

beginning , 2019, and ending , 20

Please print or type

Your first name and middle initial: BHARATH KUMAR; Last name: KANDE; Identifying number: 791-88-8661; Present home address: 27 EAST CENTRAL AVENUE, PAOLI PA 19301; Foreign country name: PAOLI PA 19301

Filing Status

Check only one box.

1 [] Reserved; 2 [x] Single nonresident alien; 3 [] Reserved; 4 [] Reserved; 5 [] Married nonresident alien; 6 [] Qualifying widow(er) (see instructions); Child's name

Dependents

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

Table with 6 columns: (1) First name, Last name, (2) Identifying number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Table with 3 columns: Description, Amount, Total. Rows include Wages (50,313), Taxable interest, Dividends, Refunds, Scholarships, Business income, Capital gain, Other gains, IRA distributions, Pensions, Rental real estate, Farm income, Unemployment compensation, Other income, Total income exempt, and Total effectively connected income (50,313).

Adjusted Gross Income

Table with 3 columns: Description, Amount, Total. Rows include Educator expenses, Health savings account, Moving expenses, Self-employment tax, SEP/IRA plans, Penalty on early withdrawal, Scholarship grants, IRA deduction, Student loan interest, and Adjusted Gross Income (47,813).

Tax and Credits

Table with 3 columns: Description, Amount, Total. Rows include Reserved for future use, Itemized deductions (12,200), Qualified business income deduction, and Exemptions for estates and trusts only.

Tax and Credits (continued)

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-53 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 54-61 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Keep a copy of this return for your records.

Signature area with fields for signature, date, occupation, and PTIN.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, address, and phone.

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid	1	State and local income taxes		
	a	State and local income taxes	1a	
	b	Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked)		1b
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
	6	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.		6
Other Itemized Deductions	7	Other—from list in instructions. List type and amount ▶ _____ _____ _____ _____ _____ _____		7
	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 37		8

Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Enter amount of income under the appropriate rate of tax (see instructions)

Table with columns: Nature of income, (a) 10%, (b) 15%, (c) 30%, (d) Other (specify) %, and %.

Capital Gains and Losses From Sales or Exchanges of Property

Table with columns: (a) Kind of property and description, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) LOSS, (g) GAIN, and 17.

Schedule OI—Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

- D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No

If you answered "Yes," indicate the date and nature of the change. ▶

G List all dates you entered and left the United States during 2019. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2017 _____, 2018 365, and 2019 365.

I Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed. ▶ 1040NR

J Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
India	21 (2)	0	0.
(e) Total. Enter this amount on Form 1040-NR, line 22. Do not enter it on line 8 or line 12. ▶			0.

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

IRS e-file Authentication Statement

2019

Keep for your records

Table with 2 columns: Name(s) Shown on Return (BHARATH KUMAR KANDE) and Social Security Number (791-88-8661)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Form with checkboxes for 'Taxpayer entered PIN' and 'ERO entered Taxpayer's PIN' (checked)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Taxpayer's PIN (5 numbers) 88661

Date 02/06/2020

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Nonresident Alien Information Worksheet

2019

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name: KANDE, Middle initial:
First name: BHARATH KUMAR, Suffix:
Social security number: 791-88-8661, Occupation: WEB DEVELOPER
Date of birth: 11/15/1994, or age as of 1-1-2020: 25
Work phone: (925) 400-3147, Home phone:
Extension: , E-mail address:
Cell phone: (925) 400-3147, Foreign phone:
Fax number:

Country of which client was a citizen or national during year: INDIA
Check this box if your client is a resident of the Republic of Korea (ROK):

Best contact phone number:

Present home address:

US Address:

Address: 27 EAST CENTRAL AVENUE, Apt no.: B7
City: PAOLI, State: PA, U.S. ZIP code: 19301

Foreign Address: Check this box to use foreign address:

Address: , Apt no.:
City:
Country code: , Country:
Province/country: , Postal Code:

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address:
City: , Province:
Country code: , Postal Code:

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Address lines for permanent resident.

Part II - Federal Filing Status

Check the box for filing status:

Form with checkboxes for filing status: 2 (Single resident of Canada or Mexico, or a single U.S. national / Other single nonresident alien), 5 (Married resident of Canada or Mexico, or married U.S. national / Married resident of the Republic of Korea / Other married nonresident alien), 6 (Qualifying widow(er) with dependent child).

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty:

Identity Verification Worksheet

2019

▶ See tax help for more information on identity verification

Name(s) Shown on Return BHARATH KUMAR KANDE	Social Security Number 791-88-8661
--	---------------------------------------

Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

Taxpayer **Note:** Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

Taxpayer **Note:** Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2019

Keep for your records

Table with 2 columns: Name(s) Shown on Return (BHARATH KUMAR KANDE) and Social Security Number (791-88-8661)

Payment by Check (Form 1040-V) – Federal Balance Due Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

Table with 2 columns: ERO Name (GLOBAL TAXES LLC), ERO Address (2530 Pebble Creek Ln), City (Cumming), State (GA), ZIP Code (30041), Country, ERO Electronic Filers Identification Number (EFIN) (587278), ERO Employer Identification Number (30-1017196), ERO Social Security Number or PTIN

Paid Preparer Information

Table with 2 columns: Firm Name (GLOBAL TAXES LLC), Name, Address (2530 Pebble Creek Ln), City (Cumming), State (GA), ZIP Code (30041), Country, Social Security Number or PTIN, Employer Identification Number (30-1017196), Phone Number ((678)965-9522), Fax Number, E-mail Address

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

Form with three rows of checkboxes and labels: IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Form titled 'State/City *' with a grid for selecting states and cities.

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. >

Enter an 'in care of addressee' if applicable > _____

Name of personal representative for deceased returns . . . > _____

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? > Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address >

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. > _____

Other combat zone deployment date > _____

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser).	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc.	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information)	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method.	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities.	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return BHARATH KUMAR KANDE	Social Security Number 791-88-8661
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INNOVATIVE INTELLIGENT SOLUTIO		50,313.	6,377.	50,313.	2,156.
Totals		50,313.	6,377.	50,313.	2,156.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	50,313.		50,313.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	6,377.		6,377.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	50,313.		50,313.
17	Total state tax withheld	2,156.		2,156.
19	Total local tax withheld.			

► Keep for your records

BHARATH KUMAR KANDE

791-88-8661 Page 2

Form W-2G Payer	SP	Winnings	Federal Tax	State Tax	Local Tax	
Totals						

Form W-2G Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total reportable winnings			
4	Total federal tax withheld			
15	Total state tax withheld			
17	Total local tax withheld			

► Keep for your records

Name as shown on return BHARATH KUMAR KANDE	Social Security Number 791-88-8661
--	---------------------------------------

Employer EIN 20-5207587
 Employer Name INNOVATIVE INTELLIGENT SOLUTIO
 Name (cont.) _____
 Street Address or P. O. Box 2419 COIT RD STE A
 City PLANO State TX ZIP 75075
 Foreign Province/County _____
 Foreign Postal Code _____
 Foreign Country _____

Spouse's W-2 Do not transfer this W-2 to next year
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 50,313. 2 Federal tax withheld 6,377.
 3 Social security wages _____ 4 Social sec tax withheld _____
 5 Medicare wages and tips _____ 6 Medicare tax withheld _____
 7 Social security tips _____ 8 Allocated tips _____
 13 b Retirement plan
 Active duty military pay

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CO	30031430	17,181.	751.
NC	600893179	33,132.	1,405.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 _____ 9 _____
 10 Dependent care benefits (Check if employer furnished care at work) . . . ► 10 _____
 Dependent care benefits - Amount forfeited from flexible spending account . . . _____
 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11 _____

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

Keep for your records

BHARATH KUMAR KANDE	791-88-8661 Page 2
Employer Name INNOVATIVE INTELLIGENT SOLUTIO	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <i>If deducting expenses, double click to link to Schedule C</i>		

Part II Clergy, church employees, members of recognized religious sects

Clergy only:		D E	
D Designated housing or parsonage allowance			
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value			
F If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
Non-Clergy only:			
G If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

Part III Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer	H1 H2 H3 H4 H5	
2 Tips less than \$20 in a month which were not required to be reported		
3 Value of non-cash tips, such as tickets or passes, not reported		
4 Actual amount of allocated tips if different than the amount in box 8		
5 Tips paid out through a tip-sharing arrangement		
6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 791-88-8661

First name M.I. Last name Suff.

BHARATH KUMAR KANDE

Address City St ZIP code

27 EAST CENTRAL AVENUE , Apt. B7 PAOLI PA 19301

Foreign Province/County Foreign Postal Code

Foreign Country

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return
BHARATH KUMAR KANDE

Social Security Number
791-88-8661

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

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

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	Totals Lines 1 through 7					
9	2019 extensions					

Taxes Withheld From:		Federal	State	Local
10	Forms W-2	6,377.	2,156.	
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			
	St <input type="checkbox"/> Loc <input type="checkbox"/>			
18 a	Other withholding			
	St <input type="checkbox"/> Loc <input type="checkbox"/>			
b	Other withholding			
	St <input type="checkbox"/> Loc <input type="checkbox"/>			
c	Other withholding			
	St <input type="checkbox"/> Loc <input type="checkbox"/>			
d	Additional Medicare Tax			
e	Form 8288-A and Form 8805			
19	Total Withholding Lines 10 through 18e	6,377.	2,156.	0.
20	Total Tax Payments for 2019	6,377.	2,156.	0.

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
BHARATH KUMAR KANDE

Social Security Number
791-88-8661

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
ANDHRA BANK	Taxpayer	791-88-8661		2,500.
Total student loan interest				2,500.
Less total student loan interest used for QTP (Section 529 plan)				
Total adjusted student loan interest				2,500.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2019 on qualified student loans (see Form 1040NR instructions).	1	2,500.
2	Enter the smaller of line 1 or \$2,500.	2	2,500.
3	Modified AGI Note: If line 3 is \$85,000 or more, stop here . You cannot take the deduction.	3	50,313.
4	Enter \$70,000	4	70,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040NR, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	2,500.

* **Modified AGI** is the amount from Form 1040NR, line 23, decreased by amounts on Form 1040NR, lines 24 through 32 and any write-in amount next to line 35.

Federal Carryover Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return BHARATH KUMAR KANDE	Social Security Number 791-88-8661
--	---------------------------------------

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
Totals . .						

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

2018 Locality Tax Refund Information

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

Other Tax and Income Information		2018	2019
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		12,200.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		47,813.
6	Tax liability for Form 2210 or Form 2210-F		
7	Alternative minimum tax		0.
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	19a	
		b 2018	b	
		c 2017	c	
		d 2016	d	
		e 2015	e	
		f 2014	f	
20	Mortgage interest credit from:	a 2019	20a	
		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)	25a	
		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						
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						

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

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Form 1040-NR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Students/Business Apprentices from India Smart Worksheet

Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty.

A Standard deduction allowed under United States – India Income Tax Treaty . . . 12,200.

B Net Qualified Disaster Loss _____

C Standard deduction claimed with Qualified Disaster Loss 12,200.

Note: If your client is married and the spouse itemizes deductions on a separate return **do not** enter an amount on line **A** above.

SMART WORKSHEET FOR: Form 1040-NR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Tax Smart Worksheet

A Tax 4,081.

Check if from:

1 Tax Table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>

B Additional tax from Form 8814 _____

C Additional tax from Form 4972 _____

D Tax from additional Form(s) 4972 _____

E IRC Section 197(f)(9)(B)(ii) election for an additional tax _____

F Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount _____

G Increase in tax from Form 8978 _____

H Tax. Add lines A through G. Enter the result here and on line **42** 4,081.

SMART WORKSHEET FOR: Form 1040-NR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

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.

A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Nonresident Alien Information Worksheet

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

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

SMART WORKSHEET FOR: Form W-2 Worksheet (INNOVATIVE INTELLIGENT SOLUTION)

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 (Part I row B is not checked).

A Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/>	<input type="checkbox"/>
B QBI worksheet to report. ▶	<input type="checkbox"/>	<input type="checkbox"/>
C Specified Service Trade or Business (SSTB)?	<input type="checkbox"/>	<input type="checkbox"/>