or less, enter -0- ▶	8	0.	0.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.			
9 Enter the loss from 2018 Schedule D, line 15, as a positive amount	9		
10 Enter any gain from 2018 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 2019. Subtract line 12 from line 9. If zero or less, enter -0- ▶	13	0.	0.

Cryptocurrency Worksheet

▶ Keep for your records

2018

Name(s) Shown on Return
Siva K Thirumalasetty & KAVITA RAYALA

Social Security No.
318-55-0547

Part I Imported Cryptocurrency Transaction Information

1	Service	Coinbase				
2	Digital asset	BTC				
3 a	Date acquired	12/06/2017	b	Date sold	01/06/2018	
4 a	Cost or other basis	843.29	b	Proceeds	990.00	
5 a	Holding period	S	b	Type of transaction	C	
6 a	Taxable	<input checked="" type="checkbox"/>	b	Gain/(Loss)	146.71	
1	Service					
2	Digital asset					
3 a	Date acquired		b	Date sold		
4 a	Cost or other basis		b	Proceeds		
5 a	Holding period		b	Type of transaction		
6 a	Taxable	<input type="checkbox"/>	b	Gain/(Loss)	See Additional Investment Sales	

Total taxable gain/loss -2,639.
 ● Total taxable short-term transactions 12
 ● Total taxable long-term transactions

Part II Manually Entered Cryptocurrency Transaction Information

1	Service					
2	Digital asset					
3 a	Date acquired		b	Date sold		
4 a	Cost or other basis		b	Proceeds		
5 a	Holding period		b	Type of transaction		
6	Gain/(Loss)					
1	Service					
2	Digital asset					
3 a	Date acquired		b	Date sold		
4 a	Cost or other basis		b	Proceeds		
5 a	Holding period		b	Type of transaction		
6	Gain/(Loss)					

Total taxable gain/loss
 ● Total taxable short-term transactions
 ● Total taxable long-term transactions

Part III Cryptocurrency Summary Information

1	Service	Coinbase					
2	Digital asset	Coinbase - short-term					
3 a	Date acquired	Various	b	Date sold	03/03/2018		
4 a	Cost or other basis	11,665.	b	Proceeds	9,026.		
5 a	Holding period	S	b	Type of transaction	C		
6 a	Transaction count	12	b	Gain/(Loss)	-2,639.		
7 a	Imported	<input checked="" type="checkbox"/>					
8	Taxpayer must attach a statement with more details?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1	Service						
2	Digital asset						
3 a	Date acquired		b	Date sold			
4 a	Cost or other basis		b	Proceeds			
5 a	Holding period		b	Type of transaction			
6 a	Transaction count		b	Gain/(Loss)			
7 a	Imported	<input type="checkbox"/>					
8	Taxpayer must attach a statement with more details?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total taxable gain/loss ▶ -2,639.

Form 1099-B Worksheet
 ▶ Keep for your records

2018

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security No. 318-55-0547
-----------------------------------------------------------------------------	-------------------------------------------

Name of reporting financial institution ▶ ROBINHOOD
Acct Number ▶ 5SV73066

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.)

1 a Form 8949 Check Box <u>A</u>	b Transaction number <u>1</u>
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a) <u>ROBINHOOD - see attached statement</u>	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d) <u>3,989.67</u>	b Sales expenses not reported
7 a Cost or other basis (1e) <u>3,980.63</u>	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2) <u>S</u>	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ▶ <input type="checkbox"/>	
17 Use transaction worksheet? . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy	
18 a Adj code(s) (for summary only) . <u>MD</u>	b Adj amount (for summary only) . <u>12.32</u>
Calc'd Results: 19 a Adjusted Gain (Loss) . <u>21.36</u> b Holding Period <u>S</u>	
c Adj Codes/Amt <u>DM</u> <u>12.32</u> This sale is missing info?	
1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ▶ <input type="checkbox"/>	
17 Use transaction worksheet? . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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) . b Holding Period	
c Adj Codes/Amt This sale is missing info?	

Taxpayer must mail in a statement with more details? Yes No 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)
	3,990.	3,981.	9.	12.	21.
Short term sales with cost basis reported to the IRS					DM
Totals	3,990.	3,981.	9.	12.	21.

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

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Form 1099-B Worksheet
 ▶ Keep for your records

2018

Name(s) Shown on Return
 Siva K Thirumalasetty & KAVITA RAYALA

Social Security No.
 318-55-0547

Name of reporting financial institution ▶ No Financial Institution
Acct Number ▶ _____

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.)

1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ▶ <input type="checkbox"/>	
17 Use transaction worksheet? . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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) b Holding Period	
c Adj Codes/Amt	This sale is missing info?
1 a Form 8949 Check Box	b Transaction number
2 Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Description (1a)	
5 a Date acquired (1b)	b Date of sale/exchange (1c)
6 a Sales price (1d)	b Sales expenses not reported
7 a Cost or other basis (1e)	b Corrected basis, if applies
8 a Accrued market discount (1f)	b Wash sale loss disallowed (1g)
9 a Reported type of gain/loss (2)	b Corrected gain/loss, if applies
10 a Federal tax withheld (4)	b State tax withheld (16)
11 a State name (14)	b State identification no. (15)
12 a Type of transaction	b Import code
13 a Check if sale of collectible (12) . <input type="checkbox"/>	b Check if ordinary gain/loss (2) . <input type="checkbox"/> c FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
14 a Name of security	b Owner of security
15 a Stock or other symbol	b Quantity sold
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ▶ <input type="checkbox"/>	
17 Use transaction worksheet? . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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) b Holding Period	
c Adj Codes/Amt	This sale is missing info?

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

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

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

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)
Totals					

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

Total Collectible Gain _____

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Schedule A
Line 1

Medical Expenses Worksheet

2018

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

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 18 cents per mile	b	_____
c Other medical transportation costs not included above for example: ambulance fees	c	_____
d Total medical transportation expenses (add lines 9b and 9c)	9 d	_____
10 Lodging for medical purposes (up to \$50 per night per person)	10	_____
11 Other medical and dental expenses:		
a _____	11 a	_____
b _____	b	_____
c _____	c	_____
d _____	d	_____
e _____	e	_____
f _____	f	_____
g _____	g	_____
h _____	h	_____
i _____	i	_____
j _____	j	_____
12 Total of medical and dental expenses (add lines 1 through 11j)	12	_____
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

2018

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	14,613.	7,173.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	14,613.	7,173.	
20 Total Tax Payments for 2018	14,613.	7,173.	

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

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	115,208.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	115,208.

b Sales Tax Per State of Residence:

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

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

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

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 7,202.00

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). 7,202.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	
c	Real estate taxes paid on additional homes or land	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	
e	Vacation home	
f	Less real estate taxes deducted on Form 8829	
g	Foreign real propety taxes included in lines 2a-2f above	
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2017 Amount Enter 2018 description:	
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	
c	Other personal property taxes	
d	Add lines 3a through 3c (to Schedule A, line 5c)	200.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit).	
e	Other taxes.	
	2017 Amount Enter 2018 description:	
f	Foreign real propety taxes included in lines 4a-4e above	
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	

Interest Deductions

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

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	7,173.
2 2018 state estimated taxes paid in 2018	2	
3 2017 state estimated taxes paid in 2018	3	
4 Amount paid with 2017 state application for extension	4	
5 Amount paid with 2017 state income tax return	5	
6 Overpayment on 2017 state income tax return applied to 2018 tax	6	
7 Other amounts paid in 2018 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2018 local estimated taxes paid in 2018	10	
11 2017 local estimated taxes paid in 2018	11	
12 Amount paid with 2017 local application for extension	12	
13 Amount paid with 2017 local income tax return	13	
14 Overpayment on 2017 local income tax return applied to 2018 tax	14	
15 Other amounts paid in 2018 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	29.
18 Total Add lines 1 through 17	18	7,202.
19 State and local refund allocated to 2018	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	7,202.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

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

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

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

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

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

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

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

7 Add lines 5 and 6

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

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

9 Enter your adjusted gross income 115,208.

10 a Multiply line 9 by 0.5. This is your 50% limit. 57,604.

b Multiply line 9 by 0.6. This is your 60% limit. 69,125.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11					270.	
12						0.
13			68,855.			
Contributions to 50% limit organizations						
14		57,334.				
15					0.	
16						0.
17			57,334.			
Contributions not to 50% limit organizations						
18		270.				
19		34,562.	34,562.			
20		57,334.				
21					0.	
22						0.
23			34,562.			
Capital gain property to 50% limit organizations						
24					0.	
25						0.
26			57,334.			
27			34,562.			
Capital gain property not to 50% limit organizations						
28			23,042.			
29					0.	
30						0.
31					270.	

32	Subtract line 31 from line 9	<u>114,938.</u>					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					<u>0.</u>	
34	Subtract line 33 from line 1						<u>0.</u>
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						<u>0.</u>

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

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

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

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

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

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

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

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

7 Add lines 5 and 6

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

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

9 Enter your adjusted gross income	115,208.
10 a Multiply line 9 by 0.5. This is your 50% limit. 57,604. less. 270.	57,334.
b Multiply line 9 by 0.6. This is your 60% limit. 69,125. less. 270.	68,855.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11 Enter the smaller of line 2 or line 10b					0.	
12 Subtract line 11 from line 2						0.
13 Subtract line 11 from line 10b			68,855.			
Contributions to 50% limit organizations						
14 Subtract line 2 from line 10a		57,334.				
15 Enter the smallest of line 3, 10a or 14					0.	
16 Subtract line 15 from line 3						0.
17 Subtract line 16 from line 15			57,334.			
Contributions not to 50% limit organizations						
18 Add lines 2, 3 and 4		270.				
19 Multiply line 9 by 0.3. This is your 30% limit.		34,562.	34,562.			
20 Subtract line 18 from line 10a		57,334.				
21 Enter the smallest of line 7, 19, or 20					0.	
22 Subtract line 21 from line 7						0.
23 Subtract line 21 from line 19			34,562.			
Capital gain property to 50% limit organizations						
24 Enter the smallest of line 4, 17, or 19					0.	
25 Subtract line 24 from line 4						0.
26 Subtract line 21 from line 20			57,334.			
27 Subtract line 24 from line 19			34,562.			
Capital gain property not to 50% limit organizations						
28 Multiply line 9 by 0.2. This is your 20% limit.			23,042.			
29 Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30 Subtract line 29 from line 8						0.
31 Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	115,208.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Contributions Summary

2018

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
ANAMRITA	270.	270.		
Totals:	270.	270.		

Part II Non-Cash Contributions Summary

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

Part III Contribution Carryovers to 2019

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2018 contributions	270.		270.				
2 2018 contributions allowed	270.	0.	270.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018	0.		0.	0.	0.	0.	0.
b From 2017							
c From 2016							
d From 2015							
e From 2014							
f From 2013							

Part IV Special Situations in Your Return for Current Year Donations

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

Name(s) Shown on Return
Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number
318-55-0547

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		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		16	
17	Excess deductions on termination, from Schedule(s) K-1		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		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2018	<input type="checkbox"/>	26	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27	Combine lines 11 through 26		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		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity.		35	
36	Ordinary loss attributable to certain debt instruments.		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

► Keep for your records

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number

318-55-0547

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$700?				
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total	} —► . . .	1		
	<input type="checkbox"/> No. Enter \$1,050				
2	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$12,000	} —► . . .	2		24,000.
	• Married filing jointly or Qualifying widow(er) — \$24,000				
	• Head of household — \$18,000				
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b		3 a		
3 b	If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)		3 b		
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.		3 c		

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	117,810.		117,810.
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	117,810.		117,810.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	117,810.		117,810.
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	117,810.		117,810.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	117,810.		117,810.
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.	117,810.		117,810.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	117,810.		117,810.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	117,810.		117,810.

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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Investment Interest Expense (Form 4952, line 1)

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

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

5 Taxable investment income:		
a From Schedule B, Interest and Dividend Income	5 a	16.
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	16.
6 Royalty income, from Schedule E	6	
7 Net passive income from publicly traded partnerships	7	
8 Income from nonpassive trade or business without material participation	8	
9 Other investment income:		
a -----	9 a	
b -----	b	
c -----	c	
d -----	d	
10 Total investment income. Add lines 5d through 9.	10	16.

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

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

Investment Expenses (Form 4952, line 5)

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

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

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

► Keep for your records

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number

318-55-0547

- 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> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 150px;"> <tr> <td style="width: 100px;">4 a Taxpayer's nontaxable combat pay election for EIC</td> <td style="width: 50px;">4 a _____</td> </tr> <tr> <td>b Spouse's nontaxable combat pay election for EIC</td> <td>b _____</td> </tr> <tr> <td colspan="2">c Total nontaxable combat pay election</td> </tr> </table> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4, and 5.</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.</p> <p>8 Enter your AGI from Form 1040, line 7</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)? <p><input type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	4 a Taxpayer's nontaxable combat pay election for EIC	4 a _____	b Spouse's nontaxable combat pay election for EIC	b _____	c Total nontaxable combat pay election		<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 style="text-align: right;">117,810.</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: right;">117,810.</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: right;">117,810.</p> <hr style="border: 0.5px solid black;"/>
4 a Taxpayer's nontaxable combat pay election for EIC	4 a _____							
b Spouse's nontaxable combat pay election for EIC	b _____							
c Total nontaxable combat pay election								

Enter line 10 amount on Form 1040, line 17a.

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

- 1 The total taxable earned income (line 6 above) is equal to or more than:
 - \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
 - \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
 - \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
 - \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children.

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

 - 3 Investment income is more than \$3,500.
(Investment Income Smart Worksheet, item H above)

 - 4 The married filing separate return status is checked.
(Information Worksheet, Part II)

 - 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)

 - 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)

 - 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)

 - 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)

 - 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)

 - 10 Have qualifying children, but all are either
 - a qualifying children of another person, or
 - b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)

 - 11 Disallowed by IRS to claim Earned Income Credit in 2018.
(Information Worksheet, Part IV)

 - 12 Filing Form 2555, Foreign Earned Income.

 - 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)

 - 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

Yes, all of the above is correct.

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

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

Is this where you lived with your dependents the longest in 2018?

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

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

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

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

Schedule SE Adjustments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return

Siva K Thirumalasetty & KAVITA RAYALA

Social Security Number

318-55-0547

	(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		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)		
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		
3 Gross farming or fishing income from partnership Schedules K-1		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
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		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

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

2018

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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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. 16.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.	16.	0.	16.
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-	16.		16.
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	16.		16.
A Enter the amount from Form 6251, line 6.	5,808.		
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.			16.

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

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Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	91,208.
2	Additions to income	2	
3	Add lines 1 and 2	3	91,208.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	91,208.

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	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	115,208.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	115,208.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	103,687.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

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

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	-2,618.	-2,618.	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 \$718,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$54,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	109,400.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	115,208.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	1,000,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	109,400.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	

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Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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1 Enter amount from Form 6251, line 6	1	
2 a Enter amount from Form(s) 2555, lines 45 and 50	2a	
b Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3 Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	
4 Tax on amount on line 3.		
<ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. ● All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4	
5 Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5	
6 Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6	

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
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2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			7,218.		1,059.	
Totals . .			7,218.		1,059.	

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	7,218.	1,059.

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	7,596.	7,672.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	120,400.	115,208.
6	Tax liability for Form 2210 or Form 2210-F	14,921.	9,940.
7	Alternative minimum tax.		
8	Federal overpayment applied to next year estimated tax.		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2017	2018
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2018. . .
		b	2017. . .
		c	2016. . .
		d	2015. . .
		e	2014. . .
		f	2013. . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018. . .
		b	2017. . .
		c	2016. . .
		d	2015. . .
		e	2014. . .
		f	2013. . .

Siva K Thirumalasetty & KAVITA RAYALA

318-55-0547

Credit Carryovers				2017	2018
18	General business credit			18	
19	Adoption credit from:	a	2018	19 a	
		b	2017	b	
		c	2016	c	
		d	2015	d	
		e	2014	e	
		f	2013	f	
20	Mortgage interest credit from:	a	2018	20 a	
		b	2017	b	
		c	2016	c	
		d	2015	d	
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				2017	2018
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017					
b	2016					
c	2015					
d	2014					
e	2013					
27	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018					
b	2017					
c	2016					
d	2015					
e	2014					

28 Amount overpaid less earned income credit 596.

2017 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 Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number 318-55-0547
------------------------------------------------------------------	---------------------------------------

Description	Amount
Income	
Wages	117,810.
Interest income before Series EE bond exclusion	
Dividend income	16.
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	-2,618.
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	115,208.
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	115,208.

Two-Year Comparison

2018

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security Number
------------------------------------------------------------------	------------------------

Income	2017	2018	Difference	%
Wages, salaries, tips, etc	120,400.	117,810.	-2,590.	-2.15
Interest and dividend income		16.	16.	
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)		-2,618.	-2,618.	
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	120,400.	115,208.	-5,192.	-4.31
Adjustments to Income				
Adjusted Gross Income	120,400.	115,208.	-5,192.	-4.31
Itemized Deductions				
Medical and dental				
Income or sales tax	7,249.	7,202.	-47.	-0.65
Real estate taxes				
Personal property and other taxes		200.	200.	
Interest paid				
Gifts to charity	347.	270.	-77.	-22.19
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions	7,596.	7,672.	76.	1.00
Standard or Itemized Deduction	12,700.	24,000.	11,300.	88.98
Exemption Amount	12,150.	0.	-12,150.	-100.00
Qualified Business Income Deduction				
Taxable Income	95,550.	91,208.	-4,342.	-4.54
Income tax	15,371.	11,940.	-3,431.	-22.32
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	15,371.	11,940.	-3,431.	-22.32
Nonbusiness credits	450.	2,000.	1,550.	344.44
Business credits				
Total Credits	450.	2,000.	1,550.	344.44
Self-employment tax				
Other taxes	2,490.	0.	-2,490.	-100.00
Total Tax After Credits	17,411.	9,940.	-7,471.	-42.91
Withholding	18,007.	14,613.	-3,394.	-18.85
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	18,007.	14,613.	-3,394.	-18.85
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	596.	4,673.	4,077.	684.06
Balance Due				

Current year effective tax rate 8.63 %

Tax Summary
► Keep for your records

2018

Name (s)
Siva K Thirumalasetty & KAVITA RAYALA

Total income	115,208.
Adjustments to income	
Adjusted gross income	115,208.
Itemized/standard deduction	24,000.
Qualified business income deduction	
Taxable income	91,208.
Tentative tax	11,940.
Additional taxes	
Alternative minimum tax	
Total credits	2,000.
Other taxes	0.
Total tax	9,940.
Total payments	14,613.
Estimated tax penalty	
Amount Overpaid	4,673.
Refund	4,673.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2018

Name(s) Shown on Return Siva K Thirumalasetty & KAVITA RAYALA	Social Security No 318-55-0547
------------------------------------------------------------------	-----------------------------------

Your 2018 adjusted gross income (AGI) 115,208.
 National adjusted gross income range used below from 100,000. to 199,999.

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	117,810.	119,624.
Taxable interest		1,343.
Tax-exempt interest		7,356.
Dividends	16.	6,153.
Business net income		26,962.
Business net loss		7,456.
Net capital gain		13,227.
Net capital loss	-2,618.	2,272.
Taxable IRA		28,120.
Taxable pensions and annuities		42,858.
Rent and royalty net income		13,675.
Rent and royalty net loss		8,973.
Partnership and S corporation net income		42,067.
Partnership and S corporation net loss		13,918.
Taxable social security benefits		24,347.
Medical and dental expenses deduction		13,011.
Taxes paid deduction	7,402.	11,774.
Interest paid deduction		9,311.
Charitable contributions deduction	270.	4,445.
Total itemized deductions	7,672.	26,894.
Child care credit		600.
Education tax credits		1,506.
Child tax credit	2,000.	1,427.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	115,208.	141,529.
Taxable income	91,208.	106,982.
Income tax	11,940.	17,966.
Alternative minimum tax		2,403.
Total tax liability	9,940.	18,706.

Estimated Taxes and Form W-4 Worksheet

Name: Siva K Thirumalasetty & KAVITA RAYALA
SSN: 318-55-0547

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

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

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

Overpayment from my 2018 return. 4,673.

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

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

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2019 35
 Spouse age as of the end of 2019 34

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

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

Dependent of Another

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

Dependents on return:

	2018	2019
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	1	1

Enter Your 2019 Income and Deductions in 2nd column	2018 Actual	2019 Expected
Compensation:		
Annual wages and salary for taxpayer	117,810.	
Medicare wages for taxpayer (W-2 box 5)	117,810.	
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

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

Employer	Owner	Wages	2018 Withholding	2019 Wages	2019 Withholding

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

Name	Owner	2018 Income	2018 Expenses	2019 Income	2019 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0.	
Qualified dividends		16.	
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses		-2,618.	
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>)		16.	
Foreign income or housing exclusions			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses		0.	
State and local property and income taxes (or sales tax)		7,402.	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions		270.	
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Other Deduction:			
Qualified business income deduction (<i>see Tax Help</i>)			

Credits:		
Earned Income Tax Credit		
Child Tax Credit	2,000.	0.
Child and Dependent Care Credit		
Education Credits		
Other Credits.	0.	

Income Tax Calculation for Your 2019 Tax Return	2018 Actual	2019 Expected
Taxable income	91,208.	0.
Income tax	11,940.	
Alternative minimum tax (Enter Alt Min tax expected in 2019) . . .		
Premium tax credit repayment (Enter amt expected for 2019) . . .		
Total credits (Enter credits expected in 2019)	2,000.	0.
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2019)	0.	
Total federal income tax	9,940.	0.

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

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

Estimated Tax Payment Options

Name:	<u>Siva K Thirumalasetty & KAVITA RAYALA</u>
SSN:	<u>318-55-0547</u>

Prepare My 2019 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2019 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2019 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2018 taxes (prior-year exception) Note: If your 2018 taxes were less than \$1000, see Tax Help	9,940.

Amount of Estimated Taxes to Pay in 2019	
Taxes based on method above	9,940.
Expected withholding for 2019 . . . (.2018 actual withholding)	14,613.
Taxes due after withholding	0.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	0.

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

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

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

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

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

Additional Information for Form W-4

Name:	<u>Siva K Thirumalasetty & KAVITA RAYALA</u>
SSN:	<u>318-55-0547</u>

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

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

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

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

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Siva K Thirumalasetty & KAVITA RAYALA

Primary SSN: 318-55-0547

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

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

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date



IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

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

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

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

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

Preparer / Electronic Return Originator (ERO) Information

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

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

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

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

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

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

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

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- Sign return electronically using Practitioner PIN
- Choose one:**
- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
 - Taxpayer(s) entered own PIN(s)
 - Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____
Spouse's PIN filing a joint return (enter any 5 numbers) _____
Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

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

Documents Used to Verify Primary Taxpayer Identity:

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

Finish and File Info:

- To indicate a client return download in FnF

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

Health Care Individual Responsibility Calculation Smart Worksheet													
The letter represents the person's status for the month. C =Covered, E =Exemption, S =Short Gap, B =Before Birth, D =Deceased, M =Medicaid Gap, G =Hardship, and X =Penalty													
Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Toshan	007-53-1380	E	E	E	E	E	E	E	E	E	E	E	E
Siva	318-55-0547	C	C	C	C	C	C	C	C	C	C	C	C
KAVITA	999-88-9999	E	E	E	E	E	E	E	E	E	E	E	E

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

Shared Responsibility Payment Worksheet												
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Toshan												
Siva												
KAVITA												
1. Total Number of X's for month. If 5 or more, enter 5.												
2. Total Number of X's for month for individuals 18 or over.												
3. One-half the number of X's in a month for individuals under 18												
4. Add lines 2 and 3 for each month												
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085												
6. Sum of the number of X's on line 1 above for the year												
7. Enter your household income											115,208.	
8. Enter your filing threshold											24,000.	
9. Subtract line 8 from line 7											91,208.	
10. Multiply Line 9 by 2.5% (.025)											2,280.	
11. Is line 10 more than \$2,085? <input checked="" type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero. <input type="checkbox"/> No. Enter the amount of line 14 on the Flat Dollar Amount Worksheet.												
12. Divide line 11 by 12.0												
13. Multiply line 6 by \$283												
14. Enter the smaller of line 12 or 13 here and on Form 1040, line 61. This is your shared responsibility payment											0.	

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A	Tax <u>11,940.</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	Tax. Add lines A through G. Enter the result here and include in tax below. <u>11,940.</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

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</p> <p>Refer to Tax Help</p>

SMART WORKSHEET FOR: Dependent Information Worksheet (Toshan)

Dependency/EIC Smart Worksheet

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

A How many months did this person live with you? 0

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

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

Both Taxpayer and spouse
Taxpayer
Spouse

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

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

Detailed answers for this question. This dependent:

- Was married on December 31, 2018
- If married, filed a joint return for the year
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments.
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately.

E Is this person a Full time student? Yes No

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

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

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return?

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

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

1 TurboTax Web Only:

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

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

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

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

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

SMART WORKSHEET FOR: Dependent Information Worksheet (Toshan)

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

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

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

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

Substitute Form W-2 Smart Worksheet

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

B Linked substitute W-2 Form 4852 ▶ _____

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

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

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

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>7,304.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,708.</u>
C	Enter any amount from Form 8959, line 7 <u>0.</u>
D	Add line A, B, and C <u>9,012.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>9,012.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J _____
O	Add line L, M, and N _____
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. <u>9,012.</u>

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

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

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

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

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

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below _____

2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Depreciation/Amortization Reports ▶

D QuickZoom to Form 4562 for Schedule A. ▶

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

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

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

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

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

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

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

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

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

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

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

B Spouse:

1 Spouse, nontaxable combat pay _____

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

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

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

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

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

Overpayment 4,673. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet

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

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

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

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

C Earned income for EIC from your 2017 return _____

D Current year earned income for EIC _____

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

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

Overpayment _____ Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____ <u>16.</u>
C	Capital gain net income _____ <u>0.</u>
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G _____ <u>16.</u>
Is line H, total investment income over \$3,500?	
<input checked="" type="checkbox"/>	No. You may take the credit.
<input type="checkbox"/>	Yes. Stop. You cannot take the credit.

SMART WORKSHEET FOR: Estimated Tax Payment Options

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

Additional information from your 2018 Federal Tax Return

Cryptocurrency Wks Additional Investment Sales

Continuation Statement

Coinbase			
BTC			
12/06/2017	b Date sold	01/25/2018	
155.71	b Proceeds	122.58	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-33.13	
Coinbase			
BTC			
12/06/2017	b Date sold	01/25/2018	
500.00	b Proceeds	397.80	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-102.20	
Coinbase			
BTC			
12/12/2017	b Date sold	01/25/2018	
10.00	b Proceeds	6.39	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-3.61	
Coinbase			
BTC			
12/17/2017	b Date sold	01/25/2018	
750.00	b Proceeds	431.37	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-318.63	
Coinbase			
BTC			
12/17/2017	b Date sold	01/25/2018	
3,044.98	b Proceeds	1,798.49	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-1,246.49	
Coinbase			
BTC			
12/17/2017	b Date sold	02/08/2018	
955.02	b Proceeds	406.17	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-548.85	
Coinbase			
BTC			
12/21/2017	b Date sold	02/08/2018	
1,632.27	b Proceeds	874.89	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-757.38	
Coinbase			
BTC			
12/21/2017	b Date sold	02/17/2018	
367.73	b Proceeds	257.23	
S	b Type of transaction	C	
<input checked="" type="checkbox"/>	b Gain/(Loss)	-110.50	

**Cryptocurrency Wks
Additional Investment Sales**

Continuation Statement

Coinbase	
BTC	
01/22/2018	b Date sold 02/17/2018
893.79	b Proceeds 926.17
S	b Type of transaction C
X	b Gain/(Loss) 32.38
Coinbase	
BTC	
01/22/2018	b Date sold 03/03/2018
1,606.21	b Proceeds 1,794.46
S	b Type of transaction C
X	b Gain/(Loss) 188.25
Coinbase	
BTC	
01/30/2018	b Date sold 03/03/2018
906.13	b Proceeds 1,020.16
S	b Type of transaction C
X	b Gain/(Loss) 114.03



Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

Most New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmdyyyy)	Your social security number	
SIVA		K	THIRUMALASETTY		08261984	318550547	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyy)	Spouse's social security number	
KAVITA			RAYALA		08101985	999889999	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number	New York State county of residence	
422 SANDCREEK RD					306	ALBANY	
City, village, or post office			State	ZIP code	Country (if not United States)	School district name	
ALBANY			NY	12205		ALBANY	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number	
						005	
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmdyyyy)	Spouse's date of death (mmdyyyy)
			NY				

- A Filing status**
(mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see page 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months **you** lived in NYC in 2018

(2) Number of months **your spouse** lived in NYC in 2018

G Enter your **2-character special condition code(s) if applicable** (see page 15)

H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdyyyy)
TOSHAN		THIRUMALASETTY	SON	007531380	06262012

If more than 7 dependents, mark an X in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
318550547

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	117810.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	16.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-2618.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 12 <input type="text" value=""/>		.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify: <input type="text" value=""/>	16	.00
17	Add lines 1 through 11 and 13 through 16	17	115208.00
18	Total federal adjustments to income (see page 16) Identify: <input type="text" value=""/>	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	115208.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	115208.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	115208.00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	99158.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	1 000.00
37	Taxable income (subtract line 36 from line 35)	37	98158.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
SIVA K THIRUMALASETTY AND KAVITA RAYALA

Your social security number
318550547

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	98158 .00
39 NYS tax on line 38 amount (see page 22)	39	5680 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	5680 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	5680 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23)	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base ... 54a00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	60	.00			
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	5680 .00			

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number
318550547

62 Enter amount from line 61 **62** 5680 .00

Payments and refundable credits (see pages 29 through 32)

63 Empire State child credit	63	231 .00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	7173 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) **76** 7404 .00

Your refund, amount you owe, and account information (see pages 33 through 35)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 33)	77	1724 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	1724 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1724 .00

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) **79** .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81** .00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34) **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 021000322 83c Account number 483051214996

84 Electronic funds withdrawal (see page 35) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF - PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ANALYST	
Spouse's signature and occupation (if joint return) HOME MAKER	
Date	Daytime phone number (518)951 5599
E-mail: SIVAKUMAR.CVA@GMAIL.COM	

See instructions for where to mail your return.

201004181555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Claim for Empire State Child Credit

IT-213

Submit this form with Form IT-201 or IT-203.

Step 1 – Enter identifying information

Your name as shown on return	Your social security number (SSN)
SIVA K THIRUMALASETTY	318550547
Spouse's name	Spouse's SSN
KAVITA RAYALA	999889999

Step 2 – Determine eligibility

- Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2018? Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018? Yes No
- Is your federal adjusted gross income (*see instructions*)
 - \$110,000 or less and your filing status is ② married filing joint return;
 - \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**
 - \$55,000 or less and your filing status is ③ married filing separate return? Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*)
- Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018..
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
TOSHAN		THIRUMALASETTY		007531380	06262012

Use Form IT-213-ATT if you have additional children to report (*see instructions*).

NO HANDWRITTEN ENTRIES ON THIS FORM



Step 4 – Compute credit

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

	Whole dollars only	
6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions)	6	700.00
7 Enter your additional child tax credit amount from Worksheet C (see instructions)	7	0.00
8 Add lines 6 and 7.....	8	700.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.
 If the amount on line 8 is more than zero, continue with line 9.

9 Enter the number of children from line 4	9	1
10 Divide line 8 by line 9	10	700.00
11 Enter the number of children from line 5	11	1
12 Multiply line 10 by line 11.....	12	700.00
13 Multiply line 12 by 33% (.33)	13	231.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

14 Enter the number of children from line 5	14	
15 Multiply line 14 by 100.....	15	.00
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	231.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank	17	.00
Enter here and on Form IT-201, line 63.		
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank	18	.00
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.		

NO HANDWRITTEN ENTRIES ON THIS FORM

213002181555





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

318550547

Box b Employer identification number (EIN)

202902922

Box c Employer's information

Employer's name			
GCOM SOFTWARE LLC			
Employer's address (number and street)			
24 MADISON AVE EXT			
City	State	ZIP code	Country (if not United States)
ALBANY	NY	12203	

Box 1 Wages, tips, other compensation
117810.00

Box 8 Allocated tips
0.00

Box 10 Dependent care benefits
0.00

Box 11 Nonqualified plans
0.00

Box 12a Amount
2399.00
Code DD

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
47.00
Description NYPSE-E

Box 14b Amount
29.00
Description NYSDE-E

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.
117810.00

Box 17a NYS income tax withheld
7173.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation
.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00
Code

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
.00
Description

Box 14b Amount
.00
Description

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001181555



► Keep for your records

Name(s) Shown on Return

SIVA K THIRUMALASETTY AND KAVITA RAYALA

Social Security Number

318-55-0547

1	Enter the amounts on Form IT-196, lines 4, 9, 15, 19, 20, 28 and 39	1	7,672.
2	Enter the amounts on Form IT-196, lines 4, 14, 20, 29 and 38, plus any qualified contributions included on line 16.	2	
3	Is the amount on line 2 less than the amount on line 1? If No, stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If Yes , subtract line 2 from line 1	3	7,672.
4	Multiply line 3 by 80% (.80)	4	6,138.
5	Enter the amount from Form IT-201 or IT-203, line 19	5	115,208.
6	Enter \$266,700 if single; \$320,000 if married filing jointly or qualifying widow(er); \$298,350 if head of household, \$160,000 if married filing separately	6	320,000.
7	Is the amount on line 6 less than the amount on line 5? If No, stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If Yes , subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. Enter the result on Form IT-196, line 40	10	

► Keep for your records

Name(s) Shown on Return SIVA K THIRUMALASETTY and KAVITA RAYALA	Social Security Number 318-55-0547
--------------------------------------------------------------------	---------------------------------------

Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2018					
Points paid in 2018					
Months loan outstanding	12	12	12	12	12
Principal paid on loan in 2018					
Mortgage origination date					
Amortized points allow. in 2018					
Is this a home equity loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Debt Originating on or after December 15, 2017

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					

Home Debt Originating after October 13, 1987 and Before December 15, 2017

Beginning of year balance					
Principal applied					
Ending balance					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:

Home Acquisition Debt

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Home Equity Debt (if not all used to buy, build or improve the home)

Beginning of year balance					
Borrowed in 2018					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Grandfathered Debt

Beginning of year balance					
Principal applied					
Ending balance					
Average balance					
Allocated interest					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ► _____
 Home acquisition debt and grandfathered debt on date debt was last secured by home ► _____

Deductible Home Mortgage Interest Worksheet

2018

▶ Keep for your records

SIVA K THIRUMALASETTY and KAVITA RAYALA 318-55-0547 Page 2

Part 2 – Qualified Loan Limit

1 Average balance of all grandfathered debt	1	
2 Average balance of all home acquisition debt	2	
3 Enter \$1,000,000 (\$500,000 if married filing separately)	3	1,000,000.
4 Enter the larger of line 1 or line 3	4	1,000,000.
5 Add the amounts on lines 1 and 2	5	
6 Enter the smaller of line 4 or line 5	6	0.
7 For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount	7	0.
8 Qualified loan limit (add lines 6 and 7)	8	0.

Part 3 – Deductible Home Mortgage Interest

9 Average balances of all mortgages on all qualified homes	9	
10 Total amount of interest paid	10	
11 Divide line 8 by line 9	11	
12 Multiply line 10 by line 11. This is deductible home mortgage interest	12	
13 Subtract line 12 from line 10. This is not home mortgage interest	13	

Was the mortgage interest limited on federal return? Yes . . . No . . .
Does your mortgage interest need to be limited/adjusted for state: Yes . . . No . . .

Total interest above reported on 1098 _____ x line 11 _____
 Total points above reported on 1098 _____ x line 11 _____
 Qualified mortgage interest from Schedule E Worksheet. _____
 Less home mortgage interest/points (reported on Form 1098) deducted on Form 8829 _____
 Less home mortgage interest from Form 8396 line 3 _____
 Adjusted total interest/points reported on Form 1098 _____

Total interest above **not** reported on 1098. _____ x line 11 _____
 Less home mortgage interest (**not** reported on form 1098) deducted on Form 8829 _____
 Adjusted total interest **not** reported on Form 1098 _____

Total points above **not** reported on 1098 _____ x line 11 _____
 Less points (**not** reported on Form 1098) deducted on Form 8829 _____
 Adjusted total points **not** reported on Form 1098 _____

Name as Shown on Return
SIVA K THIRUMALASETTY and KAVITA RAYALA

Social Security No.
318-55-0547

Note: • To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form IT-213.

Part 1

1	Number of children from Form IT-213 In 4 : <u>1</u> X \$1,000. Enter the result . . .	1	1,000.
2	Enter the amount from Form IT-201, line 19	2	115,208.
3	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	115,208.
5	Enter the amount shown below for your filing status. • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	6,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	300.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. Enter 0 on Form IT-213, line 6 and 0 on Form IT-213, line 7. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	700.

Part 2

9	Enter 2018 federal tax from Form 1040, line 11, or Form 1040NR, line 45	9	11,940.
10	Add the amounts from — a Form 1040, Schedule 3 line 48 or 1040NR, line 46 b Form 1040, Schedule 3 line 49 or 1040NR, line 47 . . . + c Form 1040, Schedule 3 line 50 + d Form 1040, Schedule 3 line 51 or 1040NR, line 48 . . . + e Form 8910, <i>Alternative Motor Vehicle Credit</i> , line 15 . . . + f Form 8936, <i>Qual Plug-in Elec Vehicle Credit</i> , line 23 . . . + g Schedule R, <i>Credit for Elderly or Disabled</i> , line 22 . . . + Enter the total lines a through g	10	0.
11	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	11,940.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 on IT-213 line 6; enter 0 on line 7. <input type="checkbox"/> Yes. Enter the amount from line 12 on IT-213 line 6 and complete Worksheet C	13	700.

Name(s) Shown on Return
SIVA K THIRUMALASETTY and KAVITA RAYALA

Your Social Security Number
318-55-0547

Additional Child Tax Credit Amount

- Complete Worksheet A/B before completing Worksheet C
- If Worksheet A/B line 8 is zero, do not complete Worksheet C. Go to Form IT-213, skip lines 8 - 13 and continue with line 14.
- If you filed federal Form 2555 or 2555-EZ, **stop** here; do not complete Worksheet C. Enter **0** on Form IT-213, line 7.
- You need a completed 2018 federal Schedule 8812, *Child Tax Credit*, to complete this worksheet

1	Enter the amount from line 8 of the Child Credit Worksheet A/B.	1	700.
2	Enter the amount from Form IT-213, line 6 If line 2 is greater than or equal to line 1, stop here, you do not qualify for the additional child tax credit. Enter 0 on Form IT-213, line 7.	2	700.
3	Subtract line 2 from line 1.	3	
4 a	Earned income (from federal Schedule 8812, line 6a)	4 a	
b	Nontaxable combat pay (from federal Schedule 8812, line 6b)	4 b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank, enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	
6	Multiply the amount on line 5 by 15% (0.15) and enter the result	6	
7	Do you have three or more children (from Form IT-213, line 4)? <input type="checkbox"/> No. Stop here and enter the smaller of line 3 or 6 on Form IT-213, line 7. <input type="checkbox"/> Yes. • If line 6 is equal to or more than line 3, stop here and enter the amount from line 3 on Form IT-213, line 7. • If line 6 is less than line 3, enter the amount from federal Schedule 8812 line 13	7	
8	Enter the larger of line 6 or line 7	8	
9	Enter the smaller of line 3 or line 8 on Form IT-213, line 7	9	

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name SIVA
 Middle Initial K Suffix
 Last Name THIRUMALASETTY
 Social Security No. 318-55-0547
 Occupation Software Analyst
 Date of Birth 08-26-1984
 Age as of 1-1-2019 34
 Date of Death
 NY DL Doc ID HZI
 Email Address SIVAKUMAR.CVA@GMAIL.COM
 Daytime Phone (518)951-5599
 Extension
 Home Phone

Spouse:

First Name KAVITA
 Middle Initial Suffix
 Last Name RAYALA
 Social Security No. 999-88-9999
 Occupation Home Maker
 Date of Birth 08-10-1985
 Age as of 1-1-2019 33
 Date of Death
 NY DL Doc ID
 Email Address SIVAKUMAR.CVA@GMAIL.COM
 Daytime Phone
 Extension

Check to print phone number on main form . . Home Taxpayer daytime Spouse daytime

Mailing Address

Street Address 422 SANDCREEK RD Apartment No. 306
 City Albany State . . NY ZIP Code 12205
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
 City State ZIP Code
 (Below should be used by New York nonresidents only)
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

New York County and School District Information

County Albany
 School District Albany School District Code 005

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If only one spouse has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident: Did you receive income or withholding from Yonkers sources during your period of nonresidence?		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>

New York City Residents:

- Did you or your spouse maintain living quarters in New York City during 2018?
- If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Filing only IT-214, NYC-208 and/or NYC-210:

- Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners
 and Renters ►
 Form NYC-210, Claim for NYC School Tax Credit ►

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - You **did not** live with your spouse at any time during the year
 - If both you and your spouse itemized deductions on your federal tax return:
 - Both you and your spouse will itemize deductions on your New York State tax returns
 - Both you and your spouse will take the New York standard deduction
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York State Charitable Gifts Trust Fund

Yes No

- Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:
 - Health Charitable Account ▶ _____
 - Elementary and Secondary Education Account ▶ _____

New York City Accumulation Distribution Credit:

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No

- Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)
 If Yes, enter the amount ▶ _____
- Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

	Taxpayer	Spouse
1 a File NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
b File NYC-202	<input type="checkbox"/>	<input type="checkbox"/>
c Do not file NYC-202/NYC-202S	<input type="checkbox"/>	<input type="checkbox"/>
2 Gain (loss) from sale of business assets	_____	_____
3 Net rent/royalty income from business property	_____	_____
4 Other business income (loss)	_____	_____
5 Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ	_____	_____
6 Number of months in business in New York City during the year	_____	_____
7 a Use direct deposit for NYC-202/NYC-202S tax refund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Will the funds for this refund go to an account outside the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c Routing number	_____	_____
d Account number	_____	_____
e 1 Account Type: Checking	<input type="checkbox"/>	<input type="checkbox"/>
2 Account Type: Savings	<input type="checkbox"/>	<input type="checkbox"/>

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions

Sales or Use Tax

1 a If you do not owe any sales or use tax with the return, check this box [X]
b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box []
c If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below []
2 If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State []
3 Sales tax due based on the sales and use tax chart []
4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax []
5 Total sales or use tax due (line 2 plus line 3) [] 0.

Voluntary Gifts or Contributions

Return a Gift to Wildlife [] Homeless Veterans Fund []
Missing/Exploited Children Fund [] Mental Illness Anti-Stigma Fund []
Breast Cancer Research Fund [] Women's Cancers Educ Prev Fd []
Alzheimer's Fund [] Autism Fund []
Olympic Fund (\$2 or \$4) [] Veterans' Homes []
Prostate/Testicular Cancer Fund [] Love Your Library Fund []
9/11 Memorial [] Lupus Educ and Prevention Fund []
Volunteer Firefighting & EMS [] Military Family Relief Fund []
Teen Health Education Fund [] City Univ NY Constr Fund []
Veterans Remembrance Fund []

Part VIII – Additional Information for E-Filed returns

[] W-2 Verification Indicator given by NYS (See Help).
[] Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename. Contains 3 empty rows.

Part IX - Direct Deposit or Direct Debit Information

Yes No
[X] [] Use direct deposit for New York tax refund?
[] [] Use electronic funds withdrawal of New York tax payment for the tax return?
[] [] Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Financial Institution (optional) Bank Of America
Account Type [X] Checking [] Savings []
Personal or business account [X] Personal [] Business []
Routing number 021000322
Account number 483051214996

Enter the following information only if you elect direct debit of your state tax payment:

Enter the payment date to withdraw from the account above []
State balance-due amount from this return []

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above []
State balance-due amount paid with this amended return []

International ACH Transactions

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

Electronic Filing of Estimated Payments

[] File Form(s) IT-2105 electronically (Check the boxes below next to the quarters you would like to file)

Table with 9 columns: Qtr, Payment Amount, Payment Due Date, Date to Withdraw, Date Scheduled, Date Signed, Date Transmitted, Date Accepted, Completed. Rows 1-4.

Bank Information for Estimated Payments

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Financial Institution (optional)
Account Type [] Checking [] Savings []
Personal or business account [] Personal [] Business []
Routing number
Account number

International ACH Transactions for Estimated Payments

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

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No

Tax return due date extended?

Extended due date _____

Amount paid with IT-370 _____

New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)

Yes No

Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . _____

Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . _____

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

	Taxpayer	Spouse
1 Check the box to indicate the individual(s) who were employed by the city of New York	<input type="checkbox"/>	<input type="checkbox"/>
2 New York City department or agency where employed.	_____	_____
3 Date current employment with the city of New York began.	_____	_____
4 If employment ended in 2018, enter final date of employment	_____	_____
5 For married filing joint taxpayers, file NYC-1127: <input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee <input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due		

Part XII – Other Information for Your Tax Return

2-digit special condition code number:

- Code A6 Build America Bond Interest** – You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
 * Enter total BAB interest included on Form 1040, line 8a _____
 * Enter BAB interest entered above from NY state or local governments _____
- Code C7 Combat zone** – You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- Code D9 Deceased taxpayer** – If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2 Combat zone, killed in action (KIA)** – You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2 Military Spouse Income** – The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3 Out of the country** – You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- Code E4 Nonresident aliens** – You (or your spouse if married) are a federal nonresident alien
- Code E5 Extension of time to file beyond six months** – You (or your spouse if married):
 - Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*

Part XII – Other Information for Your Tax Return (continued)

- Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3 NOL Carryback**- You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If you (or your spouse if married) qualify under a special condition for filing your 2018 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name _____
 Designee's email address _____
 Designee's phone number _____
 Personal identification number _____

New York State Underpayment Penalty:

- Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

- Yes No**
- Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?
 - Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

	Taxpayer	Spouse
1	_____	_____
2	_____	_____

IT-201 or IT-203 Question D3, regarding Nonqualified deferred compensation required by Section 457A:

Yes No
 Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

Part XIII– Amended Return

You are filing a current year New York amended income tax return
 Payment made with original return _____
 Refund received from original return _____

Tax Payments Worksheet

2018

▶ Keep for your records.

Name SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security Number 318-55-0547
-------------------------------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a _____
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b _____
6 Overpayment from previous year applied to current year				6 _____
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a _____
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b _____
7 Amount paid with current year extension				7 _____
8 Total tax payments				8 _____

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	7,173.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	7,173.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	
22 Date return will be filed and balance paid	22	03/31/18

**New York State School District/County
Selection Worksheet**

2018

▶ Keep for your records

Name as Shown on Return SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security No. 318-55-0547
--------------------------------------------------------------------	------------------------------------

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

New York Counties

Albany	<u>Albany</u>	Niagara	_____
Allegany	_____	Oneida	_____
Broome	_____	Onondaga	_____
Cattaraugus	_____	Ontario	_____
Cayuga	_____	Orange	_____
Chautauqua	_____	Orleans	_____
Chemung	_____	Oswego	_____
Chenango	_____	Otsego	_____
Clinton	_____	Putnam	_____
Columbia	_____	Rensselaer	_____
Cortland	_____	Rockland	_____
Delaware	_____	St. Lawrence	_____
Dutchess	_____	Saratoga	_____
Erie	_____	Schenectady	_____
Essex	_____	Schoharie	_____
Franklin	_____	Schuyler	_____
Fulton	_____	Seneca	_____
Genesee	_____	Steuben	_____
Greene	_____	Suffolk	_____
Hamilton	_____	Sullivan	_____
Herkimer	_____	Tioga	_____
Jefferson	_____	Tompkins	_____
Lewis	_____	Ulster	_____
Livingston	_____	Warren	_____
Madison	_____	Washington	_____
Monroe	_____	Wayne	_____
Montgomery	_____	Westchester	_____
Nassau	_____	Wyoming	_____
New York City	_____	Yates	_____

**New York State
Wages/Self-Employment Income Allocation**

2018

▶ Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

**Part I – New York Wage Allocation
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		GCOM SOFTWARE LLC	117,810.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

Other Additions and Subtractions Statement

Keep for your records

Name as Shown on Return
SIVA K THIRUMALASETTY AND KAVITA RAYALA

Social Security No.
318-55-0547

Part I - Other New York Additions (IT-201 line 23, IT-203 line 22)

Table with columns for item code (A-101 to A-203), description of addition/subtraction, and a column for the amount. Includes items like New York City flexible benefits program, interest and dividends, 529 college savings, 414(h) retirement, mortgage recording tax, etc.

A-204	Safe harbor leases; election for qualified leased property	A-204	_____
	NY State allocated amount of above ▶ _____		
A-205	Form IT-399 - Accelerated cost recovery system (ACRS) deduction	A-205	_____
	NY State allocated amount of above ▶ _____		
A-206	Form IT-399 - ACRS property; year of disposition adjustment	A-206	_____
	NY State allocated amount of above ▶ _____		
A-207	Prior year's Farmers' School Tax Credit	A-207	_____
	NY State allocated amount of above ▶ _____		
A-208	Sport utility vehicle expense deduction	A-208	_____
	NY State allocated amount of above ▶ _____		
A-209	Form IT-398 - IRC section 168(k) property depreciation	A-209	_____
	NY State allocated amount of above ▶ _____		
A-210	Special depreciation	A-210	_____
	NY State allocated amount of above ▶ _____		
A-211	Royalty and interest payments made to related party member(s)	A-211	_____
	NY State allocated amount of above ▶ _____		
A-212	Environmental remediation insurance premiums	A-212	_____
	NY State allocated amount of above ▶ _____		
A-213	Domestic production activities deduction	A-213	_____
	NY State allocated amount of above ▶ _____		
A-214	Metropolitan commuter transportation mobility tax claimed as a federal deduction	A-214	_____
	NY State allocated amount of above ▶ _____		
A-215	NOL deduction limitation	A-215	_____
A-216	Manufacturer's real property tax	A-216	_____
	NY State allocated amount of above ▶ _____		
A-217	START-UP NY excise tax on telecommunication services	A-217	_____
	NY State allocated amount of above ▶ _____		
Below items flow to Part 2 of Schedule A			
A-301	S corporation shareholders; reduction for taxes	A-301	_____
	NY State allocated amount of above ▶ _____		
A-302	S corporation shareholders; pass-through loss or deduction items	A-302	_____
	NY State allocated amount of above ▶ _____		
A-303	S corporation shareholders; distributions not included in federal AGI, not previously subject to New York personal income tax because the corporation was a New York C corporation	A-303	_____
	NY State allocated amount of above ▶ _____		
A-304	S corporation shareholders; disposition of stock or indebtedness with increased basis	A-304	_____
	NY State allocated amount of above ▶ _____		

EA-901 Beneficiary's share of fiduciary adjustment. NY State allocated amount of above ▶ _____	EA-901																
Partner, shareholder and beneficiary additions to Part 2 of Schedule A: Enter applicable code from above listing:																	
<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Modification Code</th> <th style="text-align: center;">Total Amount</th> <th style="text-align: center;">NYS Allocated Amount</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>	Modification Code	Total Amount	NYS Allocated Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		
Modification Code	Total Amount	NYS Allocated Amount															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
Total to Form IT-201, line 23 or Form IT-203, line 22 ▶ _____																	

Part II – Other New York Subtractions (IT-201, line 31, IT-203 line 29)

S-101 START-UP NY wages NY State allocated amount of above ▶ _____	S-101	
S-102 Interest income from Build America Bonds (BAB) issued by New York or its local governments. NY State allocated amount of above ▶ _____	S-102	
S-103 New York's 529 college savings program deduction (IT-203 only) NY State allocated amount of above ▶ _____	S-103	
S-104 New York's 529 college savings program distributions (IT-203 only) NY State allocated amount of above ▶ _____	S-104	
S-105 Long-term residential care deduction NY State allocated amount of above ▶ _____	S-105	
S-106 Pension and annuity income exclusion Reported on Line 29 of Form IT-201/Line 28 of IT-203		
S-107 Pensions of NY State and local governments and federal government Reported on Line 26 of Form IT-201/Line 25 of IT-203		
S-109 Accelerated death benefits that were includable in federal adjusted gross income NY State allocated amount of above ▶ _____	S-109	
S-110 Contributions for Executive Mansion, natural and historic resources, not deducted elsewhere NY State allocated amount of above ▶ _____	S-110	
S-111 Distributions made to a victim of Nazi persecution NY State allocated amount of above ▶ _____	S-111	
S-112 Items of income related to assets stolen from, hidden from, or otherwise lost to a victim of Nazi persecution NY State allocated amount of above ▶ _____	S-112	
S-113 Professional service corporation shareholders. NY State allocated amount of above ▶ _____	S-113	
S-114 Gain to be subtracted from the sale of a new business investment reported on your federal income tax return. NY State allocated amount of above ▶ _____	S-114	
S-115 Qualified emerging technology investments (QETI) NY State allocated amount of above ▶ _____	S-115	
S-116 Sales or dispositions of assets acquired before 1960 with greater state than federal bases	S-116	

	NY State allocated amount of above ▶ _____		
S-117	Income earned before 1960 and previously reported to New York State	S-117	_____
	NY State allocated amount of above ▶ _____		
S-118	Military pay included in federal adjusted gross income, received for active duty as a member of US armed services in a designated combat zone	S-118	_____
	NY State allocated amount of above ▶ _____		
S-119	Military pay	S-119	_____
	NY State allocated amount of above ▶ _____		
S-120	Interest paid on loans made under New York Higher Education Loan Program (HELP)	S-120	_____
	NY State allocated amount of above ▶ _____		
S-121	Certain investment income from U.S. government agencies	S-121	_____
	NY State allocated amount of above ▶ _____		
S-122	Tier II Railroad Retirement benefits repta on RRB-1099-R		_____
	Enter any nonqualified plan adjustment repta elsewhere		_____
	Certain railroad retirement income and railroad unemployment insurance benefits	S-122	_____
	NY State allocated amount of above ▶ _____		
S-123	Certain investment income exempted by other New York State laws	S-123	_____
	NY State allocated amount of above ▶ _____		
S-124	Form IT-221 - Disability income exclusion	S-124	_____
	NY State allocated amount of above ▶ _____		
S-125	Interest income on U.S. government bonds		
	Reported on Line 28 of Form IT-201/Line 27 of IT-203		
S-126	New York State organized militia income.	S-126	_____
	NY State allocated amount of above ▶ _____		
S-127	Loss from sale or disposition of property that would have been realized if a federal estate tax return had been required	S-127	_____
	NY State allocated amount of above ▶ _____		
S-128	Native American Income Exclusion	S-128	_____
	NY State allocated amount of above ▶ _____		
S-129	Special Accruals	S-129	_____
	NY State allocated amount of above ▶ _____		
S-130	Volunteer firefighter or ambulance worker length of service award	S-130	_____
	NY State allocated amount of above ▶ _____		
S-132	Unreimbursed exp related to donating an organ for human transplant.	S-132	_____
S-133	Distributions from an eligible retirement plan for Lake Ontario and St. Lawrence Seaway flood relief program	S-133	_____
	NY State allocated amount of above ▶ _____		
S-134	Income from Student Loan debt discharged due to death or disability	S-134	_____
	NY State allocated amount of above ▶ _____		
S-135	Qualified moving expense reimbursements and moving expenses	S-135	_____
	NY State allocated amount of above ▶ _____		
S-201	Small business modification	S-201	_____
	NY State allocated amount of above ▶ _____		
S-202	Trade or business interest expense on loans used to buy federally tax-exempt obligations that are taxable to New York State	S-202	_____
	NY State allocated amount of above ▶ _____		
S-203	Trade or business expenses (other than interest expense) connected with federally tax-exempt income that is taxable to New York State	S-203	_____
	NY State allocated amount of above ▶ _____		
S-204	Amortizable bond premiums on bonds that are owned by a trade or business and the interest on which is federally tax-exempt income but is taxable to New York State	S-204	_____
	NY State allocated amount of above ▶ _____		
S-205	Wage and salary expenses allowed as federal credits but not as federal expenses	S-205	_____
	NY State allocated amount of above ▶ _____		

S-206	Cost depletion	S-206	_____
	NY State allocated amount of above ▶		_____
S-207	Special depreciation expenditures	S-207	_____
	NY State allocated amount of above ▶		_____
S-208	Amount included in federal AGI (except for mass transit vehicles) solely because you made the safe harbor election on your federal return for agreements entered into before January 1, 1984	S-208	_____
	NY State allocated amount of above ▶		_____
S-209	Amount that you could have excluded from federal AGI (except for mass transit vehicles) had you not made the safe harbor election on your federal return for agreements entered into before January 1, 1984	S-209	_____
	NY State allocated amount of above ▶		_____
S-210	Form IT-399 - New York depreciation allowed	S-210	_____
	NY State allocated amount of above ▶		_____
S-211	Form IT-399 - ACRS (year of disposition adjustment)	S-211	_____
	NY State allocated amount of above ▶		_____
S-212	Sport utility vehicle expense deduction recapture	S-212	_____
	NY State allocated amount of above ▶		_____
S-213	Form IT-398 - IRC section 168(k) property depreciation	S-213	_____
	NY State allocated amount of above ▶		_____
S-214	Form IT-398 - IRC section 168(k) property (year of disposition adjustment)	S-214	_____
	NY State allocated amount of above ▶		_____
S-215	Refund of certain New York business tax credits (such as QEZE)	S-215	_____
	NY State allocated amount of above ▶		_____
S-216	New York State Innovation Hot Spot Program	S-216	_____
	NY State allocated amount of above ▶		_____
S-217	Taxable refunds (only if included in federal income but not included in IT-201/IT-203 line 4)	S-217	_____
	NY State allocated amount of above ▶		_____

Below items flow to Part 2 of Schedule B

S-301	S corporation shareholders; disposition of stock or indebtedness with a reduced basis/New York additions previously made for distributions relating to stock, cash distributions during post termination transition period, and distributions of undistributed taxable income	S-301	_____
	NY State allocated amount of above ▶		_____
S-302	S corporation shareholders; pass-through income	S-302	_____
	NY State allocated amount of above ▶		_____
S-303	Franchise tax refunds	S-303	_____
	NY State allocated amount of above ▶		_____
ES-901	Beneficiary's share of fiduciary adjustment.	ES-901	_____
	NY State allocated amount of above ▶		_____

Partner, shareholder and beneficiary subtractions to Part 2 of Schedule B:

Enter applicable code from above listing:

Modification Code	Total Amount	NYS Allocated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to Form IT-201, line 31 or Form IT-203, line 29 ▶ _____

New York 529 College Savings Program Worksheet

2018

► Keep for your records

Name as Shown on Return SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security No. 318-55-0547
---------------------------------------------------------------------------	-------------------------------------------

Part I – New York’s 529 College Savings Program Deduction/Earnings Distributions (Form IT-201, Line 30)

1 Amount of contributions you made in 2018 to an account established under New York’s 529 college savings program * (cannot exceed \$5,000 for an individual, head of household, married taxpayers filing separately, or qualifying widow(er), or \$10,000 for married taxpayers filing a joint return)	1	
2 Amount of Qualified Tuition Program distribution included in your federal AGI *		
a Taxable amount of earnings Earnings on non-family member transfer:		
b 1 State	Federal	New York
2 Private		
c Other adjustments		
d Total federal (Sum of Federal column)		
e Total New York (Sum of New York column)		2
3 Add line 1 and line 2. Enter here and on Form IT-201, line 30		3

* In determining the amount to enter on lines 1 and 2, also include your share of any amounts contributed or withdrawn by a partnership of which you are a member partner.

Note: Retain this worksheet for future-year computations of the New York 529 College Savings Program Worksheet.

Part II – New York’s 529 College Savings Program Distributions (Form IT-201, Line 22)

1 Total current and prior years’ nonqualified withdrawals from your account(s)	1	
2 Total current and prior years’ contributions to your account(s)	2	
3 a Current year’s subtraction modification (<i>from Part I, line 1</i>) and prior years’ subtraction modifications	Year	Amount
	2018	
3 b Total subtraction modifications		3
4 Subtract line 3 from line 2		4
5 a Prior years’ addition modifications	Year	Amount
5 b Total addition modifications		5
6 Add line 4 and line 5		6
7 Subtract line 6 from line 1. This is your current year addition modification. Enter this amount on Form IT-201, line 22.		7

If line 7 is 0 (zero) or less, there is no addback.

Also include on lines 1 and 2 your share of any amounts withdrawn or contributed by a partnership of which you are a member partner. The partnership should provide this information to you.

Name as Shown on Return		Social Security No.
<p>1 Amount from Form IT-272, line 3</p> <p>If your filing status is:</p> <ul style="list-style-type: none"> • 1 or 3 and the amount on Form IT-201, line 33 is \$100,000 or less; or • 4 and the amount on Form IT-201, line 33 is \$150,000 or less; or • 2 or 5 and the amount on Form IT-201, line 33 is \$200,000 or less <p>skip lines 2 through 4 and enter the amount from line 1 on line 5. All others continue with line 2.</p>	1	
<p>2 Amount, if any, from Form IT-196, line 47</p> <p>(If the amount on line 2 is 0 skip lines 3 and 4 below and see the instructions to compute the amount to enter on line 5.)</p>	2	
<p>3 Amount from Form IT-196, line 45</p>	3	
<p>4 Divide line 2 by line 3 and round to the fourth decimal place</p>	4	
<p>5 Multiply line 1 by the amount on line 4. This is your college tuition itemized deduction</p>	5	

College Tuition Qualified Expenses Optimization Worksheet

2018

▶ Keep for your records

Name as Shown on Return SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security No. 318-55-0547
---------------------------------------------------------------------------	-------------------------------------------

Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.

- ▶ Do not list the same student more than once
- ▶ List the EIN and name of the college that was last attended
- ▶ Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

A Student's name B Student's SSN	C Date of birth D Student Type	E EIN of college F College name	G Under-graduate expense?	H Qualified college tuition expenses paid in 2018
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2 Total tuition (sum of column G)			2	_____
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction			3	_____

Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

1 Check this box to launch the optimizer now. This will automatically determine whether the deduction or the credit generates the lowest tax

Caution: **A.** If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.
B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

2 Automatic - Check to use the Deduction or Credit choices calculated in column (b) below ▶ **X**
OR
3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. ▶

	(a) Manual: Choose Credit or Deduction	(b) Automatic: Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
Check the box to use your qualified college tuition expenses as an itemized deduction	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Net Refund/Balance Due

Refund 1724
 Balance Due _____

► Keep for your records

Name as Shown on Return SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security No. 318-55-0547
--------------------------------------------------------------------	------------------------------------

If Form IT-201, line 33 or IT-203, line 32 is:

- \$100,000 or less, leave line 46 blank and go to line 47.
- more than \$100,000 but not more than \$475,000, fill in **Worksheet 3**.
- more than \$475,000 but not more than \$525,000, fill in **Worksheet 4**.
- more than \$525,000 but not more than \$1,000,000, enter 50% (.50) of line 45 on line 46.
- more than \$1,000,000, but not more than \$10,000,000, fill in **Worksheet 5**.
- more than \$10,000,000, fill in **Worksheet 6**.

Worksheet 3

1	New York adjusted gross income from Form IT-201, line 33 or IT-203, line 32. . . .	1	115,208.
2	Amount from the table below:		
	If filing status is 1 or 3	\$100,000	
	If filing status is 4	\$150,000	
	If filing status is 2 or 5	\$200,000. . . .	200,000.
3	Subtract line 2 from line 1. (If line 2 is more than line 1, leave line 46 of Form IT-196 blank. Do not continue with this worksheet.)	3	0.
4	Enter the lesser of line 3 or \$50,000	4	
5	Divide line 4 by \$50,000 and round the result to the fourth decimal place	5	
6	Enter 25% of Form IT-196, line 45	6	
7	Multiply line 5 by line 6	7	

Transfer the amount on line 7 to Form IT-196 line 46

Worksheet 4

1	Enter the excess of New York adjusted gross income from Form IT-201, line 33 or IT-203, line 32 over \$475,000 (cannot exceed \$50,000)	1	
2	Divide line 1 by \$50,000 and round the result to the fourth decimal place	2	
3	Enter 25% of Form IT-196, line 45	3	
4	Multiply line 2 by line 3	4	
5	Add lines 3 and 4	5	

Transfer the amount on line 5 to Form IT-196 line 46

Worksheet 5

1	Enter the amount from Form IT-196, line 45.	1	
2	Enter 50% of Form IT-196, line 19	2	
3	Subtract line 2 from line 1	3	

Transfer the amount on line 3 to Form IT-196 line 46

Worksheet 6

1	Enter the amount from Form IT-196, line 45.	1	
2	Enter 25% of Form IT-196, line 19	2	
3	Subtract line 2 from line 1	3	

Transfer the amount on line 3 to Form IT-196 line 46

Tax Computation Worksheet

2018

► Keep for your records

Name as Shown on Return

SIVA K THIRUMALASETTY AND KAVITA RAYALA

Social Security No.

318-55-0547

Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	115,208.
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	98,158.
3	Multiply line 2 by 6.33% (.0633). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	6,213.
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	5,585.
5	Subtract line 4 from line 3	5	628.
6	Enter the excess of line 1 over \$107,650	6	7,558.
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	0.1512
8	Multiply line 5 by line 7	8	95.
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	5,680.

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

Tax Computation Worksheet 2

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5	Subtract line 4 from line 3	5	
6	Enter \$629 on line 6	6	
7	Subtract line 6 from line 5	7	
8	Enter the excess of line 1 over \$161,550	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	
10	Multiply line 7 by line 9	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$1,017 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$323,200	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$160,500 or less, enter \$629 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,017 on line 6. If line 2 is more than \$323,200, enter \$1,922 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$2,155,350	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3.	5	_____
6	Enter the excess of line 1 over \$107,650	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3.	5	_____
6	Enter \$506 on line 6	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the excess of line 1 over \$215,400	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$215,400 or less, enter \$506 on line 6. If line 2 is more than \$215,400, enter \$1,109 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,077,550	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter the excess of line 1 over \$107,650	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$729 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$269,300	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$269,300 or less, enter \$729 on line 6. If line 2 is more than \$269,300, enter \$1,483 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,616,450	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Name as Shown on Return
SIVA K THIRUMALASETTY AND KAVITA RAYALA

Social Security No.
318-55-0547

Part I 2019 Estimated Tax Amount Options

Note: MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105

1 Select One of Five Ways to Calculate the Required Annual Payment for 2019 Estimates:

	State	New York City	Yonkers
a 100% (110%) of 2018 taxes	<input checked="" type="checkbox"/> 5,680.		
b 100% of tax on 2019 estimated taxable income	<input type="checkbox"/> 5,374.	0.	
c 90% of tax on 2019 estimated taxable income	<input type="checkbox"/> 4,837.	0.	
d 66-2/3% of tax on 2019 estimated taxable income (farmers and fishermen)	<input type="checkbox"/> 3,583.	0.	
e Fixed total amount (not program calculated)	<input type="checkbox"/>		

2 Selected estimated tax amount:

a 2019 Required Annual Payment based on your choice above.	5,680.
b Estimated amount of 2019 state income tax withholding	7,173.
c Total of estimated tax payments required for 2019 (line 2a less line 2b)	0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount.
- d Do **not** calculate estimates

4 Other Options:

- a Enter the number of vouchers to be prepared (default 4 payments) 4

Part II Overpayment Application Options

- 1 Amount of overpayment available 1,724.
 Check to apply overpayment and refund excess
 or enter amount to apply _____
- A Apply consecutively to all quarters
- B Apply to first quarter only
- C Apply evenly to state estimated amounts only

Part III Rounding and Printing Options

1 Select Rounding Option:

- a Round up to next \$1 b Round up to next \$10 c Round up to next \$50 Round up to next \$100

2 Select Voucher Printing Option:

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

Part IV Filing Status and Dependent Exemptions for 2019 Calculations

A 1 Choose 2019 filing status:

- Single Married filing jointly Head of household Qualifying widow(er)
 Married filing separately

B Check if dependent of another in 2019. Yes No

C Enter the number of dependent exemptions in 2019 1

Part V Changes to Income, Deductions, Credits and Withholding for 2019

Your 2018 income and deductions are entered in the '2018 Actual' column.

*For each line in the '2019 Estimated' column, enter estimated 2019 amount if different from 2018; otherwise, the '2018 Actual' amount will be used for that line. If zero, you must enter zero.

	2018 Actual	*2019 Estimated
A 1 New York adjusted gross income	115,208.	
2 New York City taxable income (see IT-201 line 47 instructions)		
B Enter either your standard or estimated itemized deduction	16,050.	16,050.
C Dependent exemption (number of dependents times \$1,000)	1,000.	1,000.
D New York City Household Credit/Accum Distribution Credit		
E New York City tax on ordinary income portion of lump-sum distribution		
F 1 New York City Unincorporated Business Tax Credit		
2 New York City General Corporation Tax Credit		
G New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit		
H Nonresidents and Part-Year residents:		
(1) New York adjusted gross income (Form IT-203, line 45, New York State amount)		
(2) New York adjusted gross income (Form IT-203, line 45, federal amount)		
I Nonresident and part-year resident income percentage		
J Additional taxes — New York State		
K Additional taxes — New York City		
L Resident credit and other nonrefundable credits — New York State		
M Refundable credits — New York State	231.	
N Refundable credits — New York City		
O Gross wages subject to the Yonkers nonresident tax (Form Y-203)		
P Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203)		
Q Yonkers nonresident earnings tax (Form Y-203)		
R New York State income tax withheld	7,173.	
S New York City income tax withheld		
T Yonkers income tax withheld		

Part VI 2019 Estimated Taxable Income and Tax

	New York State	City of New York	City of Yonkers
1 Estimated New York adjusted gross income expected in 2019	115,208.		
2 Enter either your standard deduction or estimated itemized deduction	16,050.		
3 Subtract line 2 from line 1	99,158.		
4 Dependent exemption (<i>number of dependents times \$1,000</i>)	1,000.		
5 Estimated New York State taxable income (line 3 less line 4)	98,158.		
6 New York State tax	5,605.		
7 Estimated NYC taxable income			
7 a New York City resident tax on line 7 amount			
8 New York City Household Credit and New York City Accumulation Distribution Credit			
9 Subtract line 8 from line 7a		0.	
10 New York City tax on ordinary income portion of lump-sum distribution			
11 Add lines 9 and 10		0.	
12 New York City Unincorporated Business Tax Credit			
12 a New York City General Corporation Tax Credit			
12 b Add lines 12 and 12a			
13 Subtract line 12b from line 11		0.	
14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit			
a Nonresident and part-year resident income percentage			
15 Subtract line 14 from line 6	5,605.		
16 Other taxes			
17 Add lines 15 and 16 (<i>in New York City column: add lines 13 and 16</i>)	5,605.	0.	
18 Resident credit and other nonrefundable credits			
19 Total estimated New York State and New York City tax (<i>New York State column: line 17 less line 18; City of New York column: enter amount from line 17</i>)	5,605.	0.	
20 Refundable credits	231.		
21 New York State/City estimated tax (<i>line 19 less line 20</i>)	5,374.	0.	
22 City of Yonkers:			
a Resident tax surcharge (<i>line 21 times 16.75% (.1675)</i>)			
b Nonresident earnings tax (<i>Form Y-203</i>)			
c Total (<i>add lines 22a and 22b</i>)			
23 Totals (<i>New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c</i>)	5,374.	0.	

23 a	Check this box if farmer or fisherman <input type="checkbox"/>			
24	Multiply line 23 by 90% (66-2/3% for farmers and fishermen)	4,837.	0.	
24 a	100% of line 23 (tax calculated on 2019 estimated taxable income)	5,374.	0.	
25	Enter 100% of the tax shown on your 2018 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2019, more than \$75,000) . .	5,680.		
26	2019 required annual payment based on your choice of options	5,680.		
27	Estimate of income tax to be withheld	7,173.		
28	Total estimated tax payments required for 2019	0.		
29	Application of 2018 overpayment. Total			

	a Due Date	b Amount to Pay	c 2018 Overpayment Applied	d Total Amount
30 Payment				
New York State				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
City of New York				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
City of Yonkers				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
Totals				

Voucher amounts:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
New York State				
City of New York				
City of Yonkers				
MCTMT - Taxpayer				
MCTMT - Spouse				
Voucher Totals:				

Two-Year Comparison

2018

Name as Shown on Return SIVA K THIRUMALASETTY AND KAVITA RAYALA	Social Security No. 318-55-0547
--------------------------------------------------------------------	------------------------------------

	2017	2018	Difference	%
Federal Adjusted Gross Income	120,400.	115,208.	-5,192.	-4.31
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions				
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions				
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	120,400.	115,208.	-5,192.	-4.31
Standard or Itemized Deduction	16,050.	16,050.	0.	0.00
Dependent exemptions	1,000.	1,000.	0.	0.00
New York Taxable Income	103,350.	98,158.	-5,192.	-5.02
New York State tax	6,159.	5,680.	-479.	-7.78
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	6,159.	5,680.	-479.	-7.78
New York City taxes				
Yonkers City taxes				
Use tax		0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	6,159.	5,680.	-479.	-7.78
Withholding	7,218.	7,173.	-45.	-0.62
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits	149.	231.	82.	55.03
Total payments and refundable credits	7,367.	7,404.	37.	0.50
Underpayment penalty				
Applied to next year's estimated tax				
Refund	1,208.	1,724.	516.	42.72
Balance Due				

Tax Summary

2018

► Keep for your records

Name(s) SIVA K THIRUMALASETTY AND KAVITA RAYALA	
Federal Adjusted Gross Income	115,208.
New York Additions	
New York Subtractions	
New York Adjusted Gross Income	115,208.
Itemized or Standard Deduction	16,050.
Dependent Exemptions	1,000.
New York Taxable Income	98,158.
Tax	5,680.
New York State Credits	
Other New York State Taxes	
Total New York State Taxes	5,680.
New York City Taxes	
MCTMT	
Yonkers City Taxes	
Sales or Use Tax	0.
Voluntary Gifts/Contributions	
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	5,680.
Total Payments and Credits	7,404.
Penalty Amount	
Refund	1,724.
Amount Owed	

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **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.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

Siva K Thirumalasetty & KAVITA RAYALA

Your social security number

318-55-0547

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	3,990.	3,981.	12.	21.
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	9,026.	11,665.		-2,639.
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 -2,618.

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

16	Combine lines 7 and 15 and enter the result	16	-2,618.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, 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 Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(2,618.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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

Siva K Thirumalasetty & KAVITA RAYALA

Social security number or taxpayer identification number

318-55-0547

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	
	ROBINHOOD - see attached statement			3,989.67	3,980.63	DM	12.32	21.36
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) ▶			3,989.67	3,980.63		12.32	21.36

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

Siva K Thirumalasetty & KAVITA RAYALA

Social security number or taxpayer identification number

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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	
	Coinbase - short-term	Various	03/03/18	9,026.	11,665.			-2,639.
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) ▶			9,026.	11,665.			-2,639.

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.