

Review your print out for checklist items.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2020**

# 2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

863.

REV 08/2020 INTUIT.CG.CFP.SP

1555

318-55-0547  
SIVA K THIRUMALASETTY

33 WHITAKER DR  
COHOES NY 12047-4318

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

318550547 FC THIR 30 0 202012 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2020**

# 2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	<b>863.</b>
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REV 08/2020 INTUIT.CG.CFP.SP

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2020**

# 2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	863.
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REV 08/2020 INTUIT.CG.CFP.SP

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 01/15/2021

# 2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

863.

REV 08/2020 INTUIT.CG.CFP.SP

1555

318-55-0547  
SIVA K THIRUMALASETTY

33 WHITAKER DR  
COHOES NY 12047-4318

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

318550547 FC THIR 30 0 202012 430

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

Your first name and middle initial <b>Siva K</b>	Last name <b>Thirumalasetty</b>	Your social security number <b>318-55-0547</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>33 Whitaker Dr</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Cohoes NY 12047-4318</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

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

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

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

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

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	130,238.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>		<b>3b</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>4b</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>		<b>4d</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>		<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>	68.
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b>	0.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b>	130,306.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b>	130,306.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	16,070.		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>			
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b>	16,070.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b>	114,236.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	21,591.		
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>		21,591.	
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	2,000.		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>		2,000.	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>		19,591.	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>		0.	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>		19,591.	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>		16,141.	
<b>18</b>	Other payments and refundable credits:				
<b>a</b>	Earned income credit (EIC) . . . . . <b>NO</b>	<b>18a</b>			
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>			
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>			
<b>d</b>	Schedule 3, line 14	<b>18d</b>			
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>			
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>		16,141.	

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

**Refund**

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

Direct deposit? See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>		3,450.	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>			

**Third Party Designee**

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

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

**Sign Here**

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

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

**Paid Preparer Use Only**

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

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

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

Siva K Thirumalasetty

Your social security number

318-55-0547

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

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	0.

**Part II Adjustments to Income**

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

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

REV 08/20/20 Intuit.cq.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019



**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

► Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, 1040-NR, 1040-NR-EZ, or 1041.

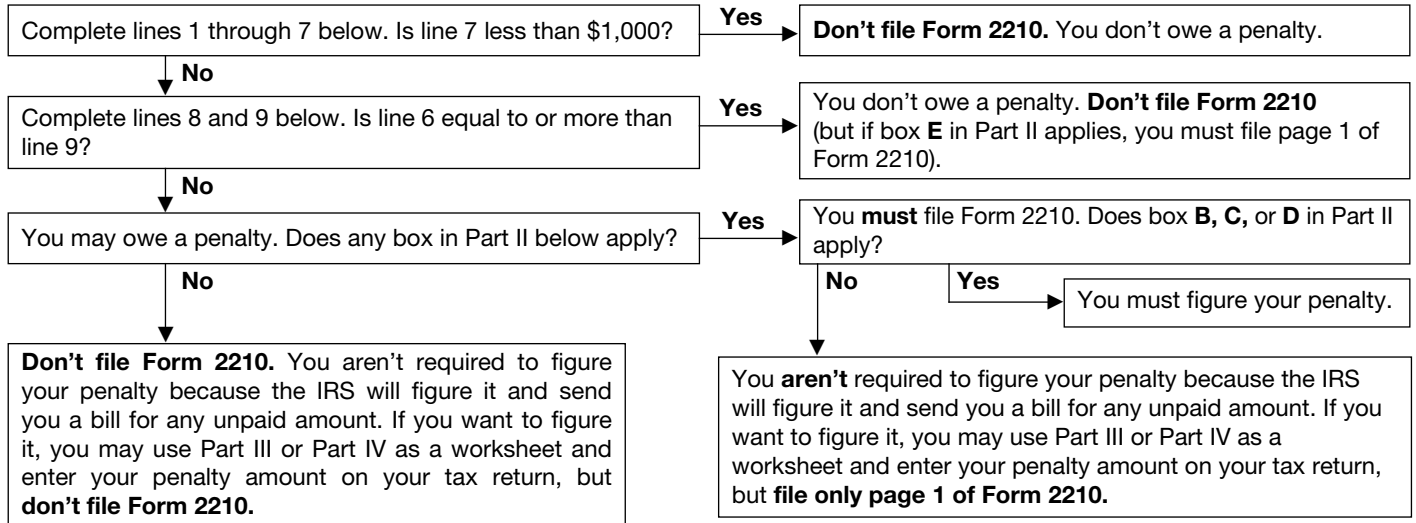
Name(s) shown on tax return

Siva K Thirumalasetty

Identifying number

318-55-0547

**Do You Have To File Form 2210?**



**Part I Required Annual Payment**

1	Enter your 2019 tax after credits from Form 1040 or Form 1040-SR, line 14 (see instructions if not filing Form 1040 or Form 1040-SR)	1	19,591.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	4	19,591.
5	Multiply line 4 by 90% (0.90)	5	17,632.
6	Withholding taxes. <b>Don't</b> include estimated tax payments (see instructions)	6	16,141.
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	7	3,450.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	9,940.
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9	9,940.

**Next:** Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
  - If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
  - If box **A or E** applies (but not **B, C, or D**) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A**  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D**  Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E**  You filed or are filing a joint return for either 2018 or 2019, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

**Itemized Deductions**

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Siva K Thirumalasetty

Your social security number

318-55-0547

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)	1	0.
<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 8b	2	130,306.
<b>3</b>	Multiply line 2 by 7.5% (0.075)	3	9,773.
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.

**Taxes You Paid**

<b>5</b>	State and local taxes.		
<b>a</b>	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>	7,849.
<b>b</b>	State and local real estate taxes (see instructions)	<b>5b</b>	2,266.
<b>c</b>	State and local personal property taxes	<b>5c</b>	
<b>d</b>	Add lines 5a through 5c	<b>5d</b>	10,115.
<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	<b>5e</b>	10,000.
<b>6</b>	Other taxes. List type and amount ▶	<b>6</b>	
<b>7</b>	Add lines 5e and 6	<b>7</b>	10,000.

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited (see instructions).

<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>a</b>	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	<b>8a</b>	4,871.
<b>b</b>	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>8b</b>	
<b>c</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>8c</b>	1,199.
<b>d</b>	Mortgage insurance premiums (see instructions)	<b>8d</b>	
<b>e</b>	Add lines 8a through 8d	<b>8e</b>	6,070.
<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions.	<b>9</b>	
<b>10</b>	Add lines 8e and 9	<b>10</b>	6,070.

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>11</b>	
<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.	<b>12</b>	
<b>13</b>	Carryover from prior year	<b>13</b>	
<b>14</b>	Add lines 11 through 13	<b>14</b>	

**Casualty and Theft Losses**

<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	<b>15</b>	
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**Other Itemized Deductions**

<b>16</b>	Other—from list in instructions. List type and amount ▶	<b>16</b>	
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**Total Itemized Deductions**

<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	<b>17</b>	16,070.
<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE B**  
**(Form 1040 or 1040-SR)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

Name(s) shown on return

Siva K Thirumalasetty

Your social security number

318-55-0547

**Part I**  
**Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, 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.

**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 ►

**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 or 1040-SR, 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**

(See instructions and the instructions for Forms 1040 and 1040-SR, 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.

**5** List name of payer ►

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

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

**5**

**6**

**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**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

**7a** At any time during 2019, 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 ►

**8** During 2019, 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
<b>7a</b>	X	
		X
<b>8</b>		X

**SCHEDULE D**  
**(Form 1040 or 1040-SR)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
Siva K Thirumalasetty

Your social security number  
318-55-0547

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,672.	1,601.		71.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 71.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	16.	19.		-3.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -3.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	68.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		





# Tax History Report

▶ Keep for your records

**2019**

Name(s) Shown on Return

Siva K Thirumalasetty

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status . . . . .		MFJ	MFJ	MFJ	Single
Total income . . . . .		120,482.	120,400.	115,208.	130,306.
Adjustments to income					
Adjusted gross income		120,482.	120,400.	115,208.	130,306.
Tax expense . . . . .		7,238.	7,249.	7,402.	10,000.
Interest expense . . .					6,070.
Contributions . . . . .			347.	270.	
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .		12,600.	12,700.	24,000.	16,070.
Exemption amount . .		12,150.	12,150.	0.	0.
QBI deduction . . . . .					
Taxable income . . . .		95,732.	95,550.	91,208.	114,236.
Tax . . . . .		15,474.	15,371.	11,940.	21,591.
Alternative min tax . .					
Total credits . . . . .			450.	2,000.	2,000.
Other taxes . . . . .		0.	2,490.	0.	
Payments . . . . .		16,808.	18,007.	14,613.	16,141.
Form 2210 penalty . .					
Amount owed . . . . .					3,450.
Applied to next year's estimated tax .					
Refund . . . . .		1,334.	596.	4,673.	
Effective tax rate % . .		12.84	12.39	8.63	15.03
**Tax bracket % . . . .		25.0	25.0	22.0	24.0

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



## IMPORTANT DISCLOSURES

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

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

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at 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, 2020.

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

## We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. 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. You specify that your consent is valid for three years from the date of this signature."

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

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

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2019 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Siva

First Name

Thirumalasetty

Last Name

Please type the date below:

05/09/2020

Date

**FORM 1040 or FORM 1040-SR WORKSHEET**  
**NOTE:** Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

**2019**

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

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

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

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

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

Your First Name	MI	Last Name	Your Social Security No.
<u>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.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>33 Whitaker Dr</u>			
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Cohoes</u> <u>NY</u>			<u>12047-4318</u>
Foreign country name		Foreign province/state/county	Foreign postal code

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

**Presidential Election Campaign**

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

**Filing Status**

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

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

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

(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 qualifying 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"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	130,238.
<b>2 a</b>	<b>Tax-exempt</b> interest . . . . . <b>2a</b>		
<b>b</b>	<b>Taxable</b> interest . . . . .	<b>2b</b>	
<b>3 a</b>	Qualified dividends (see instructions) . . . . . <b>3a</b>		
<b>b</b>	Ordinary dividends. Attach Schedule B if required . . . . .	<b>3b</b>	
<b>4</b>	IRA distributions . . . . . <b>4a</b>		
	Taxable amount (see instructions) . . . . .	<b>4b</b>	
	Pensions and annuities . . . . . <b>4c</b>		
	Taxable amount (see instructions) . . . . .	<b>4d</b>	
<b>5 a</b>	Social security benefits . . . . . <b>5a</b>		
<b>b</b>	Taxable amount (see instructions) . . . . .	<b>5b</b>	
<b>6</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . ▶ <input type="checkbox"/>	<b>6</b>	68.
<b>QuickZoom</b> to Schedule 1 — Additional Income and Adjustments to Income . . . . . ▶			

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

<b>7 a</b>	Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	0.
<b>b</b>	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your <b>total income</b> . . . . .	<b>7b</b>	130,306.
<b>8 a</b>	Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	
<b>b</b>	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . AGI including excludable Puerto Rico Income. . . . .	<b>8b</b>	130,306.

**Form 1040 or Form 1040-SR, Line 9 – Standard or Itemized Deduction**

<b>9</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) <b>Standard Deduction for —</b> <ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others: <ul style="list-style-type: none"> <li>● Single or Married filing separately: \$12,200</li> <li>● Married filing jointly or Qualifying widow(er): \$24,400</li> <li>● Head of household: \$18,350</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet . . . . . <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> , see above . . . . . Subtract itemized or standard deduction from adjusted gross income amount . . . . .	<b>9</b>	16,070. 114,236.
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Form 1040 or Form 1040-SR, Lines 10 - 12			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11 a	Add lines 9 and 10 . . . . .	11a	16,070.
11 b	<b>Taxable Income.</b> Subtract line 11a from line 8b . . . . .	11b	114,236.

12 a	<b>Tax.</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
12 b	Add Schedule 2, line 3 and line 12a and enter total . . . . .	12b	21,591.
QuickZoom to Schedule 2 - Additional Tax section . . . . .			

Form 1040 or Form 1040-SR, Line 13 - 16			
13 a	Child tax credit/credit for other dependents . . . . .	13a	2,000.
13 b	Add Schedule 3, line 7 and line 13a and enter the total. . . . .	13b	2,000.
14	Subtract line 13b from line 12b. If zero or less, enter -0- . . . . .	14	19,591.
15	Other taxes, including self-employment tax, from Schedule 2, line 10. . . . .	15	0.
16	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	16	19,591.
QuickZoom to Schedule 3 — Additional Credits and Payments . . . . .			

Form 1040 or Form 1040-SR, Lines 17 - 19			
17	Federal income tax withheld from Forms W-2 and 1099 . . . . .	17	16,141.
18	Other payments and refundable credits:		
18 a	Earned income credit (EIC) . . . . . No		
18 b	Add'l child tax credit. Attach Schedule 8812 . . . . .		
18 c	American opportunity credit from Form 8863, line 8. . . . .		
18 d	Schedule 3, line 14. . . . .		
18 e	Add lines 18a through 18d. <b>These are your other payments and refundable credits</b> . . . . .	18e	
19	Add Lines 17 and 18e. <b>These are your total payments</b> . . . . .	19	16,141.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated . . . . .			
QuickZoom to "due diligence checklist" substitute for Form 8867 . . . . .			
QuickZoom to Schedule 3 — Additional Credits and Payments . . . . .			

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

Form 1040 or Form 1040SR, Lines 23 - 24			
<b>Amount You Owe:</b>			
23	Subtract line total payments from total tax . . . . .	23	3,450.
24	Estimated tax penalty (see instructions) . . . . .	24	
QuickZoom to Late Penalties and Interest Worksheet . . . . .			QuickZoom. . . . .

Schedule 1 - Additional Income and Adjustments

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	1	0.
<b>Alimony Received Smart Worksheet</b>			
	Taxpayer	Spouse	Date of divorce/sep *
A	_____	_____	_____ <input type="checkbox"/>
B	_____	_____	_____ <input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			
2 a	Alimony received. . . . Taxpayer _____ Spouse _____	2a	_____
b	Date of original divorce or separation agreement . . . . . ▶ _____		
3	Business income or (loss). Attach Schedule C . . . . .	3	_____
4	Other gains or (losses). Attach Form 4797 . . . . .	4	_____
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	_____
6	Farm income or (loss). Attach Schedule F . . . . .	6	_____
7	Unemployment compensation (see instr.) . . . . .	7	_____
8	Other income. List type and amount (see instructions). _____ _____	8	_____
9	Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a . . . . . ▶ <b>Total Income.</b> Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b . . . . . ▶ <u>130,306.</u>	9	0.
<b>Quickzoom to 1040 Worksheet, line 7b — Total Income . . . . . ▶ QuickZoom. . . ▶</b>			

Part II Adjustments to Income

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

<b>Alimony Paid Smart Worksheet</b>					
	Recipient's name	Recipient's SSN	Date of divorce/sep *	<input type="checkbox"/>	Alimony paid
A	<u>RAYALA KAVITA</u>	<u>999-88-9999</u>	<u>07/07/2019</u>	<input type="checkbox"/>	<u>33,333.</u>
B	_____	_____	_____	<input type="checkbox"/>	_____
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible					

18 a	Alimony paid . . . . .	18 a	_____
b	Recipient's SSN . . . . . ▶ _____		
c	Date of original divorce or separation agreement . . . . . ▶ _____		
19	IRA deduction . . . . .	19	_____
20	Student loan interest deduction . . . . .	20	_____
21	Tuition and fees. Attach Form 8917 . . . . .	21	_____
22	Add lines 10 through 21 . . . . . These are your <b>adjustments to income.</b> Enter on Form 1040 or 1040-SR, line 8a	22	_____

**Schedule 2 - Additional Taxes**

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 Explain underreported tips . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7 a</b>	Household employment taxes from Schedule H . . . . .	<b>7 a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A. . . . . <b>9</b>   _____		
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> Enter here and on Form 1040 or 1040-SR, line 15 . . . . . ▶	<b>10</b>	0.
	<b>Total tax</b> (add line 10 and Schedule 3, line 7b) . . . . .		19,591.



**Schedule 3 - Additional Credits and Payments**

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential Energy Credit. Attach Form 5695 . . . . .	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>		
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	6	
a	Total non-refundable credits . . . . .	7	2,000.
b	Subtract total credits on line 7 from tax on line 12b above . . . . .		19,591.
<b>Quickzoom to 1040 Worksheet, line 16 – Total Tax . . . . .</b>			<b>QuickZoom. . .</b>

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments . . . . . and amount applied from 2018 return . . . . .	8	
9	Net premium tax credit. Attach Form 8962 . . . . .	9	
10	Amount paid with request for extension to file . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> <b>Reserved</b>		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>		
14	<b>Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17). . . . .</b> <b>Other Payments and Refundable Credits (Form 1040, line 18e) ▶</b>	13	
		14	16,141.

**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 <u>Software Analyst</u>	If the IRS sent you an Identity Protection PIN, enter it here ▶ _____ ▶ _____
Spouse's Signature. If joint, <b>both</b> must sign. _____	Date _____	Spouse's Occupation _____	
Daytime Phone No. _____ (518) 951-5599			

**Paid Preparer's Use Only**

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

**Filing Address Information**

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

Name(s) Shown on Return Siva K Thirumalasetty	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 2018 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

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

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

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

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

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

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

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

1	State and local income taxes . . . . .	1	7,849.
2	Investment income. . . . .	2	68.
3	Total adjusted gross income . . . . .	3	130,306.
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	0.0005
5	State and local income taxes allocable to investment income	5	4.
6	State and local taxes (Schedule A, line 5e) . . . . .	6	10,000.
7	Lesser of line 5 or line 6. . . . .	7	4.
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	4.

**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	4.						
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: 50%; height: 15px;"></td> <td style="width: 50%; height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> </table>							3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	4.						
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8 . . . . .	5	16,070.						
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	0.						
7	Subtract line 6 from line 5. . . . .	7	16,070.						
8	Enter the lesser of line 7 or line 4 . . . . .	8	4.						

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

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	4. x 1.000000 =	4.
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x _____ =	_____
_____	x _____ =	_____
_____	x _____ =	_____
_____	x _____ =	_____
Penalty on early withdrawal of savings . . . . .		_____
Other modifications:		_____
_____		_____
Total additional modifications to Form 8960, line 10 . . . . .		_____

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

**1) Former Passive Activity Suspended Losses**

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

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

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

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

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

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

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

Ownership

Owned by (check one):
[X] Taxpayer [ ] Spouse [ ] Joint

Statement Information

Form with 11 numbered sections for mortgage interest information, including recipient/payer details, address, and account information.

Mortgage Use

Form with 3 numbered sections for mortgage use, including activity type selection and linking instructions.

Rental of Owner-Occupied or Vacation Home

Form with 2 numbered sections for rental information, including owner-occupied status and interest treatment.

Mortgage Insurance Premiums Information

Form with 1 section for mortgage insurance information, including a question about loan closure after 2006.

**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 1-1-2020 . . . . . 35  
 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 1-1-2020 . . . . . 34  
 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 . . . . . 33 Whitaker Dr Apt no. . . . .  
 City . . . . . Cohoes State . . . . . NY ZIP code . . . . . 12047-4318

**Foreign Address:**

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

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

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

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

**Federal filing status:**

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

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

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

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019					
Toshan Thirumalasetty		007-53-1380 Son	06/26/2012 7	N				N	0		Yes

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

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

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

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

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

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ... Bank of America
Check the appropriate box ... Checking Savings
Routing number ... 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 ... 05/09/2020
Balance-due amount from this return ... 3,450.

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

Part VI – Additional Information for Your Federal Return

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

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

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

American Opportunity and Lifetime Learning Credit (Form 8863)
For 2019, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

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

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

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

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

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

**Personal Representative for deceased taxpayers:**

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

**Part VII – State Filing Information**

**Identity Protection PIN:**

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

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

**Taxpayer:**

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

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

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

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

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

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



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

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

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

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

Taxpayer's PIN used to sign the return 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 406

**Spouse**

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

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

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

---

Personal Information Worksheet  
For the Taxpayer

2019

► Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Siva Middle initial . K Last name . . Thirumalasetty

Suffix . . . . .

Social security no. . . 318-55-0547 Member of U.S. Armed Forces in 2019? . .  Yes  No

Date of birth . . . . . 08/26/1984 (mm/dd/yyyy) age as of 1-1-2020 . . . . . 35

Occupation . . . Software Analyst Daytime phone . . . (518)951-5599 Ext \_\_\_\_\_

Marital status . . . Divorced

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III – Taxpayer's State Residency Information

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

Check the appropriate box:

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

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

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

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

Part IV – Dependent Care Expenses

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

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

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

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

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

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

Personal Information Worksheet  
For the Spouse

2019

► 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

Suffix . . . . .     

Social security no. . . . 999-88-9999 Member of U.S. Armed Forces in 2019? . . .  Yes  No

Date of birth . . . . . 08/10/1985 (mm/dd/yyyy) age as of 1-1-2020 . . . . . 34

Occupation . . . . Home Maker Daytime phone . . . .      Ext     

Marital status . . . .     

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III – Spouse's State Residency Information

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

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

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

Part IV – Dependent Care Expenses

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

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

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

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

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

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

**Dependent and Nondependent Information Worksheet**      **2019**  
 ▶ 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 12-31-2019 . . . . . 7  
 Did this person pass away in 2019 (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 \$4,200 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, 2019? . . . . .  Yes  No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 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 2019 . . . . . \_\_\_\_\_

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

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

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, 2019 . . . . . \_\_\_\_\_

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 – 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

Social Security Number  
318-55-0547

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	130,238.		130,238.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	16,141.		16,141.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	130,238.		130,238.
<b>4</b>	Total social security tax withheld . . . . .	8,075.		8,075.
<b>5</b>	Total Medicare wages and tips . . . . .	130,238.		130,238.
<b>6</b>	Total Medicare tax withheld . . . . .	1,888.		1,888.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	3,054.		3,054.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	3,054.		3,054.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	31.		31.
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	108.		108.
<b>16</b>	Total state wages and tips . . . . .	130,238.		130,238.
<b>17</b>	Total state tax withheld . . . . .	7,818.		7,818.
<b>19</b>	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.

<p><b>a</b> Employee's social security no. . . <u>318-55-0547</u></p> <p><b>b</b> Employer ID number (EIN) . . . <u>20-2902922</u></p> <p><b>c</b> Employer's name, address, and ZIP code  <u>GCOM Software LLC</u></p> <p>Street <u>24 Madison Ave Ext</u>                  City <u>Albany</u>                  State <u>NY</u> ZIP Code <u>12203</u></p> <p>Foreign Province _____                  Foreign Postal Code _____                  Foreign Country _____</p>	<p><b>1</b> Wages, tips, other compensation  <u>130,238.34</u></p> <p><b>3</b> Social security wages  <u>130,238.34</u></p> <p><b>5</b> Medicare wages and tips  <u>130,238.34</u></p> <p><b>7</b> Social security tips                  _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p><b>2</b> Federal income tax withheld  <u>16,140.99</u></p> <p><b>4</b> Social security tax withheld  <u>8,074.78</u></p> <p><b>6</b> Medicare tax withheld  <u>1,888.44</u></p> <p><b>8</b> Allocated tips                  _____</p>
--	--	--

**d** Control number 11171 179

Transfer employee information from the Federal Information Worksheet

**e** Employee's name  
 First Siva M.I. K  
 Last Thirumalasetty Suff. \_\_\_\_\_

**f** Employee's address and ZIP code  
 Street 33 Whitaker Drive  
 City Cohoes  
 State NY ZIP Code 12047

Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**9** \_\_\_\_\_

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

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

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

Box 12 Code	Box 12 Amount	If Box 12 code is:	
<u>DD</u>	<u>3,053.76</u>	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . .	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . .	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>NY</u>	<u>202902922</u>	<u>130,238.34</u>	<u>7,817.97</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>NYPSL-E</u>	<u>107.97</u>	<u>Other (not classified)</u>
<u>NYSDI-E</u>	<u>31.20</u>	<u>NY Nonoccupational Disability Fund tax</u>
_____	_____	_____
_____	_____	_____

► Keep for your records

**QuickZoom** to Form 1095-A, Health Insurance Marketplace Statement . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 8962, Premium Tax Credit (PTC) . . . . . ► \_\_\_\_\_

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

Owned by: (See tax help if recipient is a dependent)  
 Taxpayer     Spouse     Spouse is covered by plan

**Part I Recipient Information**

<b>1</b> Marketplace identifier	<b>2</b> Marketplace-assigned pol. no.	<b>3</b> Policy issuer's name
<b>4</b> Recipient's name	<b>5</b> Recipient's SSN	<b>6</b> Recipient's DOB
<b>7</b> Recipient's spouse's name	<b>8</b> Spouse's SSN	<b>9</b> Spouse's DOB
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) <u>33 Whitaker Dr</u>
<b>13</b> City or town <u>Cohoes</u>	<b>14</b> State or province <u>NY</u>	<b>15</b> Country and ZIP or foreign postal code <u>12047-4318</u>

**Part II Covered Individuals**

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.  
**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> _____	_____	_____	_____	_____
<b>17</b> _____	_____	_____	_____	_____
<b>18</b> _____	_____	_____	_____	_____
<b>19</b> _____	_____	_____	_____	_____
<b>20</b> _____	_____	_____	_____	_____

**Part III Coverage Information**

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> JANUARY	<input type="checkbox"/>	_____	_____	_____
<b>22</b> FEBRUARY	<input type="checkbox"/>	_____	_____	_____
<b>23</b> MARCH	<input type="checkbox"/>	_____	_____	_____
<b>24</b> APRIL	<input type="checkbox"/>	_____	_____	_____
<b>25</b> MAY	<input type="checkbox"/>	_____	_____	_____
<b>26</b> JUNE	<input type="checkbox"/>	_____	_____	_____
<b>27</b> JULY	<input type="checkbox"/>	_____	_____	_____
<b>28</b> AUGUST	<input type="checkbox"/>	_____	_____	_____
<b>29</b> SEPTEMBER	<input type="checkbox"/>	_____	_____	_____
<b>30</b> OCTOBER	<input type="checkbox"/>	_____	_____	_____
<b>31</b> NOVEMBER	<input type="checkbox"/>	_____	_____	_____
<b>32</b> DECEMBER	<input type="checkbox"/>	_____	_____	_____
<b>33</b> Annual Totals		_____	_____	_____



# Wages, Salaries, & Tips Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty</u>	Social Security Number <u>318-55-0547</u>
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	130,238.		130,238.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2019			
<b>b</b> _____			
_____			
_____			
<b>10 Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>	130,238.		130,238.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
_____			
<b>15 Total of lines 10 through 14 . . . . .</b>	130,238.		130,238.

Name as Shown on Return Siva K Thirumalasetty	Social Security No. 318-55-0547
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2019 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 or 1040-SR, line 8b . . . . .	4	130,306.	
5	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul>	5	0.	
6	<b>1040NR filers:</b> Enter -0- . . . . .	6	130,306.	
7	Add lines 4 and 5. Enter the total . . . . . Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$400,000</li> <li>All other filing statuses — \$200,000</li> </ul>	7	200,000.	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> 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 3 more than the amount on line 9? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. <input checked="" type="checkbox"/> <b>Yes.</b> 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 or 1040-SR, line 12b . . . . .	11	21,591.
12	Add the amounts from — Schedule 3, line 1 . . . . . Schedule 3, line 2 . . . . . + Schedule 3, line 3 . . . . . + Schedule 3, line 4 . . . . . + 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	21,591.
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter -0- . . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter -0-. 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	21,591.
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below.	16	2,000.

Enter this amount on  
Form 1040, line 13a  
Form 1040-SR, line 13a  
Form 1040NR, line 49

- TIP:** You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040 or 1040-SR through line 18a (also complete Schedule 3, line 11)
  - Then, use Schedule 8812 to figure any additional child tax credit.

Name(s) Shown on Return  
Siva K Thirumalasetty

Social Security Number  
318-55-0547

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

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return  
Siva K Thirumalasetty

Social Security Number  
318-55-0547

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

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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1 a Enter your taxable income from Form 1040, line 11b . . . . . **1 a** 114,236.  
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** 114,236.

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

3 Amount from Form 4952, line 4g **3** \_\_\_\_\_

4 a Amount from Form 4952, line 4e **4 a** \_\_\_\_\_  
b Amount from the dotted line next to Form 4952, line 4e . . . . . **b** \_\_\_\_\_  
c Line 4b, if applicable, 4a, if not . . . . . **c** \_\_\_\_\_

5 Subtract line 4c from line 3. . . . . **5** 0.  
6 Subtract line 5 from line 2c. If zero or less, enter -0- . . . . . **6** 0.

7 a Enter line 15 of Schedule D . . . **7 a** -3.  
b Enter line 16 of Schedule D . . . **b** 68.  
c Enter the **smaller** of line 7a or line 7b . . . . . **7 c** 0.

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

9 a Subtract line 8 from line 7. . . . . **9 a** 0.  
b Enter any capital gain excess attributable to capital gains . . . . . **b** \_\_\_\_\_  
c Subtract line 9b from line 9a. . . . . **9 c** 0.

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

11 a Enter the amount from Schedule D, line 18 . . . . . **11 a** 0.  
b Enter the amount from Schedule D, line 19 . . . . . **b** \_\_\_\_\_  
c Add lines 11a and 11b. . . . . **11 c** 0.

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

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

14 Subtract line 13 from line 1c. If zero or less, enter -0- . . . . . **14** 114,236.

15 Enter:  
• \$39,375 if single or married filing separately,  
• \$78,750 if married filing jointly or qualifying widow(er), or  
• \$52,750 if head of household. ] **15** 39,375.

16 Enter the **smaller** of line 1c or line 15 . . . . . **16** 39,375.

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

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- . . . **18** 114,236.

19 Enter the **smaller** of line 1c or:  
• \$160,725 if single or married filing sep,  
• \$321,450 if MFJ or qual widow(er), or  
• \$160,700 if head of household. ] **19** 114,236.

20 Enter the **smaller** of line 14 or line 19 . . . . . **20** 114,236.

21 Enter the **larger** of line 18 or line 20 . . . . . **21** 114,236.

22 Subtract line 17 from line 16. This amount is taxed at 0% . . . . . **22** 0.  
**If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.**

23 Enter the **smaller** of line 1c or line 13 . . . . . **23** 0.

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

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

26 Enter:  
• \$434,550 if single,  
• \$244,425 if married filing separately,  
• \$488,850 if married filing jointly or qualifying widow(er), or  
• \$461,700 if head of household. ] **26** 434,550.

27 Enter the smaller of line 1c or line 26 . . . . . **27** 114,236.

28 Add lines 21 and 22 . . . . . **28** 114,236.

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

30 Enter the **smaller** of line 25 or line 29 . . . . . **30** 0.

31 Multiply line 30 by 15% (0.15) . . . . . **31** 0.

32 Add lines 24 and 30 . . . . . **32** 0.  
**If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33**

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

34 Multiply line 33 by 20% (0.20) . . . . . **34** 0.  
**If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.**

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

36 Add lines 10 and 21 . . . . . **36** \_\_\_\_\_

37 Enter the amount from line 1c above . . . . . **37** \_\_\_\_\_

<b>38</b>	Subtract line 37 from line 36. If zero or less, enter -0- . . . . .	<b>38</b>	_____
<b>39</b>	Subtract line 38 from line 35. If zero or less, enter -0- . . . . .	<b>39</b>	_____
<b>40</b>	Multiply line 39 by <b>25%</b> (0.25) . . . . .	<b>40</b>	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.</b>			
<b>41</b>	Add lines 21, 22, 30, 33, and 39 . . . . .	<b>41</b>	_____
<b>42</b>	Subtract line 41 from line 1c . . . . .	<b>42</b>	_____
<b>43</b>	Multiply line 42 by <b>28%</b> (0.28) . . . . .	<b>43</b>	_____
<b>44</b>	Figure the tax on the amount on <b>line 21</b> . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	<u>21,591.</u>
<b>45</b>	Add lines 31, 34, 40, 43, and 44 . . . . .	<b>45</b>	<u>21,591.</u>
<b>46</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>46</b>	<u>21,591.</u>
<b>47</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 45 or line 46. Also include this amount on Form 1040, line 12a . . . . .	<b>47</b>	<u>21,591.</u>

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**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2019**

**Line 12a**

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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1 Enter the amount from Form 1040 or 1040-SR, line 11b . . . . . **1** \_\_\_\_\_

2 Enter the amount from Form 1040 or 1040-SR, line 3a . . . . . **2** \_\_\_\_\_

3 Are you filing Schedule D?  
 **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** \_\_\_\_\_  
 **No.** Enter the amount from Form 1040 or 1040-SR, line 6.

4 Add lines 2 and 3 . . . . . **4** \_\_\_\_\_

5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . . **5** \_\_\_\_\_

6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . . **6** \_\_\_\_\_

7 Subtract line 6 from line 1. If zero or less, enter -0- . . . . . **7** \_\_\_\_\_

8 Enter:  
 \$39,375 if single or married filing separately,  
 \$78,750 if married filing jointly or qualifying widow(er),  
 \$52,750 if head of household. ] **8** \_\_\_\_\_

9 Enter the smaller of line 1 or line 8 . . . . . **9** \_\_\_\_\_

10 Enter the smaller of line 7 or line 9 . . . . . **10** \_\_\_\_\_

11 Subtract line 10 from line 9 (this amount taxed at 0%) . . . . . **11** \_\_\_\_\_

12 Enter the smaller of line 1 or line 6 . . . . . **12** \_\_\_\_\_

13 Enter the amount from line 11 . . . . . **13** \_\_\_\_\_

14 Subtract line 13 from line 12. . . . . **14** \_\_\_\_\_

15 Enter:  
 \$434,550 if single,  
 \$244,425 if married filing separately,  
 \$488,850 if married filing jointly or qualifying widow(er),  
 \$461,700 if head of household. ] **15** \_\_\_\_\_

16 Enter the smaller of line 1 or line 15 . . . . . **16** \_\_\_\_\_

17 Add lines 7 and 11 . . . . . **17** \_\_\_\_\_

18 Subtract line 17 from line 16. If zero or less, enter -0- . . . . . **18** \_\_\_\_\_

19 Enter the smaller of line 14 or line 18 . . . . . **19** \_\_\_\_\_

20 Multiply line 19 by 15% (0.15) . . . . . **20** \_\_\_\_\_

21 Add lines 11 and 19 . . . . . **21** \_\_\_\_\_

22 Subtract line 21 from line 12 . . . . . **22** \_\_\_\_\_

23 Multiply line 22 by 20% (0.20) . . . . . **23** \_\_\_\_\_

24 Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . . **24** \_\_\_\_\_

25 Add lines 20, 23, and 24 . . . . . **25** \_\_\_\_\_

26 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . . **26** \_\_\_\_\_

27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a. . . . . **27** \_\_\_\_\_

Form 1099-B Worksheet

Keep for your records

2019

Name(s) Shown on Return
Siva K Thirumalasetty

Social Security No.
318-55-0547

Name of reporting financial institution . . . Robinhood Securities LLC
Acct Number . . . 135730661

Transactions

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

Form 1099-B entry for Chesapeake Energy Corp. Transaction 1. Includes fields for date acquired (12/27/17), sales price (3.19), cost (4.35), and adjusted gain (-1.16).

Form 1099-B entry for TQUICK. Includes fields for date of sale/exchange, sales price, cost, and adjusted gain.

Sale(s) missing info? \_\_\_\_\_



**Reconciliation info**

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

Sale Category	Proceeds	Cost Basis	Tent Gain/Loss	Adjustment Amt	Adj Gain/Loss
Description of sale category					Adj Code(s)
Box A	1,672.	1,601.	71.		71.
Short term sales with cost basis reported to the IRS					
Box D	16.	19.	-4.		-4.
Long term sales with cost basis reported to the IRS					
<b>Totals</b>	1,688.	1,620.	67.		67.

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

Total Collectible Gain . . . . . \_\_\_\_\_  
 Total Federal Backup Withholding . . . . . \_\_\_\_\_ 0.

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

**PDF Attachment**

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

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

# IRA Contributions Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty</u>	Social Security Number <u>318-55-0547</u>
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## Traditional IRA Contributions

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

**IRA Contributions Worksheet**

**2019**

▶ Keep for your records

Siva K Thirumalasetty \_\_\_\_\_

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**Roth IRA Contributions**

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

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

**Coverdell Education Savings Account (Education IRA) Contributions**

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

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

**2019**

► Keep for your records

Name(s) Shown on Return  
Siva K Thirumalasetty

Social Security Number  
318-55-0547

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

# Tax Payments Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return  
Siva K Thirumalasetty

Social Security Number  
318-55-0547

**Estimated Tax Payments for 2019** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	16,141.	7,818.	
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 . . . . .	0.		
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Positive Adjustment . . . . .			
e Negative Adjustment . . . . .			
f Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18f . . . . .	16,141.	7,818.	
20 <b>Total Tax Payments for 2019</b> . . . . .	16,141.	7,818.	

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

Name(s) Shown on Return  
Siva K Thirumalasetty

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 . . . . .	130,306.
(2) Nontaxable income entered elsewhere on return . . . . .	_____
(3) Available income: 2018 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	_____
(5) Total available income . . . . .	130,306.

**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 . . . . . 7,849.00

**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). . . . . 7,849.00

**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 . . . . . 2,255.67

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	10.00
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	
<b>e</b>	Vacation home . . . . .	
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	
<b>g</b>	Foreign real propety taxes included in lines 2a-2f above . . . . .	
<b>h</b>	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . .	2,266.00
<b>3</b>	<b>State and local personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2018 Amount                      Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	
<b>c</b>	Other personal property taxes . . . . .	
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 5c) . . . . .	
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	
<b>e</b>	Other taxes.	
	2018 Amount                      Enter 2019 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Foreign real propety taxes included in lines 4a-4e above . . . . .	
<b>g</b>	Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . .	

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**Interest Deductions**

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<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	4,870.80
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	
<b>e</b>	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. . . . .	4,870.80
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	
<b>c</b>	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above . . . . .	
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	1,199.18
<b>c</b>	Less points deducted on Form 8829 . . . . .	
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. . . . .	1,199.00

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Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	7,818.
2 2019 state estimated taxes paid in 2019 . . . . .	2	
3 2018 state estimated taxes paid in 2019 . . . . .	3	
4 Amount paid with 2018 state application for extension . . . . .	4	
5 Amount paid with 2018 state income tax return . . . . .	5	
6 Overpayment on 2018 state income tax return applied to 2019 tax . . . . .	6	
7 Other amounts paid in 2019 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2019 local estimated taxes paid in 2019 . . . . .	10	
11 2018 local estimated taxes paid in 2019 . . . . .	11	
12 Amount paid with 2018 local application for extension . . . . .	12	
13 Amount paid with 2018 local income tax return . . . . .	13	
14 Overpayment on 2018 local income tax return applied to 2019 tax . . . . .	14	
15 Other amounts paid in 2019 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17 <u>State mandatory taxes</u> . . . . .	17	31.
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	7,849.
19 State and local refund allocated to 2019 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	7,849.

**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	



Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

**Mortgage Lender Info:**

1 Recipient's/lender's name . . . . . NBT Bank

2 a Was the mortgage interest reported to you on Form 1098? . . . . . Yes  No

b Mortgage interest paid on your main home or second home in 2019 . . . . . 4,870.80

c Check this box if Box 7 is checked on Form 1098 . . . . .

d Is this loan secured by a residence of yours? . . . . . Yes  No

3 Outstanding mortgage principal . . . . . 239,836.00

4 Mortgage origination date . . . . . 04/15/2019

5 a Did your home loan close after December 31, 2006? . . . . . Yes  No

b Mortgage insurance premiums . . . . . 0.00

6 Mortgage acquisition date . . . . . \_\_\_\_\_

7 a Points paid to buy or improve your **main** home in 2019 . . . . . 1,199.18

b Check if points were reported to you on Form 1098 . . . . .

c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 . . . . .

Computed points reported on Form 1098 . . . . .

Computed points not reported on Form 1098 . . . . .

8 Property taxes . . . . . 10.00

9 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property . . . . .

10 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following . . . . . Yes  No

a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_

b Length of loan (years) . . . . . \_\_\_\_\_

c Points deducted in prior years for this loan . . . . . \_\_\_\_\_

d Amortized points allowable this year . . . . . \_\_\_\_\_

e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)\* . . . . . \_\_\_\_\_

\* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

**Uncommon Situations:**

11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address . . . . . Yes  No

Name . . . . . \_\_\_\_\_

Address . . . . . \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address . . . . . Yes  No

Recipient's SSN . . . . . \_\_\_\_\_ -OR- Recipient's EIN . . . . . \_\_\_\_\_

Recipient's address . . . . . \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

13 Did you pay more mortgage interest than what is shown on Form 1098 . . . . . Yes  No

**QuickZoom** to attach a statement to your return explaining the difference . . . . . \_\_\_\_\_

# Charitable Deduction Limits Worksheet For Current Year Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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**Step 1 – Enter your other charitable contributions made during the year.**

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

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

8 Enter your adjusted gross income (AGI) . . . . .	8	130,306.
--	---	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**G Deduction for the year**

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

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

# Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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**Step 1 — Enter your other charitable contributions made during the year.**

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

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

8 Enter your adjusted gross income (AGI) . . . . .	8	130,306.
		Percentage Used in
		of line 8 Current Year
a 60% AGI limit to line 9 . . . . .	a	78,184.
b 50% AGI limit to line 12 . . . . .	b	65,153.
c 30% AGI limit, Section C to line 19 . . . . .	c	39,092.
d 30% AGI limit, Section D to line 26 . . . . .	d	39,092.
e 20% AGI limit to line 35 . . . . .	e	26,061.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**G Deduction for the year**

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

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

# Charitable Contributions Summary

2019

▶ Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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## Part I Cash Contributions Summary

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

## Part II Non-Cash Contributions Summary

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

## Part III Contribution Carryovers to 2020

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

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

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

Name(s) Shown on Return  
Siva K Thirumalasetty

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	3,190.
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	190.
8	Entertainment expenses . . . . .	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9 . . . . .	10	3,380.

**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	500.
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 2019 . . . . .	<input type="checkbox"/>	26	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27	Combine lines 11 through 26 . . . . .		27	500.

**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	

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

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

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



# Earned Income Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <i>Siva K Thirumalasetty</i>	Social Security Number <i>318-55-0547</i>
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## Part I – Earned Income Credit Worksheet Computation

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

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	130,238.		130,238.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	130,238.		130,238.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	130,238.		130,238.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	130,238.		130,238.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	130,238.		130,238.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	130,238.		130,238.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	130,238.		130,238.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	130,238.		130,238.

Keep for your records

Name(s) Shown on Return
Siva K Thirumalasetty

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318-55-0547

Investment Interest Expense (Form 4952, line 1)

Table with 4 main rows and sub-rows (a-d) for 'Other investment interest expense'. Includes line numbers 1-4 and a column for values.

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

Table with 10 main rows and sub-rows (a-d) for 'Other investment income'. Includes line numbers 5-10 and a column for values.

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

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

Investment Expenses (Form 4952, line 5)

Table with 5 main rows and sub-rows (a-d) for 'Other investment expenses'. Includes line numbers 13-17 and a column for values.

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

Table with 6 main rows and sub-rows (a-d) for 'Less amount deducted on other forms and schedules'. Includes columns for Regular Tax and Alt Min Tax.

► Keep for your records

Name(s) Shown on Return  
Siva K Thirumalasetty

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><b>1</b> Enter the amount from Form 1040 line 1 less amounts considered <b>not</b> earned for EIC purposes . . . . .</p> <p><b>2</b> Adjustments to line 1 amount:</p> <p style="margin-left: 20px;"><b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .</p> <p style="margin-left: 20px;"><b>b</b> Other income entered as wages that is not considered earned income . . . . .</p> <p style="margin-left: 20px;"><b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .</p> <p><b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .</p> <p><b>4 a</b> Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;"><b>b</b> Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;"><b>c</b> Total nontaxable combat pay election . . . . .</p> <p><b>5</b> If you were self-employed <b>or</b> used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .</p> <p><b>6</b> Medicaid Waiver Payments reported as nontaxable . . . . .</p> <p><b>7</b> <b>Earned income.</b> Add lines 3, 4, 5, and 6 . . . . .</p> <p><b>8</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 7. Be sure to use the correct column for filing status and number of children. . . . .</p> <p style="margin-left: 20px;">If line 8 is zero, <b>stop</b>. You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p><b>9</b> Enter your <b>AGI</b> from Form 1040, line 8b . . . . .</p> <p><b>10</b> If you have:</p> <ul style="list-style-type: none"> <li>• No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)?</li> <li>• 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)?</li> </ul> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 11 now.</p> <p><input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .</p> <p><b>11</b> <b>Earned income credit.</b></p> <ul style="list-style-type: none"> <li>• If 'Yes' on line 10, enter the amount from line 8</li> <li>• If 'No' on line 10, enter the <b>smaller</b> of line 8 or line 10 . . . . .</li> </ul>	<p><b>1</b></p> <p><b>2 a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>3</b></p> <p><b>4 a</b></p> <p><b>b</b></p> <p><b>4 c</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p> <p><b>11</b></p>	<p>130,238.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>130,238.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>130,238.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 11 amount on Form 1040, line 18a.

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

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

**Compliance and Due Diligence Information**

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

Yes, all of the above is correct.

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

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

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

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

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

Compliance and Due Diligence Indicator . . . . .  **Yes**  **No**

Potential qualifying child count . . . . . ▶ 0  
Non dependent potential qualifying child count . . . . . ▶ 0  
Qualifying child count (max 3) . . . . . ▶ 0

# Schedule SE Adjustments Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty</u>	Social Security Number <u>318-55-0547</u>
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total for Schedule SE, line 1</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Schedule K-1 (Form 1065), box 20, code AH . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Total CRP payments not subject to SE tax . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>a</b> Clergy Form W-2 wages . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Clergy housing allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Less clergy business deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>Total for Schedule SE, line 2</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1 . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

Name(s) shown on return
Siva K Thirumalasetty

Social Security No.
318-55-0547

Part I Casualty or Theft Event Information

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

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

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

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

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

**2019**

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	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
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	68.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	52,536.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. . . . .			0.

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



► Keep for your records

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

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	1	114,236.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	114,236.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	114,236.

**Taxes – Line 2a**

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

1	Taxable refund of state and local income tax . . . . .	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b . . . . .	3	0.

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

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	124,236.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	124,236.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	111,812.
6	Enter ATNOL carried to 2018 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	11	

**Incentive Stock Options – Line 2i**

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

**Disposition of Property – Line 2k**

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D) . . . . .	68.	68.	0.
2 Ordinary gain or loss (Form 4797, Part II) . . . . .			
3 Ordinary income from sale of Incentive Stock . . . . .			
4 Total. Enter on Form 6251, line 2k . . . . .			0.

**Post-86 Depreciation – Line 2l**

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

**Passive Activities – Line 2m**

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

**Circulation Costs – Line 2o**

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

**Mining Costs – Line 2q**

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

**Research and Experimental Costs – Line 2r**

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

**Intangible Drilling Costs – Line 2t**

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

**Other Adjustments – Line 3**

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

**Alternative Minimum Taxable Income – Line 4**

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

**Exemption – Line 5**

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately . . . . .	1	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4 . . . . .	2	124,236.
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately . . . . .	3	510,300.
4	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0.
5	Multiply line 4 by 25% (.25) . . . . .	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 . . . . .	6	71,700.

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty		Social Security Number 318-55-0547
<b>1</b>	Enter the amount from Form 6251, line 6 . . . . .	<b>1</b> _____
<b>2 a</b>	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. . . . .	<b>2a</b> _____
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income . . . . .	<b>2b</b> _____
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b> _____
<b>3</b>	Add line 1 and line 2c . . . . .	<b>3</b> _____
<b>4</b>	<b>Tax on the amount on line 3.</b> <ul style="list-style-type: none"> <li>● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; <b>or</b> you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here.</li> <li>● <b>All Others:</b> If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b> _____
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result . . . . .	<b>5</b> _____
<b>6</b>	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. . . . .	<b>6</b> _____

# Federal Carryover Worksheet

**2019**

▶ Keep for your records

Name(s) Shown on Return <u>Siva K Thirumalasetty</u>	Social Security Number <u>318-55-0547</u>
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**2018 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			7,173.		1,493.	
<b>Totals . .</b>			7,173.		1,493.	

**2018 State Extension Information**

(a) State	(b) Paid With Extension

**2018 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2018 State Estimates Information**

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

**2018 Locality Estimates Information**

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

**2018 State Taxes Due Information**

(a) State	(e) Paid With Return

**2018 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2018 State Refund Applied Information**

(a) State	(g) Applied Amount

**2018 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2018 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	7,173.	1,493.

**2018 Locality Tax Refund Information**

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

Siva K Thirumalasetty

318-55-0547

Other Tax and Income Information		2018	2019
1	Filing status . . . . .	2 MFJ	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .	7,672.	16,070.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	115,208.	130,306.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	9,940.	19,591.
7	Alternative minimum tax. . . . .		
8	Federal overpayment applied to next year estimated tax. . . . .		

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

Excess Contributions		2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
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		2018	2019
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	2019 . . . . .
		b	2018 . . . . .
		c	2017 . . . . .
		d	2016 . . . . .
		e	2015 . . . . .
		f	2014 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2019 . . . . .
		b	2018 . . . . .
		c	2017 . . . . .
		d	2016 . . . . .
		e	2015 . . . . .
		f	2014 . . . . .

Credit Carryovers			2018	2019
18	General business credit . . . . .		18	
19	Adoption credit from:	a 2019 . . . . .	19 a	
		b 2018 . . . . .	b	
		c 2017 . . . . .	c	
		d 2016 . . . . .	d	
		e 2015 . . . . .	e	
		f 2014 . . . . .	f	
20	Mortgage interest credit from:	a 2019 . . . . .	20 a	
		b 2018 . . . . .	b	
		c 2017 . . . . .	c	
		d 2016 . . . . .	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			2018	2019
24	Section 179 expense deduction disallowed . . . . .		24	
25	Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b Taxpayer (Form 2555, line 48) . . . . .	b	
		c Spouse (Form 2555, line 46) . . . . .	c	
		d Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

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

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

28 Amount overpaid less earned income credit . . . . . 4,673.

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

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

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

► Keep for your records

Name(s) Shown on Return Siva K Thirumalasetty	Social Security Number 318-55-0547
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Description	Amount
<b>Income</b>	
Wages . . . . .	130,238.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	0.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	68.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income . . . . .</b>	<b>130,306.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	
<b>Modified adjusted gross income . . . . .</b>	<b>130,306.</b>



## Depreciation Options

**2019**

Name(s) Shown on Return  
Siva K Thirumalasetty

Social Security Number  
318-55-0547

### Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

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

### MACRS Convention and Computation

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

### Federal Section 179 Information

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

<p>1 a Elect to treat Qualified Real Property as "Section 179 Property" . . . . .</p> <p>    b Calculated "Total cost of Section 179 property placed in service" . . . . .</p> <p>    c Additions or subtractions to calculated total on line 1a . . . . .</p> <p>2 If Married Filing Separately, enter:</p> <p>    a Total cost of eligible property placed in service this year by spouse. . . . .</p> <p>    b Allocation percentage elected for your return, if other than 50%. . . . .</p> <p>    c Section 179 elected on Qualified Real Property this year by spouse . . . . .</p> <p>3 a Taxable income computed for the Section 179 limitation . . . . .</p> <p>    b Additions or subtractions to taxable income . . . . .</p>	<p>1 a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b _____ 0 .</p> <p>c _____</p> <p>2 a _____</p> <p>b _____ %</p> <p>c _____</p> <p>3 a _____ 130,238 .</p> <p>b _____</p>
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### State Depreciation

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

#### To delete or change a state:

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

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

**State Section 179 Dollar Limitation**

1	State . . . . .	1	NY
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	_____
c	Allocation percentage elected for state return . . . . .	c	_____ %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	_____
3 a	Elect to treat state Qualified Real Property as "Section 179 Property" . . . . .	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service" . . . .	b	_____
c	Additions or subtractions to state calculated value . . . . .	c	_____
4	State maximum amount . . . . .	4	1,020,000.
5	State threshold cost of Section 179 property . . . . .	5	2,550,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0) . . . . .	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . . .	7	1,020,000.
8	Total state Section 179 elected (Cannot exceed line 7) . . . . .	8	_____
9	Total state Section 179 elected on Qualified Real Property . . . . .	9	_____

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

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

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

**State Defaults for Economic Stimulus Depreciation Allowance and 2019 Section 179**

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below . . . . .

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

**State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179**

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

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

**State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179**

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

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

**State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)**

Check box to reset all state CBEPP defaults shown below . . . . .

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

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

Check box to reset all state GO Zone defaults shown below . . . . .

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

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

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

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

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

Check box to reset all state Sec 179 defaults shown below . . . . .

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

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

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

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

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

Check box to reset defaults shown below. . . . .

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

**Two-Year Comparison**

**2019**

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

Income	2018	2019	Difference	%
Wages, salaries, tips, etc . . . . .	117,810.	130,238.	12,428.	10.55
Interest and dividend income . . . . .	16.		-16.	-100.00
State tax refund . . . . .	0.	0.	0.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .	-2,618.	68.	2,686.	102.60
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	115,208.	130,306.	15,098.	13.10
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	115,208.	130,306.	15,098.	13.10
<b>Itemized Deductions</b>				
Medical and dental . . . . .		0.	0.	
Income or sales tax . . . . .	7,202.	7,849.	647.	8.98
Real estate taxes . . . . .		2,266.	2,266.	
Personal property and other taxes . . . . .	200.		-200.	-100.00
Interest paid . . . . .		6,070.	6,070.	
Gifts to charity . . . . .	270.		-270.	-100.00
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Total Itemized Deductions . . . . .	7,672.	16,070.	8,398.	109.46
<b>Standard or Itemized Deduction</b> . . . . .	24,000.	16,070.	-7,930.	-33.04
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .	91,208.	114,236.	23,028.	25.25
Income tax . . . . .	11,940.	21,591.	9,651.	80.83
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	11,940.	21,591.	9,651.	80.83
Nonbusiness credits . . . . .	2,000.	2,000.	0.	0.00
Business credits . . . . .				
<b>Total Credits</b> . . . . .	2,000.	2,000.	0.	0.00
Self-employment tax . . . . .				
Other taxes . . . . .	0.		0.	
<b>Total Tax After Credits</b> . . . . .	9,940.	19,591.	9,651.	97.09
Withholding . . . . .	14,613.	16,141.	1,528.	10.46
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	14,613.	16,141.	1,528.	10.46
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	4,673.		-4,673.	-100.00
<b>Balance Due</b> . . . . .		3,450.	3,450.	

Current year effective tax rate . . . . . 15.03 %

**Tax Summary**  
► Keep for your records

**2019**

Name (s)  
Siva K Thirumalasetty

<b>Total income</b> .....	130,306.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	130,306.
<b>Itemized/standard deduction</b> .....	16,070.
<b>Qualified business income deduction</b> .....	
<b>Taxable income</b> .....	114,236.
<b>Tentative tax</b> .....	21,591.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	2,000.
<b>Other taxes</b> .....	
<b>Total tax</b> .....	19,591.
<b>Total payments</b> .....	16,141.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	0.
<b>Refund</b> .....	0.
<b>Amount Applied to Estimate</b> .....	0.
<b>Balance due</b> .....	3,450.

## Compare to U. S. Averages

▶ Keep for your records

**2019**

Name(s) Shown on Return <u>Siva K Thirumalasetty</u>	Social Security No <u>318-55-0547</u>
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Your 2019 adjusted gross income (AGI) . . . . . 130,306.  
 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 . . . . .	130,238.	121,430.
Taxable interest . . . . .		1,276.
Tax-exempt interest . . . . .		7,537.
Dividends . . . . .		6,419.
Business net income . . . . .		27,576.
Business net loss . . . . .		7,552.
Net capital gain . . . . .	68.	14,441.
Net capital loss . . . . .		2,348.
Taxable IRA . . . . .		28,656.
Taxable pensions and annuities . . . . .		43,741.
Rent and royalty net income . . . . .		14,020.
Rent and royalty net loss . . . . .		9,066.
Partnership and S corporation net income . . . . .		42,600.
Partnership and S corporation net loss . . . . .		13,512.
Taxable social security benefits . . . . .		24,734.
Medical and dental expenses deduction . . . . .	0.	11,992.
Taxes paid deduction . . . . .	10,000.	12,003.
Interest paid deduction . . . . .	6,070.	9,172.
Charitable contributions deduction . . . . .		4,581.
Total itemized deductions . . . . .	16,070.	27,269.
Child care credit . . . . .		624.
Education tax credits . . . . .		1,459.
Child tax credit . . . . .	2,000.	1,414.
Retirement savings contributions credit . . . . .		0.
Earned income credit . . . . .		0.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	130,306.	142,091.
Taxable income . . . . .	114,236.	107,423.
Income tax . . . . .	21,591.	18,038.
Alternative minimum tax . . . . .		2,438.
Total tax liability . . . . .	19,591.	18,780.

## Estimated Taxes and Form W-4 Worksheet

**Name:** Siva K Thirumalasetty  
**SSN:** 318-55-0547

**Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App).**

**Choose the Method You Will Use to Pay Your 2020 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 2020 withholding will be \_\_\_\_\_.

Overpayment from my 2019 return. . . . . 0.

Amount of my 2019 overpayment to apply to 2020 instead of refunding it . . . . . \_\_\_\_\_

**Enter Your Filing Status and Other Information for Your 2020 Tax Return**

Choose your filing status . . . . . 1 - Single

Taxpayer age as of the end of 2020 . . . . . 36  
 Spouse age as of the end of 2020 . . . . . \_\_\_\_\_

Do you qualify for an additional standard deduction?  
**Taxpayer:** \_\_\_\_\_ **Total** . . . . . 0  
**Spouse:** \_\_\_\_\_

Check if you must itemize in 2020. (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:	2019	2020
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 2020 Income and Deductions in 2nd column	2019 Actual	2020 Expected
<b>Compensation:</b>		
Annual wages and salary for taxpayer . . . . .	130,238.	
Medicare wages for taxpayer (W-2 box 5) . . . . .	130,238.	
Annual wages and salary for spouse . . . . .		
Medicare wages for spouse (W-2 box 5) . . . . .		
<b>Self-employment Income:</b>		
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 2019 return

Employer	Owner	Wages	2019 Withholding	2020 Wages	2020 Withholding

**Schedule C:**  Check to populate Schedule C table from 2019 return

Name	Owner	2019 Income	2019 Expenses	2020 Income	2020 Expenses



<b>Other Tax Information:</b>		
<b>Note:</b> Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax . . . . .	64 .	
Qualified dividends . . . . .		
<b>Maximum Capital Gains Rate Tax Information:</b>		
Net short-term capital gains or losses . . . . .	71 .	
Net long-term capital gains or losses . . . . .	-3 .	
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> ) . . . . .		
<b>Other Income:</b>		
Total of your other taxable income and losses ( <i>see Tax Help</i> ) . . . . .	0 .	
Foreign income or housing exclusions . . . . .		
<b>Adjustments:</b>		
Deductible IRA contributions, alimony, etc . . . . .		
<b>Itemized Deductions:</b>		
Total medical expenses . . . . .	0 .	
State and local property and income taxes (or sales tax) . . . . .	10,000 .	
Deductible foreign income taxes . . . . .		
Deductible mortgage interest . . . . .	6,070 .	
Cash charitable contributions . . . . .		
Other charitable contributions . . . . .		
Deductible investment interest expense, casualty or theft losses ( <i>see Tax Help</i> ) . . . . .		
Other itemized deductions . . . . .		
Net qualified disaster loss ( <i>see Tax Help</i> ) . . . . .		
<b>Standard Deduction:</b>		
Standard deduction	12,200 .	12,400 .

<b>Deduction Allowed:</b>		
Deduction ( <i>greater of standard+qual'd disaster loss or item'd</i> )	16,070.	12,400.
<b>Other Deduction:</b>		
Qualified business income deduction ( <i>see Tax Help</i> )		
<b>Credits:</b>		
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 2020 Tax Return	2019 Actual	2020 Expected
Taxable income . . . . .	114,236.	0.
Income tax . . . . .	21,591.	
Alternative minimum tax ( <b>Enter</b> Alt Min tax expected in 2020) . . .		
Premium tax credit repayment ( <b>Enter</b> amt expected for 2020) . . .		
Total credits ( <b>Enter</b> credits expected in 2020) . . . . .	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 ( <b>Enter</b> other taxes expected in 2020) . . . . .	0.	
Total federal income tax . . . . .	19,591.	0.

Enter the Tax Payments You've Already Made for Your 2020 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 (July 15, <b>2020</b> ) . . . . .	
Payment number 2 (July 15, <b>2020</b> ) . . . . .	
Payment number 3 (September 15, <b>2020</b> ) . . . . .	
<b>2019</b> federal overpayment credited to <b>2020</b> ( <i>from page 1 above</i> ) . . . . .	
Total taxes paid to date . . . . .	
Balance of payments needed or (expected refund) . . . . .	0.

Summary of Taxes to be Paid for 2020	
Federal income taxes to be withheld from your paychecks . . . . .	
Your 2019 federal overpayment you applied to 2020 . . . . .	
Your 2020 federal estimated taxes, based on . . . . . <u>100% of your 2019 actual tax</u>	3,452.
Estimate of total payments you will need to make for 2020 . . . . .	3,452.

## Estimated Tax Payment Options

<b>Name:</b>	<u>Siva K Thirumalasetty</u>
<b>SSN:</b>	<u>318-55-0547</u>

Prepare My 2020 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2020 estimated taxable income . . . . .	0.
<input type="checkbox"/> 100% of tax on your 2020 estimated taxable income . . . . .	0.
<input type="checkbox"/> 66-2/3% of tax on your 2020 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2019 taxes (prior-year exception) <b>Note:</b> If your 2019 taxes were less than \$1000, see Tax Help . . . . .	19,591.

Amount of Estimated Taxes to Pay in 2020	
Taxes based on method above . . . . .	19,591.
Expected withholding for 2020 . . . (.2019 actual withholding) . . . . .	16,141.
Taxes due after withholding . . . . .	3,450.
Estimates you've already paid . . . . .	_____
Last year's overpayment you applied to this year . . . . .	_____
Balance of estimated taxes due . . . . .	3,450.

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

<b>Prepare Estimated Tax Payment Vouchers</b>
<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 2020	
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 July 15, 2020 . . . . .	863.
<input type="checkbox"/> Payment number 2, due July 15, 2020 . . . . .	863.
<input type="checkbox"/> Payment number 3, due September 15, 2020 . . . . .	863.
<input type="checkbox"/> Payment number 4, due January 15, 2021 . . . . .	863.

Total estimated tax payments for 2020 . . . . .	3,452.
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<b>Print Estimated Tax Vouchers</b>
<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

<b>Name:</b>	<u>Siva K Thirumalasetty</u>
<b>SSN:</b>	<u>318-55-0547</u>

**Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App).**

<input type="checkbox"/> This box will be checked if your entries on the <b>Estimated Taxes and Form W-4 Worksheet</b> indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
<b>Enter Salary and Pay Periods for 2020</b>	<b>Taxpayer</b>	<b>Spouse</b>
Your annual salary for this year . . . . .	_____	_____
Salary you have already received in 2020 . . . . .	_____	_____
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 . . . . .	_____	_____

<b>Form W-4 Personal Withholding Adjustments</b>	<b>Taxpayer</b>	<b>Spouse</b>
Withholding status . . . . .	_____	_____
Additional withholding per pay period . . . . .	_____	_____
Estimated future withholding per pay period . . . . .	_____	_____
Estimated future withholding through remainder of year . . . . .	_____	_____
Top tax rate being withheld . . . . .	%	%

<b>Change in Federal Income Tax Withholding per Pay Period</b>	<b>Taxpayer</b>	<b>Spouse</b>
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 . . . . .	_____	_____

<b>Summary of Federal Income Taxes to be Withheld in 2020:</b> 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

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**Taxpayer:** Siva K Thirumalasetty

**Primary SSN:** 318-55-0547

**Federal Return Submitted:** May 09, 2020 06:32 PM PDT

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

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Your return was electronically transmitted on 05/10/2020

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

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

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

### 2. THE ACCEPTANCE DATE.

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

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

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

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

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

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

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

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

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

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date



## Read and accept this Disclosure Consent

This is an IRS requirement

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

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

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### IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

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

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

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at 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, 2020.

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

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

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

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

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

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

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

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

<sup>2</sup>This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services or TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

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

Questions? Call 877-908-7228

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

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

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

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

**Original Returns:**

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

Select state returns to file electronically:

State(s)

**Amended Returns:**

- File **federal** amended return(s) electronically
  - File **state** amended return(s) electronically
- Select state amended return(s) to file electronically:

State(s)

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

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

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

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

Select state returns to file by mail:

State(s)

**Practitioner PIN Program:**

- Sign return electronically using Practitioner PIN

**Choose one:**

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

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

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

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

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## Identity Verification Information

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

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

### Documents Used to Verify Primary Taxpayer Identity:

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

### Finish and File Info:

- To indicate a client return download in FnF



# Smart Worksheets from your 2019 Federal Tax Return

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

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>21,591.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input checked="" type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	Additional tax from Form 8621 . . . . . _____
<b>I</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . <u>21,591.</u>

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

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet

<p style="text-align: center;"><b>2017 Tax Cuts &amp; Jobs Act</b> <b>Apply 15-year recovery period to qualified improvement property</b> <b>(asset types J2, J3, J4 and J5)</b> <b>placed in service after December 31, 2017?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><b>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.</b> Refer to Tax Help</p>
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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, 2019 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, 2019 - 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 \$4,200? Yes No

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

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

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

1 TurboTax Web Only: Is the other parent claiming this dependent per the custody agreement? 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 \$4,200 or more or
- \* They filed a joint return

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

**Qualified Business Income Deduction Smart Worksheet**

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

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

**B** QBI worksheet to report. . . . . ▶

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

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

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

**Substitute Form W-2 Smart Worksheet**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

<b>Line 7 Smart Worksheet</b>	
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.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>8,075.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,888.</u>
<b>C</b>	Enter any amount from Form 8959, line 7 . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>9,963.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>9,963.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . . _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (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.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	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. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2019) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2019) . . . . . _____
<b>N</b>	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 . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 7 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . . <u>9,963.</u>



SMART WORKSHEET FOR: Misc Itemized Deductions Wks

**Depreciation Smart Worksheet**

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

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

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

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

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

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

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

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

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

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

**A Taxpayer:**

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

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

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

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

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

**B Spouse:**

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

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

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

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

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

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

Overpayment \_\_\_\_\_ Amount due 3,450.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

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

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

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

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

**C Earned income for EIC from your 2018 return** . . . . . 117,810.

**D Current year earned income for EIC** . . . . . 130,238.

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

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

Overpayment \_\_\_\_\_ Amount due 3,450.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

**A** Taxable and tax exempt interest . . . . . \_\_\_\_\_

**B** Dividend income . . . . . \_\_\_\_\_

**C** Capital gain net **income** . . . . . 68.

**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 . . . . . 68.

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

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

**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**

Permanent resident of Guam or U.S. Virgin Islands

Nonpermanent resident of Guam or U.S. Virgin Islands



Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box. . . . . D b Transaction number . . . . . 4
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [ ] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [ ] No
4 Description (1a) . . . . . 33812L102 FITBIT, INC. CLASS A COMMON ST OCK 2
5 a Date acquired (1b) . . . . . VARIOUS b Date of sale/exchange (1c) . . . . . 03/04/19
6 a Sales price (1d) . . . . . 12.34 b Sales expenses not reported . . . . .
7 a Cost or other basis (1e) . . . . . 15.04 b Corrected basis, if applies . . . . .
8 a Accrued market discount (1f) . . . . . b Wash sale loss disallowed (1g) . . . . . 0.00
9 a Reported type of gain/loss (2) . . . . . L b Corrected gain/loss, if applies . . . . .
10 a Federal tax withheld (4) . . . . . 0.00 b State tax withheld (16) . . . . .
11 a State name (14) . . . . . b State identification no. (15) . . . . .
12 a Type of transaction . . . . . b Import code . . . . . 0
13 a Check if sale of collectible (3) . . . . . [ ] b Check if ordinary gain/loss (2) . . . . . [ ] c FATCA req'd [ ]
d Check if sale of QOF (3) . . . . . [ ]
Optional
14 a Name of security . . . . . 33812L102 FITBIT, INC. CLASS A COMMON ST OCK b Owner of security . . . . .
15 a Stock or other symbol . . . . . b Quantity sold . . . . . 2.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . . [ ]
17 Use transaction worksheet? . . . . . [ ] Yes [ ] No If yes, select copy . . . . .
18 a Adj code(s) (for summary only) . . . . . b Adj amount (for summary only) . . . . .
Calc'd Results: 19 a Adjusted Gain (Loss) . . . . . -2.70 b Holding Period . . . . . L
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box. . . . . A b Transaction number . . . . . 5
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [ ] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [ ] No
4 Description (1a) . . . . . 55616P104 MACY'S INC. 11
5 a Date acquired (1b) . . . . . VARIOUS b Date of sale/exchange (1c) . . . . . 03/04/19
6 a Sales price (1d) . . . . . 270.58 b Sales expenses not reported . . . . .
7 a Cost or other basis (1e) . . . . . 390.95 b Corrected basis, if applies . . . . .
8 a Accrued market discount (1f) . . . . . b Wash sale loss disallowed (1g) . . . . . 0.00
9 a Reported type of gain/loss (2) . . . . . S b Corrected gain/loss, if applies . . . . .
10 a Federal tax withheld (4) . . . . . 0.00 b State tax withheld (16) . . . . .
11 a State name (14) . . . . . b State identification no. (15) . . . . .
12 a Type of transaction . . . . . b Import code . . . . . 0
13 a Check if sale of collectible (3) . . . . . [ ] b Check if ordinary gain/loss (2) . . . . . [ ] c FATCA req'd [ ]
d Check if sale of QOF (3) . . . . . [ ]
Optional
14 a Name of security . . . . . 55616P104 MACY'S INC. b Owner of security . . . . .
15 a Stock or other symbol . . . . . b Quantity sold . . . . . 11.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . . [ ]
17 Use transaction worksheet? . . . . . [ ] Yes [ ] No If yes, select copy . . . . .
18 a Adj code(s) (for summary only) . . . . . b Adj amount (for summary only) . . . . .
Calc'd Results: 19 a Adjusted Gain (Loss) . . . . . -120.37 b Holding Period . . . . . S
c Adj Codes/Amt This sale is missing info?



Form 1099-B Worksheet (Robinhood Securities LLC)
TQUICK

Continuation Statement

1 a Form 8949 Check Box... A b Transaction number... 6
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [ ] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [ ] No
4 Description (1a) ... 756577102 RED HAT INC 3
5 a Date acquired (1b) ... 10/30/18 b Date of sale/exchange (1c) ... 03/04/19
6 a Sales price (1d) ... 548.68 b Sales expenses not reported ...
7 a Cost or other basis (1e) ... 502.53 b Corrected basis, if applies ...
8 a Accrued market discount (1f) ... b Wash sale loss disallowed (1g) ... 0.00
9 a Reported type of gain/loss (2) ... S b Corrected gain/loss, if applies ...
10 a Federal tax withheld (4) ... 0.00 b State tax withheld (16) ...
11 a State name (14) ... b State identification no. (15) ...
12 a Type of transaction ... b Import code ... 0
13 a Check if sale of collectible (3) ... b Check if ordinary gain/loss (2) ... c FATCA req'd ...
d Check if sale of QOF (3) ...
Optional
14 a Name of security ... 756577102 RED HAT INC b Owner of security ...
15 a Stock or other symbol ... b Quantity sold ... 3.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ...
17 Use transaction worksheet? ... Yes No If yes, select copy ...
18 a Adj code(s) (for summary only) ... b Adj amount (for summary only) ...
Calc'd Results: 19 a Adjusted Gain (Loss) ... 46.15 b Holding Period ... S
c Adj Codes/Amt This sale is missing info?

1 a Form 8949 Check Box... A b Transaction number... 7
2 Transaction reported to you on Form 1099-B (or substitute statement)? [X] Yes [ ] No
3 Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? [X] Yes [ ] No
4 Description (1a) ... 852234103 SQUARE, INC. 3
5 a Date acquired (1b) ... 11/01/18 b Date of sale/exchange (1c) ... 03/04/19
6 a Sales price (1d) ... 234.04 b Sales expenses not reported ...
7 a Cost or other basis (1e) ... 225.75 b Corrected basis, if applies ...
8 a Accrued market discount (1f) ... b Wash sale loss disallowed (1g) ... 0.00
9 a Reported type of gain/loss (2) ... S b Corrected gain/loss, if applies ...
10 a Federal tax withheld (4) ... 0.00 b State tax withheld (16) ...
11 a State name (14) ... b State identification no. (15) ...
12 a Type of transaction ... b Import code ... 0
13 a Check if sale of collectible (3) ... b Check if ordinary gain/loss (2) ... c FATCA req'd ...
d Check if sale of QOF (3) ...
Optional
14 a Name of security ... 852234103 SQUARE, INC. b Owner of security ...
15 a Stock or other symbol ... b Quantity sold ... 3.0000
16 Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) ...
17 Use transaction worksheet? ... Yes No If yes, select copy ...
18 a Adj code(s) (for summary only) ... b Adj amount (for summary only) ...
Calc'd Results: 19 a Adjusted Gain (Loss) ... 8.29 b Holding Period ... S
c Adj Codes/Amt This sale is missing info?

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

**Continuation Statement**

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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

**Form 4562 Depreciation Options**

**State Qualified Disaster Area Default Statement**

**Continuation Statement**

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

**Form 4562 Depreciation Options**

**State Kansas Disaster Zone Default Statement**

**Continuation Statement**

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

**Form 4562 Depreciation Options**

**State Kansas Disaster Zone Default Statement**

**Continuation Statement**

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

**Form 4562 Depreciation Options**

**State CBEPP Default Statement**

**Continuation Statement**

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

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

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

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

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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



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

**Continuation Statement**

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

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

**Continuation Statement**

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

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

**Continuation Statement**

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



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

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
Mailing address (see instructions, page 14) (number and street or PO box)		Apartment number	New York State county of residence	
33 WHITAKER DR			ALBANY	
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
COHOES	NY	12047-4318		COHOES
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)		Apartment number	School district code number	
			122	
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 2019 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 amount ...

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) Yes  No

(2) Enter the number of days spent in NYC in 2019 (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 2019 .....
- (2) Number of months **your spouse** lived in NYC in 2019 .....

**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.



201001191555

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	130238.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.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, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	68.00
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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 ..... <input type="text" value="12"/>	12	.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"/>	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	130306.00
18	Total federal adjustments to income (see page 16) Identify: <input type="text"/>	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	130306.00

**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	<b>New York's</b> 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	130306.00

**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	<b>New York's</b> 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	33333.00
32	Add lines 25 through 31 .....	32	33333.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	96973.00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	9610.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	87363.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	1 000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	86363.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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

Your Social Security number  
318550547

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	86363 .00
<b>39</b> NYS tax on line 38 amount (see page 22) .....	<b>39</b>	5092 .00
<b>40</b> NYS household credit (page 22, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 23) .....	<b>41</b>	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	5092 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	5092 .00

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

<b>47</b> NYC taxable income (see instructions) .....	<b>47</b>	.00
<b>47a</b> NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	.00
<b>48</b> NYC household credit (page 23) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base ....	<b>54a</b>	.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 26) .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....	<b>59</b>	0 .00
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	5092 .00

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number  
318550547

62 Enter amount from line 61 ..... **62** 5092.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	.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	7818.00
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** 7818.00

**Your refund, amount you owe, and account information** (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	2726.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	2726.00
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	2726.00

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 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 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

See page 36 for the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) ..... **81** .00

82 Other penalties and interest (see page 33) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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. 34)

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 34) ..... Date \_\_\_\_\_ Amount \_\_\_\_\_ .00

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)
	Email:		

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

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

See instructions for where to mail your return.

201004191555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

# IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203 SIVA K THIRUMALASETTY	Your Social Security number 318550547
---	--

### Medical and dental expenses *(see instructions)*

**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses .....	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19 .....	2	.00
3 Multiply line 2 by 10% (0.10) .....	3	.00
4 Subtract line 3 from line 1 <i>(if line 3 is more than line 1, leave blank)</i> .....	4	.00

### Taxes you paid *(see instructions)*

5 State and local <i>(Mark an X in only one box)</i> a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax ..	5	7849.00
6 State and local real estate taxes .....	6	2266.00
7 State and local personal property taxes .....	7	.00
8 Other taxes. List type and amount _____ _____	8	.00
9 Add lines 5 through 8 .....	9	10115.00

### Interest you paid *(see instructions)*

10 Home mortgage interest and points reported to you on federal Form 1098 .....	10	4871.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____ _____	11	.00
12 Points not reported to you on federal Form 1098 .....	12	1199.00
13 Mortgage insurance premiums .....	13	.00
14 Investment interest .....	14	.00
15 Add lines 10 through 14 .....	15	6070.00

### Gifts to charity *(see instructions)*

16 Gifts by cash or check .....	16	.00
16a Qualified contributions included in line 16 ....	16a	.00
17 Other than by cash or check .....	17	.00
18 Carryover from prior year .....	18	.00
19 Add lines 16, 17, and 18 .....	19	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196001191555



Your Social Security number
318550547

**Casualty and theft losses**

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) ..... **20** ..... .00

**Job expenses and certain miscellaneous deductions** (see instructions)

21 Unreimbursed employee expenses – job travel, union dues, etc. ....	<b>21</b>	3190.00	
22 Job related education expenses .....	<b>22</b>	.00	
23 Tax preparation fees .....	<b>23</b>	190.00	
24 Other expenses – investment, safe deposit box, etc. List type and amount _____			
<u>CERTAIN ATTORNEY AND A</u> 500.	<b>24</b>	500.00	
25 Add lines 21 through 24 .....	<b>25</b>	3880.00	
26 Enter amount from Form IT-201 or IT-203, line 19 .....	<b>26</b>	130306.00	
27 Multiply line 26 by 2% (0.02) .....	<b>27</b>	2606.00	
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank) .....	<b>28</b>		1274.00

**Other miscellaneous deductions**

29 Gambling losses (see instructions) .....	<b>29</b>	.00	
30 Casualty and theft losses of income-producing property (see instructions) .....	<b>30</b>	.00	
31 Federal estate tax on income in respect of a decedent (see instructions) .....	<b>31</b>	.00	
32 Deduction for amortizable bond premiums (see instructions) .....	<b>32</b>	.00	
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument .....	<b>33</b>	.00	
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions) .....	<b>34</b>	.00	
35 Certain unrecovered investments in a pension (see instructions) .....	<b>35</b>	.00	
36 Impairment-related work expenses of a disabled person (see instructions) .....	<b>36</b>	.00	
37 Federal qualified disaster loss (see instructions) .....	<b>37</b>	.00	
38 Reserved .....	<b>38</b>		
39 Add lines 29 through 37 .....	<b>39</b>		.00

**Total itemized deductions** (see instructions)

Is Form IT-201 or IT-203, line 19, over \$163,850? (Mark an X in the appropriate box)

If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instructions to compute the amount to enter on line 40.

40 ..... **40** ..... 17459.00

NO HANDWRITTEN ENTRIES ON THIS FORM





**Adjustments** (see instructions)

<b>41</b> State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions) .....	<b>41</b>	7849.00
<b>42</b> Subtract line 41 from line 40 (see instructions) .....	<b>42</b>	9610.00
<b>43</b> College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions) .....	<b>43</b>	.00
<b>44</b> Addition adjustments (see instructions) .....	<b>44</b>	.00
<b>45</b> Add lines 42, 43, and 44 .....	<b>45</b>	9610.00
<b>46</b> Itemized deduction adjustment (see instructions) .....	<b>46</b>	.00
<b>47</b> Subtract line 46 from line 45 (see instructions) .....	<b>47</b>	9610.00
<b>48</b> College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) ...	<b>48</b>	.00
<b>49 New York State itemized deduction</b> (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions) .....	<b>49</b>	9610.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003191555





New York State Modifications
Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Table with 2 columns: Name(s) as shown on return, Identifying number as shown on return. Row 1: SIVA K THIRUMALASETTY, 318550547

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 [X] IT-203 [ ] IT-204 [ ] IT-205 [ ]

Schedule A - New York State additions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 1a-1g.

Summary table for Part 1 with rows 2, 3, 4 and columns for line number and amount.

Part 2 - Partners, shareholders, and beneficiaries



Form IT-201 filers: do not enter EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 5a-5g.

Summary table for Part 2 with rows 6, 7, 8, 9 and columns for line number and amount.

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

225001191555



**Schedule B – New York State subtractions** *(enter whole dollars only)*


**Part 1 – Individuals, partnerships, and estates or trusts**

**10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S - 1   3   6	33333.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total (add column A, lines 10a through 10g) .....	11	33333.00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any .....	12	.00
13	Add lines 11 and 12 .....	13	33333.00

**Part 2 – Partners, shareholders, and beneficiaries**

 Form IT-201 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-205 filers: do not enter ES-125

**14** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total (add column A, lines 14a through 14g) .....	15	.00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any .....	16	.00
17	Add lines 15 and 16 .....	17	.00
18	<b>Total subtractions</b> (add lines 13 and 17; see instructions) .....	18	33333.00

NO HANDWRITTEN ENTRIES ON THIS FORM

225002191555





# 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 on the back.

## 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

130238.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

3054.00

Code

DD

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

108.00

Description

NYPSL-E

Box 14b Amount

31.00

Description

NYSDI-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.

130238.00

Box 17a NYS income tax withheld

7818.00

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

## Do not detach. 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

102001191555



## Record of Estimated Tax Payments

**2020**

*(Record credits and payments in this table. Keep this record; you will not be receiving notices indicating the amount due each quarter.)*

Name as Shown on Return				Social Security No.
A Payment Type	B Payment Date	C Amount	D 2019 Overpayment Credit Applied	E Total Amount Paid and Credited (add C and D)
Voucher	_____	_____	_____	_____
Voucher	_____	_____	_____	_____
Voucher	_____	_____	_____	_____
Voucher	_____	_____	_____	_____
<b>Total</b> . . . . .		_____	_____	_____

► Keep for your records

Name(s) Shown on Return  
SIVA K THIRUMALASETTY

Social Security Number  
318-55-0547

1	Enter the amounts on Form IT-196, lines 4, 9, 15, 19, 20, 28 and 39 . . . . .				17,459.
2	Enter the amounts on Form IT-196, lines 4, 14, 20, 29 and 38, plus any qualified contributions included on line 16. . . . .				
3	Is the amount on line 2 less than the amount on line 1? If <b>No, stop</b> here. Your deduction is <b>not</b> limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 2 from line 1 . . . . .				17,459.
4	Multiply line 3 by 80% (.80) . . . . .	4		13,967.	
5	Enter the amount from Form IT-201 or IT-203, line 19 . . . . .	5		130,306.	
6	Enter \$273,150 if single; \$327,750 if married filing jointly or qualifying widow(er); \$300,450 if head of household, \$163,850 if married filing separately . . . . .	6		273,150.	
7	Is the amount on line 6 less than the amount on line 5? If <b>No, stop</b> here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 6 from line 5 . . . . .	7			
8	Multiply line 7 by 3% (.03). . . . .	8			
9	Enter the <b>smaller</b> of line 4 or line 8 . . . . .				
10	<b>Total itemized deductions.</b> Subtract line 9 from line 1. Enter the result on Form IT-196, line 40 . . . . .				

► Keep for your records

Name(s) Shown on Return  
SIVA K THIRUMALASETTY

Social Security Number  
318-55-0547

**Part 1 - Home Mortgage Loan Information**

	Loan 1 NBT Bank	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2019 . . . . .	4,871.				
Points paid in 2019 . . . . .	1,199.				
Months loan outstanding . . . . .	8	12	12	12	12
Principal paid on loan in 2019 . . . . .					
Mortgage origination date . . . . .	04/15/2019				
Amortized points allow. in 2019 . . . . .					
Is this a <b>home equity</b> loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <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 No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

**Home Debt Originating on or after December 15, 2017**

Beginning of year balance . . . . .	0.				
Borrowed in 2019 . . . . .	239,836.				
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 . . . . .	0.				
Borrowed in 2019 . . . . .	239,836.				
Principal applied . . . . .	0.				
Ending balance . . . . .	239,836.				
Average balance . . . . .	239,836.				
Allocated interest . . . . .	4,871.				

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

Beginning of year balance . . . . .					
Borrowed in 2019 . . . . .					
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

**2019**

▶ Keep for your records

SIVA K THIRUMALASETTY

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	239,836.
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	239,836.
6	Enter the smaller of line 4 or line 5 . . . . .	6	239,836.
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	239,836.

### Part 3 – Deductible Home Mortgage Interest

9	Average balances of all mortgages on all qualified homes . . . . .	9	239,836.
10	Total amount of interest paid . . . . .	10	4,871.
11	Divide line 8 by line 9 . . . . .	11	1.000000
12	Multiply line 10 by line 11. <b>This is deductible home mortgage interest</b> . . . . .	12	4,871.
13	Subtract line 12 from line 10. <b>This is not home mortgage interest</b> . . . . .	13	0.

**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 . . . . . 4,871. x line 11 \_\_\_\_\_ 4,871.  
 Total points above reported on 1098 . . . . . \_\_\_\_\_ x line 11 \_\_\_\_\_  
 Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet . . . . . \_\_\_\_\_  
 Less home mortgage interest/points (reported on Form 1098) deducted on form 8829 . . . . . \_\_\_\_\_  
 Less home mortgage interest (reported on Form 1098) from Form 8396, line 3. . . . . \_\_\_\_\_  
 Adjusted total interest/points reported on Form 1098 . . . . . 4,871.

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 . . . . . 1,199. x line 11 \_\_\_\_\_ 1,199.  
 Less points (**not** reported on Form 1098) deducted on Form 8829 . . . . . \_\_\_\_\_  
 Adjusted total points **not** reported on Form 1098 . . . . . 1,199.



Name as Shown on Return  
SIVA K THIRUMALASETTY

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 2019 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	130,306.
3	<b>1040 filers:</b> enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; and Form 4563, line 15. . . . .	3	0.
	<b>1040NR filers:</b> Enter -0-.		
4	Add lines 2 and 3. Enter the total . . . . .	4	130,306.
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	75,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> 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	56,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result. . . . .	7	2,800.
8	Is the amount on line 1 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No. Stop.</b> Enter <b>0</b> on Form IT-213, line 6 and <b>0</b> on Form IT-213, line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	

**Part 2**

9	Enter 2019 federal tax from Form 1040, line 12b, or Form 1040NR, line 45 . . . . .	9	
10	Add the amounts from — a Form 1040, Schedule 3 line 1 or 1040NR, line 46 . . . . . a b Form 1040, Schedule 3 line 2 or 1040NR, line 47 . . . . . + b c Form 1040, Schedule 3 line 3. . . . . + c d Form 1040, Schedule 3 line 4 or 1040NR, line 48 . . . . . + d e Form 8910, <i>Alternative Motor Vehicle Credit</i> , line 15 . . . . . + e f Form 8936, <i>Qual Plug-in Elec Vehicle Credit</i> , line 23. . . . . + f g Schedule R, <i>Credit for Elderly or Disabled</i> , line 22 . . . . . + g Enter the total lines a through g . . . . .	10	
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 type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> 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	
12	Subtract line 11 from line 9. Enter the result. . . . .	12	
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> <b>No.</b> Enter the amount from line 8 here and on IT-213 line 6; enter <b>0</b> on line 7. <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12 here and on IT-213 line 6; and complete Worksheet C . . . . .	13	

Name(s) Shown on Return

Your Social Security Number

**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, **stop** here; do not complete Worksheet C. Enter **0** on Form IT-213, line 7.
- You need a completed 2019 federal Schedule 8812, *Child Tax Credit*, to complete this worksheet

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

New York State Information Worksheet

2019

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 1-1-2020 . . 35
Date of Death . . . . .
NY DL Doc ID . . . . . 406
Email Address . . . . . SIVAKUMAR.CVA@GMAIL.COM
Daytime Phone . . . . (518)951-5599
Extension . . . . .
Home Phone . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . .
Occupation . . . . .
Date of Birth . . . . .
Age as of 1-1-2020 . .
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 [X] Taxpayer daytime [ ] Spouse daytime

Mailing Address

Street Address . . . . . 33 WHITAKER DR Apartment No. . . . .
City . . . . . Cohoes State . . NY ZIP Code . . 12047-4318
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 . . . . Cohoes School District Code . . . 122

Part II - Main Form

- [X] 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 type="checkbox"/>	<input 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 type="checkbox"/>

**New York City Residents:**

- Yes No**  
  Did you or your spouse maintain living quarters in New York City during 2019?  
  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 in 2019? 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 . . . . . ▶ 306.
- Check received for STAR credit . . . . . ▶ 511.

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 . . . . .	_____	_____
6 Number of months in business in New York City during the year . . . . .	_____	_____
7 a Use <b>direct deposit</b> 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"/>
Check to print <b>COVID-19</b> on top of printed return . . . . . ▶ <input type="checkbox"/>		
A waiver of penalties for late filing, late payment or underpayment penalties is being allowed if affected by the COVID-19 outbreak. <b>Interest</b> on any late tax payments still applies, is <b>not</b> subject to this waiver.		

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
- 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 \_\_\_\_\_
- Missing/Exploited Children Fund \_\_\_\_\_ Autism Fund \_\_\_\_\_
- Breast Cancer Research Fund \_\_\_\_\_ Veterans' Homes \_\_\_\_\_
- Alzheimer’s Fund \_\_\_\_\_ Love Your Library Fund \_\_\_\_\_
- Olympic Fund (\$2 or \$4) \_\_\_\_\_ Lupus Educ and Prevention Fund \_\_\_\_\_
- Prostate/Testicular Cancer Fund \_\_\_\_\_ Military Family Relief Fund \_\_\_\_\_
- 9/11 Memorial \_\_\_\_\_ City Univ NY Constr Fund \_\_\_\_\_
- Volunteer Firefighting & EMS \_\_\_\_\_ Life Pass It On Fund \_\_\_\_\_
- Teen Health Education Fund \_\_\_\_\_ ALS Research and Education \_\_\_\_\_
- Veterans Remembrance Fund \_\_\_\_\_ School-Based Health Centers \_\_\_\_\_
- Homeless Veterans Fund \_\_\_\_\_ Gifts to Food Banks Fund \_\_\_\_\_
- Mental Illness Anti-Stigma Fund \_\_\_\_\_ Meals On Wheels For Seniors \_\_\_\_\_
- Women’s Cancers Educ Prev Fd \_\_\_\_\_ Gift to The Arts 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.

Description	Filename

**Part IX - Direct Deposit or Direct Debit Information**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use <b>direct deposit</b> for <b>New York tax refund</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of New York tax payment for the <b>tax return</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of New York tax payment for the <b>amended return</b> ? (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 . . . . . Checking  Savings

Personal or business account . . . . . 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**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)

Qtr	Payment Amount	Payment Due Date	Date to Withdraw	Date Scheduled	Date Signed	Date Transmitted	Date Accepted	Completed
1		07/15/20		Not scheduled				
2		06/15/20		Not scheduled				
3		09/15/20		Not scheduled				
4		01/15/21		Not scheduled				

**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**

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

Part X – Extension Status

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

Yes No

[ ] [X] 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

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

Extended due date . . . \_\_\_\_\_

[ ] [X] 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 2019, 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
- Code C2 Request an installment payment agreement**- You are unable to pay your tax due in full and would like to request an installment payment agreement (IPA). Once you receive a bill for the amount you owe, follow the payment instructions included on the billing document. Note: You will continue to accrue penalties and interest (if applicable) on any unpaid balance of tax due for the duration of your IPA.
- Code M4 Veterans Benefits and Transition Act of 2018 election**- As a civilian spouse of a military servicemember you are making an election to use the same state of legal residence as the servicemember for state income tax purposes.

\_\_\_\_ If you (or your spouse if married) qualify under a special condition for filing your 2019 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 2019 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

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 2019 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

**2019**

▶ Keep for your records.

Name <b>SIVA K THIRUMALASETTY</b>	Social Security Number <b>318-55-0547</b>
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## Tax Payments for the Current Year

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

## New York State Income Tax Withheld for the Current Year

<b>9</b> State withholding on Forms W-2 . . . . .	<b>9</b>	7,818.
<b>10</b> State withholding on Forms W-2G . . . . .	<b>10</b>	_____
<b>11</b> State withholding on Forms 1099-R . . . . .	<b>11</b>	_____
<b>12 a</b> State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	_____
<b>12 b</b> State withholding on Forms 1099-G . . . . .	<b>12 b</b>	_____
<b>12 c</b> State withholding on Forms 1099-K . . . . .	<b>12 c</b>	_____
<b>13</b> Other state tax withholding . . . . .	<b>13</b>	_____
<b>14 Total state income tax withheld</b> . . . . .	<b>14</b>	7,818.

## City Income Tax Withheld for the Current Year

<b>15</b> Total City of New York withholding . . . . .	<b>15</b>	_____
<b>16</b> Total Yonkers withholding . . . . .	<b>16</b>	_____
<b>17</b> Section 1127 withholding . . . . .	<b>17</b>	_____

## Section 414(h) and 125 Withholding

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

# New York State School District/County Selection Worksheet

**2019**

▶ Keep for your records

Name as Shown on Return <u>SIVA K THIRUMALASETTY</u>	Social Security No. <u>318-55-0547</u>
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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>Cohoes</u> Allegany . . . . . _____ Broome . . . . . _____ Cattaraugus . . . . . _____ Cayuga . . . . . _____ Chautauqua . . . . . _____ Chemung . . . . . _____ Chenango . . . . . _____ Clinton . . . . . _____ Columbia . . . . . _____ Cortland . . . . . _____ Delaware . . . . . _____ Dutchess . . . . . _____ Erie . . . . . _____ Essex . . . . . _____ Franklin . . . . . _____ Fulton . . . . . _____ Genesee . . . . . _____ Greene . . . . . _____ Hamilton . . . . . _____ Herkimer . . . . . _____ Jefferson . . . . . _____ Lewis . . . . . _____ Livingston . . . . . _____ Madison . . . . . _____ Monroe . . . . . _____ Montgomery . . . . . _____ Nassau . . . . . _____ New York City . . . . . _____	Niagara . . . . . _____ Oneida . . . . . _____ Onondaga . . . . . _____ Ontario . . . . . _____ Orange . . . . . _____ Orleans . . . . . _____ Oswego . . . . . _____ Otsego . . . . . _____ Putnam . . . . . _____ Rensselaer . . . . . _____ Rockland . . . . . _____ St. Lawrence . . . . . _____ Saratoga . . . . . _____ Schenectady . . . . . _____ Schoharie . . . . . _____ Schuyler . . . . . _____ Seneca . . . . . _____ Steuben . . . . . _____ Suffolk . . . . . _____ Sullivan . . . . . _____ Tioga . . . . . _____ Tompkins . . . . . _____ Ulster . . . . . _____ Warren . . . . . _____ Washington . . . . . _____ Wayne . . . . . _____ Westchester . . . . . _____ Wyoming . . . . . _____ Yates . . . . . _____
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**New York State  
Wages/Self-Employment Income Allocation**

**2019**

▶ 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	130,238.

**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.

► Keep for your records

Name as Shown on Return  
SIVA K THIRUMALASETTY

Social Security No.  
318-55-0547

1	Educator expenses . . . . .	
2	Certain business expenses of reservists, performing artists, and fee-basis government officials (Form 2106) . . . . .	
3	Health savings account deduction (Form 8889) . . . . .	
4	Moving expenses (Form 3903) . . . . .	
5	Deductible part of self-employment tax (Schedule SE) . . . . .	
6	Self-employed SEP, SIMPLE and qualified plans . . . . .	
7	Self-employed health insurance deduction . . . . .	
8	Penalty on early withdrawal of savings . . . . .	
9	Alimony paid . . . . .	
10	IRA deduction . . . . .	
11	Student loan interest deduction . . . . .	
12	Tuition and fees deduction (Form 8917) . . . . .	
13	Foreign housing deduction (Form 2555) . . . . .	
14	Jury duty pay given to employer . . . . .	
15	Reforestation amortization and expenses . . . . .	
16	Repayment of sub-pay under the Trade Act of 1974 . . . . .	
17	Expenses from the rental of personal property . . . . .	
18	Contributions to section 501(c)(18)(D) pension plans . . . . .	
19	Archer MSA deduction (Form 8853) . . . . .	
20	Olympic and Paralympic prize money . . . . .	
21	Other adjustments . . . . .	
22	Total federal adjustments to income . . . . .	

**Other Additions  
and Subtractions Statement**

► Keep for your records

Name as Shown on Return  
SIVA K THIRUMALASETTY

Social Security No.  
318-55-0547

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

<b>A-101</b>	New York City flexible benefits program (IRC 125) . . . . .	<b>A-101</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-102</b>	Interest and dividends from certain obligations of US government agencies or instrumentalities exempt from federal income tax; taxable by New York . . . . .	<b>A-102</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-103</b>	New York's 529 college savings program distributions ( <b>IT-203 only</b> ) . . . . .	<b>A-103</b>	_____
	Reported on Line 22 of Form IT-201 NY State allocated amount of above . . . . . ► _____		
<b>A-104</b>	414(h) retirement contributions Reported on Line 21 of Form IT-201/IT-203		
<b>A-105</b>	Special additional mortgage recording tax deduction . . . . .	<b>A-105</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-106</b>	Special additional mortgage recording tax basis adjustment . . . . .	<b>A-106</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-107</b>	Sales or dispositions of assets acquired from decedents . . . . .	<b>A-107</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-108</b>	Disposition of solar and wind energy systems . . . . .	<b>A-108</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-109</b>	New business investment; deferral recognition . . . . .	<b>A-109</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-110</b>	Qualified emerging technology investments (QETI) . . . . .	<b>A-110</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-111</b>	Interest expense on loans used to buy obligations exempt from New York State tax and other expenses relating to the production of income exempt from New York State tax . . . . .	<b>A-111</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-112</b>	Health insurance and the welfare benefit fund surcharge . . . . .	<b>A-112</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-113</b>	Interest income on state and local bonds and obligations Reported on Line 20 of Form IT-201/IT-203		
<b>A-114</b>	Form 4970 accumulation distribution of trusts . . . . .	<b>A-114</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-115</b>	Special Accruals . . . . .	<b>A-115</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-116</b>	Resident beneficiary accumulation distribution . . . . .	<b>A-116</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-117</b>	Incomplete gift non-grantor trust . . . . .	<b>A-117</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-118</b>	Net gain from casualty and theft loss . . . . .	<b>A-118</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-119</b>	Alimony or separate maintenance payments received . . . . .	<b>A-119</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-201</b>	Income taxes from partnerships, S-corporations . . . . .		
	Inc/unincorp bus taxes paid and deducted on fed Sch C . . . . .		
	Personal income taxes and unincorporated business taxes deducted from federal gross income but includable in New York gross income . . . . .	<b>A-201</b>	_____
	NY State allocated amount of above . . . . . ► _____		
<b>A-202</b>	Percentage depletion . . . . .	<b>A-202</b>	_____
	NY State allocated amount of above . . . . . ► _____		

<b>A-203</b>	Deductions attributable to safe harbor leases . . . . .	<b>A-203</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-204</b>	Safe harbor leases; election for qualified leased property . . . . .	<b>A-204</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-205</b>	Form IT-399 - Accelerated cost recovery system (ACRS) deduction . . . . .	<b>A-205</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-206</b>	Form IT-399 - ACRS property; year of disposition adjustment . . . . .	<b>A-206</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-207</b>	Prior year's Farmers' School Tax Credit . . . . .	<b>A-207</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-208</b>	Sport utility vehicle expense deduction . . . . .	<b>A-208</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-209</b>	Form IT-398 - IRC section 168(k) property depreciation . . . . .	<b>A-209</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-210</b>	Special depreciation . . . . .	<b>A-210</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-211</b>	Royalty and interest payments made to related party member(s) . . . . .	<b>A-211</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-212</b>	Environmental remediation insurance premiums . . . . .	<b>A-212</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-214</b>	Metropolitan commuter transportation mobility tax claimed as a federal deduction . . . . .	<b>A-214</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-215</b>	NOL deduction limitation . . . . .	<b>A-215</b>	_____
<b>A-216</b>	Manufacturer's real property tax . . . . .	<b>A-216</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-217</b>	START-UP NY excise tax on telecommunication services . . . . .	<b>A-217</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>Below items flow to Part 2 of Schedule A</b>			
<b>A-301</b>	S corporation shareholders; reduction for taxes . . . . .	<b>A-301</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-302</b>	S corporation shareholders; pass-through loss or deduction items . . . . .	<b>A-302</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-303</b>	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 . . . . .	<b>A-303</b>	_____
	NY State allocated amount of above . . . . . ▶		_____
<b>A-304</b>	S corporation shareholders; disposition of stock or indebtedness with		_____

increased basis . . . . .	A-304	_____
NY State allocated amount of above . . . . . ▶		_____
<b>EA-901</b> Beneficiary's share of fiduciary adjustment. . . . .	<b>EA-901</b>	_____
NY State allocated amount of above . . . . . ▶		_____
<b>Partner, shareholder and beneficiary additions to Part 2 of Schedule A:</b>		
Enter applicable code from above listing:		
Modification Code	Total Amount	NYS Allocated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b> 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)**

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



<b>S-116</b>	Sales or dispositions of assets acquired before 1960 with greater state than federal bases . . . . .	<b>S-116</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-117</b>	Income earned before 1960 and previously reported to New York State . . .	<b>S-117</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-118</b>	Military pay included in federal adjusted gross income, received for active duty as a member of US armed services in a designated combat zone . . . .	<b>S-118</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-119</b>	Military pay	<b>S-119</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-120</b>	Interest paid on loans made under New York Higher Education Loan Program (HELP) . . . . .	<b>S-120</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-121</b>	Certain investment income from U.S. government agencies . . . . .	<b>S-121</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-122</b>	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 . . . . .	<b>S-122</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-123</b>	Certain investment income exempted by other New York State laws . . . . .	<b>S-123</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-124</b>	Form IT-221 - Disability income exclusion . . . . .	<b>S-124</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-125</b>	Interest income on U.S. government bonds		
	Reported on Line 28 of Form IT-201/Line 27 of IT-203		
<b>S-126</b>	New York State organized militia income. . . . .	<b>S-126</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-127</b>	Loss from sale or disposition of property that would have been realized if a federal estate tax return had been required . . . . .	<b>S-127</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-128</b>	Native American Income Exclusion . . . . .	<b>S-128</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-129</b>	Special Accruals . . . . .	<b>S-129</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-130</b>	Volunteer firefighter or ambulance worker length of service award . . . . .	<b>S-130</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-132</b>	Unreimbursed exp related to donating an organ for human transplant. . . . .	<b>S-132</b>	_____
<b>S-133</b>	Distributions from an eligible retirement plan for Lake Ontario and St. Lawrence Seaway flood relief program . . . . .	<b>S-133</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-134</b>	Income from Student Loan debt discharged due to death or disability . . . . .	<b>S-134</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-135</b>	Qualified moving expense reimbursements and moving expenses . . . . .	<b>S-135</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-136</b>	Alimony or separate maintenance payments paid . . . . .	<b>S-136</b>	33,333.
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-137</b>	Volunteer firefighter enhanced cancer disability benefits . . . . .	<b>S-137</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-201</b>	Small business modification . . . . .	<b>S-201</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-202</b>	Interest expense on loans used to buy federally tax-exempt obligations that are taxable to New York State . . . . .	<b>S-202</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-203</b>	Expenses (other than interest expense) connected with federally tax-exempt income that is taxable to New York State . . . . .	<b>S-203</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-204</b>	Amortizable bond premiums on bonds that generate federally tax-exempt		

	interest income that is taxable to New York State		<b>S-204</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-205</b>	Wage and salary expenses allowed as federal credits but not as federal expenses . . . . .		<b>S-205</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-206</b>	Cost depletion . . . . .		<b>S-206</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-207</b>	Special depreciation expenditures . . . . .		<b>S-207</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-208</b>	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 . . . . .		<b>S-208</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-209</b>	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 . . . . .		<b>S-209</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-210</b>	Form IT-399 - New York depreciation allowed . . . . .		<b>S-210</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-211</b>	Form IT-399 - ACRS (year of disposition adjustment) . . . . .		<b>S-211</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-212</b>	Sport utility vehicle expense deduction recapture . . . . .		<b>S-212</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-213</b>	Form IT-398 - IRC section 168(k) property depreciation . . . . .		<b>S-213</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-214</b>	Form IT-398 - IRC section 168(k) property (year of disposition adjustment) . . . . .		<b>S-214</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-215</b>	Refund of certain New York business tax credits (such as QEZE) . . . . .		<b>S-215</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-216</b>	New York State Innovation Hot Spot Program . . . . .		<b>S-216</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-217</b>	Taxable refunds ( <b>only if</b> included in federal income but <b>not</b> included in IT-201/IT-203 line 4) . . . . .		<b>S-217</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		

**Below items flow to Part 2 of Schedule B**

<b>S-301</b>	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 . . . . .		<b>S-301</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-302</b>	S corporation shareholders; pass-through income . . . . .		<b>S-302</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>S-303</b>	Franchise tax refunds . . . . .		<b>S-303</b>	_____
	NY State allocated amount of above . . . . . ▶	_____		
<b>ES-901</b>	Beneficiary's share of fiduciary adjustment. . . . .		<b>ES-901</b>	_____
	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 . . . . . ▶

33,333.

# New York 529 College Savings Program Worksheet

**2019**

▶ Keep for your records

Name as Shown on Return  
SIVA K THIRUMALASETTY

Social Security No.  
318-55-0547

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

<p><b>1</b> Amount of contributions you made in 2019 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) . . . . .</p> <p><b>2</b> Amount of Qualified Tuition Program distribution included in your federal AGI *</p> <table border="1" style="margin-left: 40px; width: 60%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Federal</th> <th style="width: 25%;">New York</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Taxable amount of earnings . . . . .</td> <td></td> <td></td> </tr> <tr> <td>Earnings on non-family member transfer:</td> <td></td> <td></td> </tr> <tr> <td><b>b 1</b> State . . . . .</td> <td></td> <td></td> </tr> <tr> <td><b>2</b> Private . . . . .</td> <td></td> <td></td> </tr> <tr> <td><b>c</b> Other adjustments . . . . .</td> <td></td> <td></td> </tr> <tr> <td><b>d</b> Total federal (Sum of Federal column) . . . . .</td> <td></td> <td></td> </tr> <tr> <td><b>e</b> Total New York (Sum of New York column) . . . . .</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>3</b> Add line 1 and line 2. Enter here and on Form IT-201, line 30 . . . . .</p>		Federal	New York	<b>a</b> Taxable amount of earnings . . . . .			Earnings on non-family member transfer:			<b>b 1</b> State . . . . .			<b>2</b> Private . . . . .			<b>c</b> Other adjustments . . . . .			<b>d</b> Total federal (Sum of Federal column) . . . . .			<b>e</b> Total New York (Sum of New York column) . . . . .			<p><b>1</b></p> <p><b>2</b></p> <p><b>3</b></p>	
	Federal	New York																								
<b>a</b> Taxable amount of earnings . . . . .																										
Earnings on non-family member transfer:																										
<b>b 1</b> State . . . . .																										
<b>2</b> Private . . . . .																										
<b>c</b> Other adjustments . . . . .																										
<b>d</b> Total federal (Sum of Federal column) . . . . .																										
<b>e</b> Total New York (Sum of New York column) . . . . .																										

\* 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)

<p><b>1</b> Total current and prior years’ nonqualified withdrawals from your account(s) . . . . .</p> <p><b>2</b> Total current and prior years’ contributions to your account(s) . . . . .</p>	<p><b>1</b></p> <p><b>2</b></p>											
<p><b>3 a</b> Current year’s subtraction modification (<i>from Part I, line 1</i>) and prior years’ subtraction modifications</p> <table border="1" style="margin-left: 40px; width: 60%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1998</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">1999</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">See SUBTRACTIONS</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">2019</td> <td style="text-align: right;"></td> </tr> </tbody> </table>	Year	Amount	1998	0.	1999	0.	See SUBTRACTIONS	0.	2019		<p><b>3</b></p> <p><b>4</b></p>	
Year	Amount											
1998	0.											
1999	0.											
See SUBTRACTIONS	0.											
2019												
<p><b>3 b</b> Total subtraction modifications . . . . .</p> <p><b>4</b> Subtract line 3 from line 2 . . . . .</p>	<p><b>3</b></p> <p><b>4</b></p>											
<p><b>5 a</b> Prior years’ addition modifications</p> <table border="1" style="margin-left: 40px; width: 60%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1998</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">1999</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">See ADDITIONS</td> <td style="text-align: right;">0.</td> </tr> </tbody> </table>	Year	Amount	1998	0.	1999	0.	See ADDITIONS	0.	<p><b>5</b></p> <p><b>6</b></p>			
Year	Amount											
1998	0.											
1999	0.											
See ADDITIONS	0.											
<p><b>5 b</b> Total addition modifications . . . . .</p> <p><b>6</b> Add line 4 and line 5 . . . . .</p> <p><b>7</b> Subtract line 6 from line 1. This is your current year addition modification. Enter this amount on Form IT-201, line 22. . . . .</p>	<p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p>											

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><b>1</b> Amount from Form IT-272, line 3 . . . . .</p> <p>If your filing status is:</p> <ul style="list-style-type: none"> <li>● 1 or 3 and the amount on Form IT-201, line 33 is <b>\$100,000 or less</b>; or</li> <li>● 4 and the amount on Form IT-201, line 33 is <b>\$150,000 or less</b>; or</li> <li>● 2 or 5 and the amount on Form IT-201, line 33 is <b>\$200,000 or less</b></li> </ul> <p>skip lines 2 through 4 and enter the amount from line 1 on line 5. All others continue with line 2.</p>	<b>1</b>	
<p><b>2</b> Amount, if any, from Form IT-196, line 47 . . . . .</p> <p>(If the amount on line 2 is <b>0</b> skip lines 3 and 4 below and see the instructions to compute the amount to enter on line 5.)</p>	<b>2</b>	
<p><b>3</b> Amount from Form IT-196, line 45 . . . . .</p>	<b>3</b>	
<p><b>4</b> Divide line 2 by line 3 and round to the fourth decimal place . . . . .</p>	<b>4</b>	
<p><b>5</b> Multiply line 1 by the amount on line 4. This is your college tuition itemized deduction . . . . .</p>	<b>5</b>	

# College Tuition Qualified Expenses Optimization Worksheet

**2019**

▶ Keep for your records

Name as Shown on Return <b>SIVA K THIRUMALASETTY</b>	Social Security No. <b>318-55-0547</b>
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**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 2019
_____	_____	_____	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) . . . . .			<b>2</b>	_____
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction . . . . .			<b>3</b>	_____

**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) <b>Manual:</b> Choose Credit or Deduction	(b) <b>Automatic:</b> Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>X</b>
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 . . . . .	2726
Balance Due . . . . .	_____

► Keep for your records

Name as Shown on Return  
SIVA K THIRUMALASETTY

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	_____
2	Amount from the table below:		
	If filing status is 1 or 3 . . . . . <b>\$100,000</b>		
	If filing status is 4 . . . . . <b>\$150,000</b>		
	If filing status is 2 or 5 . . . . . <b>\$200,000</b> . . . .	2	_____
3	Subtract line 2 from line 1. (If line 2 is more than line 1, leave line 46 of Form IT-196 blank. <b>Do not continue with this worksheet.</b> ) . . . . .	3	_____
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

**2019**

▶ Keep for your records

Name as Shown on Return <b>SIVA K THIRUMALASETTY</b>	Social Security No. <b>318-55-0547</b>
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**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 . . . . .	<b>1</b>	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . . .	<b>2</b>	
3 Multiply line 2 by 6.21% (.0621). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	<b>3</b>	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	<b>4</b>	
5 Subtract line 4 from line 3 . . . . .	<b>5</b>	
6 Enter the excess of line 1 over \$107,650 . . . . .	<b>6</b>	
7 Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	<b>7</b>	
8 Multiply line 5 by line 7 . . . . .	<b>8</b>	
9 Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	<b>9</b>	

- 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 . . . . .	<b>1</b>	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . . .	<b>2</b>	
3 Multiply line 2 by 6.49% (.0649). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	<b>3</b>	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	<b>4</b>	
5 Subtract line 4 from line 3 . . . . .	<b>5</b>	
6 Enter \$577 on line 6 . . . . .	<b>6</b>	
7 Subtract line 6 from line 5 . . . . .	<b>7</b>	
8 Enter the excess of line 1 over \$161,550 . . . . .	<b>8</b>	
9 Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	<b>9</b>	
10 Multiply line 7 by line 9 . . . . .	<b>10</b>	
11 Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	<b>11</b>	

- 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 \$1,030 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 \$577 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,030 on line 6. If line 2 is more than \$323,200, enter \$2,193 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 6.49% (.0649). 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 \$513 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 \$513 on line 6. If line 2 is more than \$215,400, enter \$1,288 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 6.49% (.0649). 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 \$733 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 \$733 on line 6. If line 2 is more than \$269,300, enter \$1,703 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

Social Security No.  
318-55-0547

**Part I 2020 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 2020 Estimates:**

	State	New York City	Yonkers
a 100% (110%) of <b>2019</b> taxes . . . . .	<input checked="" type="checkbox"/> 5,092.		
b 100% of tax on <b>2020</b> estimated taxable income . . . . .	<input type="checkbox"/> 4,342.	0.	
c 90% of tax on <b>2020</b> estimated taxable income . . . . .	<input type="checkbox"/> 3,908.	0.	
d 66-2/3% of tax on <b>2020</b> estimated taxable income (farmers and fishermen) . . . . .	<input type="checkbox"/> 2,895.	0.	
e Fixed total amount (not program calculated) . . . . .	<input type="checkbox"/>		

**2 Selected estimated tax amount:**

a 2020 Required Annual Payment based on your choice above. . . . .	5,092.
b Estimated amount of 2020 state income tax withholding . . . . .	7,818.
c <b>Total of estimated tax payments required for 2020</b> (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 . . . . .	<input checked="" type="checkbox"/>
b Calculate estimates if _____ (specify amount) or more . . . . .	<input type="checkbox"/>
c Calculate estimates regardless of amount. . . . .	<input type="checkbox"/>
d Do <b>not</b> calculate estimates . . . . .	<input type="checkbox"/>

**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 . . . . .	2,726.
Check to apply overpayment and refund excess . . . . .	<input type="checkbox"/>
or enter amount to apply . . . . .	
A Apply consecutively to all quarters . . . . .	<input checked="" type="checkbox"/>
B Apply to first quarter only . . . . .	<input type="checkbox"/>
C Apply evenly to state estimated amounts only . . . . .	<input type="checkbox"/>

**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 2020 Calculations**

A 1 Choose 2020 filing status:  
 Single       Married filing jointly       Qualifying widow(er)  
 Married filing separately       Head of household

B Check if dependent of another in 2020. . . . . Yes  No   
 C Enter the number of dependent exemptions in 2020 . . . . . 1

**Part V Changes to Income, Deductions, Credits and Withholding for 2020**

Your 2019 income and deductions are entered in the '2019 Actual' column.  
 \*For each line in the '2020 Estimated' column, enter estimated 2020 amount if different from 2019; otherwise, the '2019 Actual' amount will be used for that line. If zero, you must enter zero.

	2019 Actual	*2020 Estimated
A 1 New York adjusted gross income . . . . .	96,973.	
2 New York City taxable income (see IT-201 line 47 instructions) . . . . .		
B Enter either your standard or estimated itemized deduction . . . . .	9,610.	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 <b>Nonresidents and Part-Year residents:</b>		
(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 . . . . .	0.	
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 . . . . .	7,818.	
S New York City income tax withheld . . . . .		
T Yonkers income tax withheld . . . . .		

**Part VI 2020 Estimated Taxable Income and Tax**

	New York State	City of New York	City of Yonkers
1 Estimated New York adjusted gross income expected in 2020 . . . . .	96,973 .		
2 Enter either your standard deduction or estimated itemized deduction . . . . .	16,050 .		
3 Subtract line 2 from line 1 . . . . .	80,923 .		
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) . . . . .	79,923 .		
6 New York State tax . . . . .	4,342 .		
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 . . . . .	4,342 .		
16 Other taxes . . . . .			
17 Add lines 15 and 16 ( <i>in New York City column: add lines 13 and 16</i> ) . . . . .	4,342 .	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> ) . . . . .	4,342 .	0 .	
20 Refundable credits . . . . .	0 .		
21 New York State/City estimated tax ( <i>line 19 less line 20</i> ) . . . . .	4,342 .	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> ) . . . . .	4,342 .	0 .	

<b>23 a</b>	Check this box if farmer or fisherman . . . . . <input type="checkbox"/>			
<b>24</b>	Multiply line 23 by 90% (66-2/3% for farmers and fishermen) . . . . .	3,908.	0.	
<b>24 a</b>	100% of line 23 (tax calculated on 2020 estimated taxable income) . . . . .	4,342.	0.	
<b>25</b>	Enter 100% of the tax shown on your 2019 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 2020, more than \$75,000) . .	5,092.		
<b>26</b>	2020 required annual payment based on your choice of options . . . . .	5,092.		
<b>27</b>	Estimate of income tax to be withheld . . . . .	7,818.		
<b>28</b>	<b>Total estimated tax payments required for 2020</b> . . . . .	0.		
<b>29</b>	Application of 2019 overpayment. Total . . . . .			

	<b>a</b> Due Date	<b>b</b> Amount to Pay	<b>c</b> 2019 Overpayment Applied	<b>d</b> Total Amount
<b>30 Payment</b>				
<b>New York State</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of New York</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of Yonkers</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>Totals</b> . . . . .				

<b>Voucher amounts:</b>	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<b>New York State</b> . . . . .				
<b>City of New York</b> . . . . .				
<b>City of Yonkers</b> . . . . .				
<b>MCTMT - Taxpayer</b> . . . . .				
<b>MCTMT - Spouse</b> . . . . .				
<b>Voucher Totals:</b> . . . . .				

**Two-Year Comparison**

**2019**

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

	2018	2019	Difference	%
<b>Federal Adjusted Gross Income</b>	115,208.	130,306.	15,098.	13.10
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .				
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .				
<b>New York Subtractions</b>				
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 . . . . .		33,333.	33,333.	
<b>Total New York Subtractions</b> . . . . .		33,333.	33,333.	
<b>New York Adjusted Gross Income</b> . . . . .	115,208.	96,973.	-18,235.	-15.83
Standard or Itemized Deduction . . . . .	16,050.	9,610.	-6,440.	-40.12
Dependent exemptions . . . . .	1,000.	1,000.	0.	0.00
<b>New York Taxable Income</b> . . . . .	98,158.	86,363.	-11,795.	-12.02
New York State tax . . . . .	5,680.	5,092.	-588.	-10.35
New York State nonrefundable credits . . . . .				
Other New York State taxes . . . . .				
<b>Total New York State taxes</b> . . . . .	5,680.	5,092.	-588.	-10.35
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	5,680.	5,092.	-588.	-10.35
Withholding . . . . .	7,173.	7,818.	645.	8.99
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .				
Refundable credits . . . . .	231.		-231.	-100.00
<b>Total payments and refundable credits</b> . . . . .	7,404.	7,818.	414.	5.59
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,724.	2,726.	1,002.	58.12
<b>Balance Due</b> . . . . .				



**Tax Summary**  
 ► Keep for your records

**2019**

Name(s) SIVA K THIRUMALASETTY	
<b>Federal Adjusted Gross Income</b> .....	130,306.
<b>New York Additions</b> .....	
<b>New York Subtractions</b> .....	33,333.
<b>New York Adjusted Gross Income</b> .....	96,973.
<b>Itemized or Standard Deduction</b> .....	9,610.
<b>Dependent Exemptions</b> .....	1,000.
<b>New York Taxable Income</b> .....	86,363.
<b>Tax</b> .....	5,092.
<b>New York State Credits</b> .....	
<b>Other New York State Taxes</b> .....	
<b>Total New York State Taxes</b> .....	5,092.
<b>New York City Taxes</b> .....	
<b>MCTMT</b> .....	
<b>Yonkers City Taxes</b> .....	
<b>Sales or Use Tax</b> .....	0.
<b>Voluntary Gifts/Contributions</b> .....	
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> .....	5,092.
<b>Total Payments and Credits</b> .....	7,818.
<b>Penalty Amount</b> .....	
<b>Refund</b> .....	2,726.
<b>Amount Owed</b> .....	

# New York Pro Delegation Worksheet

2019

Check this box if you are PRO

Enter preparer code from Firm/Preparer Info (See Help) . . . \_\_\_\_\_

## PDF ATTACHMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attachment	Type	File Name	PDF Name	Entity	Version	
Description				Key		

## Important information for New York

**All returns must: Include the following paid preparer information on all paper and electronically filed returns, if applicable:**

- Preparer's name
- Firm's name (or yours, if self-employed)
- Address
- Preparer's NYTPRIN or NYTPRIN exclusion code (as applicable)
- Prepare's PTIN or SSN
- Firm's EIN
- Preparer's signature

**Sign up with the NYS Tax Department to receive an email notification when your New York State income tax refund is issued.**

The New York State Tax Department provides email notifications to taxpayers about their personal tax accounts.

Visit Online Services at the NYS Tax Department website.

**New York State E-File Mandate**

**Taxpayers and tax return preparers using approved e-file tax software to prepare taxpayer returns are required, to electronically file (e-file) authorized tax documents.**

Visit the Tax Department's Web site to learn more about the e-file mandate for tax professionals:  
[www.tax.ny.gov](http://www.tax.ny.gov)

If you don't file and pay electronically when required to do so, you will be subject to penalties from the New York State Tax Department.

### Smart Worksheets from your 2019 New York Tax Return

SMART WORKSHEET FOR: IT-196: New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

<b>Itemized Deductions Smart Worksheet</b>	
<b>A</b>	Form IT-196, line 5, state and local income tax (or general sales tax, if applicable) . . . . . <u>7,849</u>
<b>B</b>	Form IT-196, line 8, foreign income taxes . . . . . _____
<b>C</b>	Total non-deductible taxes . . . . . <u>7,849</u>

SMART WORKSHEET FOR: IT-196: New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

<b>Form IT-196 Line 41 Smart Worksheet</b>	
<b>A</b>	If IT-201/203, line 19 is less than or equal to \$273,150 if single, \$327,750 if married filing jointly or qualifying widow(er), \$300,450 if head of household or \$163,850 if married filing separately:
<b>1</b>	Non-deductible taxes . . . . . <u>7,849</u>
<b>2</b>	Itemized deduction subtraction adjustments . . . . . _____
<b>B</b>	If IT-201/203, line 19 is more than the applicable amount listed above at In A:
<b>1</b>	Amount from subtraction adjustment limitation worksheet _____
<b>C</b>	Total itemized deduction subtraction adjustment . . . . . <u>7,849</u>

### Additional information from your 2019 New York Tax Return

#### New York 529 College Savings Program Wk

#### SUBTRACTIONS

Continuation Statement

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2000	0.
2001	0.
2002	0.
2003	0.
2004	0.
2005	0.
2006	0.
2007	0.
2008	0.
2009	0.
2010	0.
2011	0.
2012	0.
2013	0.
2014	0.
2015	0.
2016	0.
2017	0.
2018	0.
Total	0.

#### New York 529 College Savings Program Wk

#### ADDITIONS

Continuation Statement

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2000	0.
2001	0.
2002	0.
2003	0.
2004	0.
2005	0.
2006	0.
2007	0.
2008	0.
2009	0.
2010	0.
2011	0.
2012	0.
2013	0.
2014	0.
2015	0.
2016	0.
2017	0.
2018	0.
Total	0.

**SCHEDULE D**  
**(Form 1040 or 1040-SR)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
Siva K Thirumalasetty

Your social security number  
318-55-0547

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,672.	1,601.		71.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 71.

**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) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	16.	19.		-3.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -3.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul> <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p> <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p> <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p> <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p> <p><b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:   <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?   <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).   <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> </p>	<p><b>16</b></p> <p><b>18</b></p> <p><b>19</b></p> <p><b>21</b></p>	<p>68.</p> <p>( )</p>
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