Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

(Rev. January 2019)

► Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

(1101100	Go to www.iis.gov/Folilito	401	ioi ilistructions and	u tile i	atest illionnation	le .		
	eturn is for calendar year 🗵 2018 🗌 2017 📮 year. Enter one: calendar year or fiscal y] 201 year	16 □2015 (month and year	endec	i):			
	st name and initial		st name			Your socia	I securit	y number
NIR	ANJAN P	YALISETTY				136-95-1814		
If a joint	return, spouse's first name and initial	Las	st name			Spouse's social security number		
_CHA	ITHANYA L	MA	KAM			814-5	0-374	7
	home address (number and street). If you have a P.O. box, see instru 5 W GERMANN RD	uction	ns.		Apt. no. 2174	Your phone (480)		
	wn or post office, state, and ZIP code. If you have a foreign address, NDLER AZ 85286	also	complete spaces belov	w. See	instructions.			
Foreign	country name		Foreign province/stat	te/coun	ty	Fore	ign posta	al code
chang from a	ded return filing status. You must check one box eving your filing status. Caution: In general, you can't call joint return to separate returns after the due date. Gle Married filing jointly Married filing separate of household (If the qualifying person is a child but not yo	han barate	ge your filing statu	/ing wi	dow(er)			rage (or, for empt). See inst.
	Use Part III on the back to explain any				A. Original amount reported or as previously adjusted	B. Net char amount of in or (decrease	crease	C. Correct amount
Incor	ne and Deductions				(see instructions)	explain in F		amount
1	Adjusted gross income. If a net operating loss (NOL)							
	included, check here			1	65,685.		0.	65 , 685.
2	Itemized deductions or standard deduction			2	12,000.	12,0		24,000.
3	Subtract line 2 from line 1			3	53,685.	-12,0	000.	41,685.
4a	Exemptions (amended returns for years before 2018 complete Part I on page 2 and enter the amount from			4a				
b	Qualified business income deduction (2018 amended			4b	0.		0.	0.
5	Taxable income. Subtract line 4a or 4b from line 3.	If th	ne result is zero	_	F2 60F	10.0		41 605
Tay I	or less, enter -0			5	53,685.	-12,0	00.	41,685.
6	Tax. Enter method(s) used to figure tax (see instructing Table	ions):	6	7,748.	-3,1	28.	4,620.
7	Credits, If a general business credit carryback is include	ded,	check here ►	7	0.	1,0	000.	1,000.
8	Subtract line 7 from line 6. If the result is zero or less	s, en	ter -0	8	7,748.	-4,1	28.	3,620.
9	Health care: individual responsibility (see instructions	s) .		9	0.		0.	0.
10	Other taxes			10	0.		0.	0.
_11	Total tax. Add lines 8, 9, and 10			11	7,748.	-4,1	28.	3 , 620.
Paym								
12	Federal income tax withheld and excess social secu tax withheld. (If changing, see instructions.)			12	6,661.		0.	6,661.
13	Estimated tax payments, including amount applied			12	0,001.			0,001.
	return ,			13	0.	1,0	87.	1,087.
14	Earned income credit (EIC)			14	0.		0.	O.
15		orm(s	,					
	□ 4136 □ 8863 □ 8885 □ other (specify):		☐ 8962 or	15	0.		0.	0.
40								
16	Total amount paid with request for extension of time tax paid after return was filed			_			16	1,087.
17	Total payments. Add lines 12 through 15, column C,						17	8,835.
Refu	nd or Amount You Owe	,						· ·
18	Overpayment, if any, as shown on original return or	as p	reviously adjusted	d by th	ne I RS		18	0.
19	Subtract line 18 from line 17. (If less than zero, see						19	8,835.
20	Amount you owe. If line 11, column C, is more than lin						20	
21	If line 11, column C, is less than line 19, enter the dif				-		21	5,215.
22	Amount of line 21 you want refunded to you				1 1		22	5,215.
23	Amount of line 21 you want applied to your (enter year	ır):	estimated	d tax.	23			

Form 1040X (Rev. 1-2019) Page 2

Part I **Exemptions**

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 return).

CAUTION	For 2018 ame	nded returns only, leave li olicable lines.	nes 24, 28, and 29 bla	ank. Fill		A. Original number of exemptions or amount reported or	B. Net change	C. Correct
		Form 1040 or, for amend A instructions. See also t	•			as previously adjusted	b. Net change	or amount
24	dependent, yo	spouse. Caution: If some ou can't claim an exemption eave line blank	on for yourself. If ame	nding your	24			
25 26		nt children who lived with t children who didn't live with	•		25 26	0	2 0	2 0
27	Other depende	ents			27	0	0	0
28	2018 return, le				28			
29 30	amount shown amending. Entamending you	umber of exemptions clair in the instructions for lin- ter the result here and on ir 2018 return, leave line b indents (children and others	e 29 for the year you a line 4a on page 1 of t lank	are his form. If	29	than 4 dependen	ts see inst and	/here •
	dents (see instru) claimed on this amer	ded return. II	HIOLE		ualifies for (see ins	
	First name	Last name	(b) Social security number	(c) Relation		Child tax cred	Credit for of	ther dependents ded returns only)
MEGH	A V	YALISETTY	974-92-1841	Daughter				X
LITH	ISHA	YALISETTY	974-92-1853	Daughter				×
Part	II Draoider	atial Flaction Commains	Franci					
		ntial Election Campaign 't increase your tax or red						
		ou didn't previously want s		out now do				
		is is a joint return and you			\$3 to	go to the fund, b	ut now does.	
Part		tion of Changes. In the s						
		any supporting documen		ed forms and	sche	dules.		

Remember to keep a copy of this form for your records.

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

Sign Here

		APPLICATION SYSTEM ENGINE					
Your signature	Date Your occupation						
		HOME MAKER					
Spouse's signature. If a joint return, both must sign.	's signature. If a joint return, both must sign. Date Spouse's occupation						
Paid Preparer Use Only							
SYAM PRIYA RAM SAGAR GUPTA TALLAM	12/09/2020	GLOBAL TAXES LLC					
Preparer's signature	Date	Firm's name (or yours if self-employed)					
SYAM PRIYA RAM SAGAR GUPTA TALLAM		2530 Pebble Creek Ln Cumming GA 30041					
Print/type preparer's name		Firm's address and ZIP code					
P02082703	Check if self-er	nployed (646)727-7157 30-1017196					
PTIN		Phone number EIN					

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Married filing jointly Married filing separately Single Head of household Qualifying widow(er) Last name Your social security number Your first name and initial NIRANJAN P YALISETTY 136-95-1814 Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind If joint return, spouse's first name and initial Last name Spouse's social security number MAKAM 814-50-3747 CHAITHANYA L Spouse standard deduction:

Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.) Spouse itemizes on a separate return or you were dual-status alien Home address (number and street). If you have a P.O. box, see instructions. Apt. no Presidential Election Campaign (see inst.) 2255 W GERMANN RD 2174 You Spouse City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents. see inst. and ✓ here ▶ CHANDLER AZ 85286 Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): (1) First name Last name Child tax credit Credit for other dependents X 974-92-1841 MEGHA V YALISETTY Daughter 974-92-1853 X LITHISHA YALISETTY Daughter 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, Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here If the IRS sent you an Identity Protection Your occupation Date Your signature PIN, enter it .loint return? APPLICATION SYSTEM ENGINE here (see inst.) See instructions. If the IRS sent you an Identity Protection Spouse's signature. If a joint return, both must sign. Spouse's occupation Keep a copy for PIN. enter it your records. HOME MAKER here (see inst. Preparer's name Preparer's signature Firm's EIN Check if: **Paid** SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 3rd Party Designee 30-1017196 **Preparer** Phone no. (646) 727-7157 Firm's name ▶ GLOBAL TAXES LLC Self-employed Use Only Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Form 1040 (2018) For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2 65,685. Wages, salaries, tips, etc. Attach Form(s) W-2 . 1 1 2a Tax-exempt interest . 2a **b** Taxable interest 2b Attach Form(s) Qualified dividends . **b** Ordinary dividends 3b 3a 3a W-2 Also attach Form(s) W-2G and 4a IRAs, pensions, and annuities . 4a b Taxable amount 4b 1099-R if tax was withheld. Social security benefits . 5a 5a **b** Taxable amount 5b 65,685. Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 6 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, 65,685. subtract Schedule 1, line 36, from line 6 7 Standard Deduction for-24,000. 8 Standard deduction or itemized deductions (from Schedule A) . 8 Single or married Qualified business income deduction (see instructions) . . . 9 9 filing separately, \$12,000 41,685. 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-10 Married filing jointly or Qualifying **a** Tax (see inst.) 4, 620. (check if any from: **1** Form(s) 8814 **2** Form 4972 **3** 11 widow(er), **b Add** any amount from Schedule 2 and check here 11 **4,620.** \$24,000 a Child tax credit/credit for other dependents 1,000. b Add any amount from Schedule 3 and check here ▶ Head of 12 12 1,000. household 3,620. 13 Subtract line 12 from line 11. If zero or less, enter -0- . . . 13 \$18,000 If you checked 14 0. 14 any box under Total tax. Add lines 13 and 14 3,620. 15 15 Standard deduction 16 Federal income tax withheld from Forms W-2 and 1099 6,661. 16 see instructions. Refundable credits: a EIC (see inst.) No **b** Sch. 8812 Add any amount from Schedule 5 1,087. 17 1,087. 7,748. Add lines 16 and 17. These are your total payments 18 18 4,128. 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**. 19 Refund 4,128. Amount of line 19 you want refunded to you. If Form 8888 is attached, check here 20a Direct deposit? 1 2 2 1 0 5 2 7 8 ► c Type: X Checking ▶ b Routing number Savings See instructions. |2 |0 |0 |4 |5 |0 |4 |8 |6 |2 | **▶** d Amount of line 19 you want applied to your 2019 estimated tax . . . ▶ 21 21 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions

Estimated tax penalty (see instructions).

Amount You Owe 22

SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Payments and Refundable Credits

► Attach to Form 1040. ► Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. **05**

Name(s) shown on Fo	orm 1040		Your socia	al security number
NIRANJAN P	YALI	SETTY & CHAITHANYA L MAKAM	136-9	5-1814
Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	1,087.
and	67a	Reserved	67a	
	b	Reserved	67b	
Refundable	68-69	Reserved	68-69	
Credits	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	74	
_	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	1,087.
				-

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

REV 02/14/19 PRO

Schedule 5 (Form 1040) 2018



8889 Form

Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

2018
Attachment
Sequence No. 52

OMB No. 1545-0074

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR
NIRANJAN P YALISETTY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

136-95-1814

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly

	and both you and your spouse each have separate HSAs, complete a separate Part	I for	each sp	ouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	X Se	elf-only	Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2		0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others, see the instructions for the amount to enter	3		3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6		3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7		0.
8	Add lines 6 and 7	8		3,450.
9	Employer contributions made to your HSAs for 2018 9			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		8.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		3,442.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have a separate Part II for each spouse.	sepa	rate HS	As, complete
14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
	withdrawn by the due date of your return (see instructions)	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16		
17a	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b		

Form 8889 (2018) Page **2**

Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instance completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box.	21	
			0000

REV 12/21/18 PRO Form **8889** (2018)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Attachment Sequence No. **70**

Taxpayer identification number

NIR	ANJAN P YALISETTY & CHAITHANYA L MAKAM		136-95	-1814	
Enter pr	eparer's name and PTIN				
	M PRIYA RAM SAGAR GUPTA TALLAM		P02082	703	
Part	Due Diligence Requirements			1	
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODO	AOTC	нон
1	Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	X	Yes [No	
2	If credits are claimed on the return, did you complete the applicable EIC and/ or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	×	Yes [□No	□ N/A
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.				
	 Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the 				
	credit(s) and/or HOH filing status and the amount of any credit(s) claimed.	X,	Yes [No	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)		Yes [× No	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			No	
b	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)		Yes [□No	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filling status or to compute the amount of the credit(s)			□No	
	List those documents, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	 X	Yes [□No	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?				
а	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?		Yes [Yes [□ No □ No	□ N/A □ N/A
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?		Yes [□No	□ N/A

Form 8867 (2018) Page 2 Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.) CTC/ **AOTC** EIC HOH ACTC/ODC 9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming ☐ Yes ☐ No b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . ☐ Yes ☐ No c Did you explain to the taxpayer the rules about claiming the EIC when a child ☐ Yes ☐ No is the qualifying child of more than one person (tiebreaker rules)? N/A Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go Part III to Part IV.) CTC/ **AOTC EIC** HOH ACTC/ODC 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the x Yes No taxpayer's dependent who is a citizen, national, or resident of the United States? 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if Yes No the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has □N/A released a claim to exemption for the child? Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for X Yes No a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? □ N/A Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.) CTC/ **EIC AOTC** HOH ACTC/ODC Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? ☐ Yes ☐ No Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.) CTC/ **EIC AOTC** HOH ACTC/ODC Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the ☐ Yes ☐ No cost of keeping up a home for the year for a qualifying person? Part VI **Eligibility Certification** ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed; B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed; C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention. 1. A copy of Form 8867; 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed; 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status: 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers. ▶ If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status. Do you certify that all of the answers on this Form 8867 are, to the best of

your knowledge, true, correct, and complete?

☐ Yes

X No

DO NOT STAPLE ANY ITEMS TO THE RETURN.

		Arizona Form 140X	Individual Ar	mended Income	Гах Return	FOR CALENDAR YEAR 2018
		OR FISCAL YEAR B	EGINNING (M,MID,D)	2 , 0 , 1 , 8) AND ENDING	$M_1M_1D_1D_12_10_1Y_1Y_1$	_ 66
	Your	First Name and Middle Initial		Last Name	Y	our Social Security Number
1	NI:	RANJAN P		YALISETTY		136 95 1814
	Spou	se's First Name and Middle Initia	l (if box 4 or 6 checked)	Last Name	your	pouse's Social Security No.
1	CH.	AITHANYA L		MAKAM	SSN(s).	814 50 3747
	Curre	ent Home Address - number and s	street, rural route	Apt. No.	Daytime Ph	one (with area code)
2	22	55 W GERMANN RD		2174	94 (480)	356-1875
	City,	Town or Post Office	State	ZIP Code	Last Names Used in Last	Four Prior Year(s) (if different)
3	CH.	ANDLER	AZ	85286		97
		Check a box to indicate both fili	ing and residency status:		REVENUE USE ONLY.	OO NOT MARK IN THIS AREA.
	ISI	4 Married filing joint return	· _	staction of Joint Overnavme	nt 88	
	≩	_	name of qualifying child or depend		···· —	
		J I riead of flouseriold. Effer fi	iame or qualitying child or depend	dent on next line.		
	FILING	6 Married filing separate retu	rn: Enter spouse's name and So	point Coourity Number above		
		7 Single	III. Enter spouse's name and Sc	ocial Security Number above.		·
		8 X Resident	(f) Enter the num	ber claimed. Do not check	T.	
		9a ☐ Nonresident 9b ☐ Cor	Z	over	0	7
	Ш	Nonresident active military	1 13 Age 03 01		0 81 PM	80 RCVD
	焬╏		′ ≥	ts		00
		 Part-year resident Part-year resident active r 	military High Properties 15 Dependent	parents or grandparents	2	
						CE COE 00
		ederal adjusted gross income				
		Nonresidents and part-year reside				
		Arizona income ratio: If you check				
		Additions to Income. See instruction				
		Net capital (loss) derived from the				CE COE
		Subtotal: Residents: Add lines 17				
		Subtractions from Income. See ins				4,600 00
ϫ		Total net capital gain or (loss): See				
40		Total net short-term capital gain or	· · ·			
٦.		Total net long-term capital gain or (
$\overline{}$		Net long-term capital gain from ass				
		Multiply line 26 by 25% (.25) and ϵ				0 00
逗		Net capital gain derived from inves				28 0 00
_		Net capital gain derived from the e				
Its		Contributions to 529 College Savir				
documents		Arizona adjusted gross income:				
ij		Deductions: Check box and en				
ĕ		Personal exemptions: See instruction				10 0 0
╁		Arizona taxable income: Subtract li				
ž		Tax from tax table: Table X or	,		•	
≒		Tax from recapture of credits from				
		Subtotal of tax: Add lines 35 and 36				
<u>=</u>		Family income tax credit (Arizona				
ō		Nonrefundable credits from Arizon				
ਤ		Balance of tax: Subtract lines 38 ar				
V		Withholding, Estimated, and Extens				
		Arizona residents only: Increased E				
		Other refundable credits: Check the				
<u></u>		Payment with original return plus a	• •			4 == 0
era		Total payments and refundable	•			0.0
ted		Overpayment from original return				4 5 40
<u>_</u>		Balance of credits: Subtract line 46				
īre		OVERPAYMENT: If line 40 is less the			· ·	
required		Amount of line 48 to be applied to				
re		REFUND: Subtract line 49 from line				546 00
any	l _	Direct Deposit of Refund: Check bo	UMBER ACC	COUNT NUMBER		
a)	51 /	98 S Savings				51 00
Ć.	ısı A	AMOUNT OWED: If line 40 is more	e man line 47. subtract line 47 fr	om line 40, and enter the amou	ni owea	ar 1 100

						ls.				
		Name (as shown on page 1) ANJAN P YALISETTY	C CUNTUUNNVN T MAK	77\ M)	Your Social Sec	urity Numb	er	
					41.			I()	45	- 40 If d
		<u>must</u> complete Part 1, Depen plete Part 1, the exemption(s) ma						ın box(es)	15 OI	r 16. If you do not
							_	oto namo 2	1	
ns.		(Box 15): Dependent Informa	ition: Chilaren and other depe	(b)	ore s	(c)	and complete (d)	ete page 3	•	(f)
oţio		FIRST AND L	LAST NAME	SOCIAL SECUR	ITY	RELATIONSHIP	NO. OF MONTHS	I II II II II P	erson	if you did not claim this person on your
me		(Do not list your	self or spouse.)	NO.			HOME IN 2018	did not qualif dependent o	y as a	this person on your federal return due to
Ě								federal ret		educational credits
ent		MEGHA V	YALISETTY	974-92-18		Daughter	7	느블		<u> </u>
eud	15 _b	LITHISHA	YALISETTY	974-92-18	53_	Daughter	7	<u> </u>		
eb	15c									
<u></u>		(Box 16): Qualifying parents a	and grandparents. See instru	ctions. For more	spa	ace, (check) 🔲	and complete	page 3.		
PART 1: Dependent Exemptions		(a	,	(b)	ITV	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e)		(f)
Μ		FIRST AND L (Do not list yours		SOCIAL SECUR NO.	111	KLLATIONSHIP	LIVED IN YOUR	age 65 or	over	√ if died in 2018
		` ,	' ,				HOME IN 2018	age of or	JVCI	ulca III 2010
	16a								—	
	16 _b					1				
		OME, DEDUCTIONS, CREDITS	S: In column (a), list the items	vou are changin	a. Ir	column (b), ent	ter the amount	claimed on	vour	original return or
		t recent amended return. In col								
€			(a)			(b)	(c)		(d)
T 2		INCOME, DEDUCTIONS,	AND CREDITS YOU ARE CHANG	GING	0	RIGINAL AMOUN' REPORTED	T AMOUN ADD OR SI	NT TO	COR	RECTED AMOUNT
PART 2 (A)	53.	Subtractions from	Income		\$	TALL SITTLE	0 \$	4,600	\$	4,600
_		Arizona Adjusted (\$	65,68		-4, 600	\$	61,085
		See Changes to Inco		l Credits	\$		\$,	\$	•
		CAPITAL GAIN OR (LOSS):				igh 54e. comple	te columns (b)	(c), and (d	<u>Ψ</u> (b).	
			(a)			(b)	(c)		(d)
		ITEM				RIGINAL AMOUN' REPORTED	T AMOUN ADD OR SI		COR	RECTED AMOUNT
	54a	Total net capital gain or (loss	s) reported on			TALL OTTIES	7,55 5,7 5	33110101		
		Form 140, line 19; Form 140NR, line 33; Form 140PY, line 32					\$		\$	
2 (B)		54b Total net short-term capital gain or (loss) reported on					Ψ		Ψ_	
T 2		Form 140, line 20; Form 140NR, line 34; Form 140PY, line 33					\$		\$	
PART		4c Total net long-term capital gain or (loss) reported on					-		Ψ_	
		Form 140, line 21; Form 140N	1 1	4	\$		\$		\$	
		Net long-term capital gains from			 		-		Ψ_	
	•	reported on Form 140, line 22;	·		¢		0 8	0	\$	0
	54e	Amount of allowable subtract			ΙΨ		- U		Ψ_	
		Form 140NR, line 37; Form 14			\$		0 \$	0	\$	0
	55	REASON FOR THE CHANGE					<u>· Ψ</u>		Ψ	
T 3		TER OF EXPLAINATIO			41 L Z.					
PART										
	If yo	ur address is the same on this	amended return as it was on y	our original retu	rn, v	vrite "same" on t	the line below.			
4		Name	56t	Number and St	reet,	, R.R.			/	Apt. No.
	NIF	RANJAN P	22	255 W GERM	ANI	N RD 2174				
		City, Town or Post Office				S	State			ZIP Code
(CHAI	NDLER AZ 85286								
			eclare that I have read this retu							
L	Ц	true, correct and complete. D	Declaration of preparer (other t	han taxpayer) is	bas	ed on all informa	ation of which p	oreparer ha	as an	y knowledge.
ו נ						ΔPE	LICATION	SYSTEM	ΛEν	JCINE
	Ē	YOUR SIGNATURE		DATE			UPATION	ОТОТЫ		VOINE
	Z,						(E) (3 (/ E)			
	בי ע מ	SPOUSE'S SIGNATURE		DATE			IE MAKER USE'S OCCUPATIO	ON		
			OUDES ESTABLE 10000					-		
100	2	SYAM PRIYA RAM SAGAR PAID PREPARER'S SIGNATURE	GUPTA TALLAM 12092	2020 GLOE		TAXES LL(e (preparer's if s				
Ĺ	Ĭ	2530 Pebble Creek		LIVIN 2	· v/\IVII	r (i ivri vivriv o it d	,	17196		
7	7	PAID PREPARER'S STREET ADDRES	SS)17196 PARER'S TIN		
		Cumming GA 30041	CTATE	ZID CODE				727-71		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140X. Make check payable to Arizona Department of Revenue; write your SSN on payment.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

RETURN.			Arizona Form 140	Resident	t Per	sonal Inco	ome Tax R	leturn		CALENDAR YEAR 2018
RET	82F		heck box 82F filing under extension	on OR FISCAL YEAR BEG	GINNIN	G [M ₁ M ₁ D ₁ D	12.0.1.81	AND ENDING	$M_1M_1D_1D$	2,0,Y,Y , 66F
뿌	`		irst Name and Middle Init			Last Name			Your So	cial Security Number
TO THE	1		RANJAN P			YALISETTY		Enter your	136	95 1814
	_	Spous	se's First Name and Middl	e Initial (if box 4 or 6 checked)	Last Name		SSN(s) .	s Social Security No.
ANY ITEMS	<u> </u>		AITHANYA L			MAKAM	Ant No		814	
Ξ	2		nt Home Address - numbe	er and street, rural route			Apt. No.	أحما	,	ith area code)
Ž	1		55 W GERMANN RD Fown or Post Office	State		ZIP Code	2174		480)356- d in Last Four P	rior Year(s) (if different)
	3	-	ANDLER	AZ		85286				97
Ψ	<u> </u>	4	Married filing joint re	eturn 4a Injured Spouse	e Protec	ction of Joint Ov	enoavmen i	_	ONLY. DO NOT	MARK IN THIS AREA.
ST	TAT	5	= "	Enter name of qualifying child or			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	88		
DO NOT STAPLE	FILING STATUS									
Z	Ĭ	6	_	te return: Enter spouse's name	and Soc	ial Security Numb	er above.			
۵		7	Single		,					
	EXEMPTIONS	_		laimed. Do not put a check						
	ΙĔΙ	8 9	Age 65 or over (you Blind (you and/or sp			completing lin		81 PM		RCVD
	₩ 	10	2 Dependents: Do not			hrough 11, also	o complete			_
		11	Qualifying parents a	nd grandparents		nes 39 througi	n 42.			
			(Box 10): Dependent In	formation: Children and othe	r depen					
			FIRST AN	(a) ID LAST NAME	SOCIAL	(b) _ SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e) ✓ if this perso	n (f) √ if you did not claim
			(Do not list ye	ourself or spouse.)				LIVED IN YOUR HOME IN 2018	did not qualify as dependent on yo	s a this person on your federal return due to
		40	MEGHA V	YALISETTY	974-	-92-1841	Daughter	7	federal return	educational credits
	nts	10a 10b		YALISETTY		-92-1853	Daughter	7		
	nde	10s								
	Dependents		(Box 11): Qualifying par	rents and grandparents. See	instruct	ions. For more	space, (check)		ete page 3.	
10			FIRST AN	(a) ID LAST NAME	SOCIAL	(b) SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e) ✓ if	(f) ✓ if
17				ourself or spouse.)				LIVED IN YOUR HOME IN 2018	age 65 or over	
ter Form 140		44								
F.		11a 11b								+ +
afte			Federal adjusted gross	income (from your federal r	return).				12	65,685 00
			•	terest	_					00
schedules or other documents	ns	14		stment: See instructions						00
nn	ddition	15								00
о́р	Adc	16		from the exchange of legal te					I	00
ler		17 18		e: See instructions and include yough 17 and enter the total						65,685 00
b	Ī	19		oss): See instructions					00	
, or		20		al gain or (loss): See instruction					00	
<u>=</u>		21		I gain or (loss): See instructions					00	
edı		22		from assets acquired after D					0 00	0.00
çh				25) and enter the result						0 00
\Z s				rom investment in qualified sn						00
/ pi		This	box may be blank or may cont	rom the exchange of legal ten tain a printed barcode of data from	n your re	turn. 26 Recale	culated Arizona	depreciation	26	00
a	ions						ership Income a	-		00
era	racti	Å				28 Interes	st on U.S. obliga	ations	28	00
ede	Subtractions					29 Exclusion	on for fed., AZ state	e or local govt. pens	sions 29	00
d f	U,				ABIN:	30 Arizona	a state lottery win			00
uire						31 U.S. So	ocial Security or F n wages of Ame		I	00
Place any required federal and AZ						33 Pay rec	rr wages or Ame eived for being an			00
ny r				NG TERESTAN AND AND AND AND AND AND AND AND AND A	194187		perating loss ad		I	00
e al				AT NOTE IN THE BEST OF THE SECOND STATES AND SOUR			butions to 529 C		I	00
ac				MARKAT DA INTERNAMENTE ERMANDE PER PER PER PER PER PER PER PER PER PE	1. 6 7 7 16 1 37		Subtractions: 8			00
Δ.						I37 Subtra	act lines 23 thro	uah 36 from line	e 18 37	65 , 685 00

	Your	Name (as shown on page 1)	Your Social Security Num	nber		
	NII	RANJAN P YALISETTY & CHAITHANYA L MAKAM	136-95-1814			
	38	Enter the amount from page 1, line 37	2	20	65,685	
		Age 65 or over: Multiply the number in box 8 by \$2,100			00,000	00
S L	39					00
ptio	40	Blind: Multiply the number in box 9 by \$1,500			4,600	00
Exemptions	41				1,000	00
ũ	42	Qualifying parents and grandparents: Multiply box 11 by \$10,000			61,085	00
	43	Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference Deductions: Check box and enter amount. See instructions		- 1		
	44				6,600	100
J	45	Personal exemptions: See instructions.			43,872	_
of Tax	46	Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0"			1,203	
e of	47	Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables			1,203	00
Balance	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 36			1,203	
Ва	49	Subtotal of tax: Add lines 47 and 48 and enter the total			1,200	00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 69			1,203	
	<u>52</u> 53	Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49 2018 AZ income tax withheld		53		00
and		2018 AZ estimated tax payments54a 00 Claim of Right 54b				00
ts al	54 55	2018 AZ extension payment (Form 204)				00
Total Payments Refundable Cre	55 56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
Pay ndal	57	Property Tax Credit from Form 140PTC		- 1		00
Fotal Refu	58	Other refundable credits: Check the box(es) and enter the total amount				00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59 <u> </u>	1,779	00
. #	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin			<u>-</u>	00
le or /ment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay			576	
Tax Due Overpaym	62	Amount of line 61 to be applied to 2019 estimated tax		- 1		00
ĕ ĕ	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		- 1	576	_
y,		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		-		100
Gifts	٠.	Child Abuse Prevention				
ary						
Voluntary		Neighbors Helping Neighbors 69 00 Special Olympics				
8	75			Renut	olican	
	76	Estimated payment penalty				00
nalty	77					
Pel	78		7	78		00
_	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			576	$\overline{}$
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se				
Retund or nount Owe		C Checking or ROUTING NUMBER ACCOUNT NUMBER				
Reti						
Ā	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write and include with your return		80		00
		and include with your return.				100
			. th h t	.11		
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				ire
ш		,			,	
⋈	→	A	PPLICATION SY	STE	M ENGINE	
뿔	,	YOUR SIGNATURE DATE O	CCUPATION			_
z	→					
SIGN HERE			OME MAKER POUSE'S OCCUPATION			_
PLEASE	_	SYAM PRIYA RAM SAGAR GUPTA TALLAM 12092020 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I				_
EA		2530 Pebble Creek Ln	30-10171	96		
7		PAID PREPARER'S STREET ADDRESS	PAID PREPAREF		I	-
		Cumming GA 30041	(646) 727			
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAREF			-

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

Additional information from your 2018 Arizona Tax Return

Form 140X: Amended Return

Changes to Income, Deductions, and Credits

Continuation Statement

Line Reference and Change Description	Original Amount Reported	Amount to Add or Subtract	Corrected Amount
Deductions	5,312	5,301	10,613
Personal Exemptions	4,400	2,200	6,600

