

Amended U.S. Individual Income Tax Return

(Rev. January 2019)

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

This return is for calendar year 2018 2017 2016 2015

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

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

Main table with columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows include Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on page 2.

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

Your first name and initial: **NIRANJAN P** Last name: **YALISSETTY** Your social security number: **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: **CHAITHANYA L** Last name: **MAKAM** Spouse's social security number: **814-50-3747**

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

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

Home address (number and street). If you have a P.O. box, see instructions. **2255 W GERMANN RD** Apt. no. **2174** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **CHANDLER AZ 85286** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MEGHA V	YALISSETTY	974-92-1841	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LITHISHA	YALISSETTY	974-92-1853	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation APPLICATION SYSTEM ENGINE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703	Firm's EIN 30-1017196	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (646) 727-7157			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041				

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	65,685.
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
5a Social security benefits	5a	5b Taxable amount	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	65,685.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	65,685.
8 Standard deduction or itemized deductions (from Schedule A)		8	24,000.
9 Qualified business income deduction (see instructions)		9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	41,685.
11 a Tax (see inst.) <u>4,620.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	4,620.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	1,000.
12 a Child tax credit/credit for other dependents <u>1,000.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	3,620.
13 Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
14 Other taxes. Attach Schedule 4		15	3,620.
15 Total tax. Add lines 13 and 14		16	6,661.
16 Federal income tax withheld from Forms W-2 and 1099		17	1,087.
17 Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863		18	7,748.
Add any amount from Schedule 5 <u>1,087.</u>		19	4,128.
18 Add lines 16 and 17. These are your total payments		20a	4,128.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
b Routing number <u>1 2 2 1 0 5 2 7 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
d Account number <u>2 0 0 4 5 0 4 8 6 2</u>			
21 Amount of line 19 you want applied to your 2019 estimated tax			
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			
23 Estimated tax penalty (see instructions)			

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

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

NIRANJAN P YALISETTY & CHAITHANYA L MAKAM

Your social security number

136-95-1814

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	1,087.
and	67a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	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

DO NOT WRITE

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

2018
Attachment
Sequence No. **52**

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 spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> 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	8.
10	Qualified HSA funding distributions	10	
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 Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	13	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

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	
c	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	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
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	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** 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 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	

DO NOT MAIL

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.

Taxpayer name(s) shown on return NIRANJAN P YALISETTY & CHAITHANYA L MAKAM	Taxpayer identification number 136-95-1814
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Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703
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Part I Due Diligence Requirements

	EIC	CTC/ ACTC/ODC	AOTC	HOH
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none">• 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
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 the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if 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 released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)				
	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 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 cost of keeping up a home for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification				
<p>► 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:</p> <p>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;</p> <p>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;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 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. <p>► 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.</p>				
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING [M, M, D, D] 2, 0, 1, 8 AND ENDING [M, M, D, D] 2, 0, Y, Y] [66]

Personal information section including names, addresses, and social security numbers for the taxpayer and spouse.

Filing status and residency section, including marital status options and residency exemptions.

Main tax calculation table with lines 17 through 52, detailing income, deductions, credits, and the final amount owed.

Place any required federal and AZ schedules or other documents after Form 140X.

Your Name (as shown on page 1) NIRANJAN P YALISSETTY & CHAITHANYA L MAKAM	Your Social Security Number
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You must complete Part 1, Dependent Exemptions, for each person included in the number entered on page 1, in box(es) 15 or 16. If you do not complete Part 1, the exemption(s) may be denied. Do not count or list yourself or your spouse as dependents.

PART 1: Dependent Exemptions

(Box 15): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) <input checked="" type="checkbox"/> if this person did not qualify as a dependent on your federal return	(f) <input checked="" type="checkbox"/> if you did not claim this person on your federal return due to educational credits
15a	MEGHA V YALISSETTY	974-92-1841	Daughter	7	<input type="checkbox"/>	<input type="checkbox"/>
15b	LITHISHA YALISSETTY	974-92-1853	Daughter	7	<input type="checkbox"/>	<input type="checkbox"/>
15c					<input type="checkbox"/>	<input type="checkbox"/>

(Box 16): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) <input checked="" type="checkbox"/> if age 65 or over	(f) <input checked="" type="checkbox"/> if died in 2018
16a					<input type="checkbox"/>	<input type="checkbox"/>
16b					<input type="checkbox"/>	<input type="checkbox"/>

INCOME, DEDUCTIONS, CREDITS: In column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

PART 2 (A)

	(a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
53a	Subtractions from Income	\$ 0	\$ 4,600	\$ 4,600
53b	Arizona Adjusted Gross Income	\$ 65,685	\$ -4,600	\$ 61,085
53c	See Changes to Income, Deductions, and Credits	\$	\$	\$

NET CAPITAL GAIN OR (LOSS): If you are changing any amount on lines 54a through 54e, complete columns (b), (c), and (d).

PART 2 (B)

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
54a	Total net capital gain or (loss) reported on Form 140, line 19; Form 140NR, line 33; Form 140PY, line 32.....	\$	\$	\$
54b	Total net short-term capital gain or (loss) reported on Form 140, line 20; Form 140NR, line 34; Form 140PY, line 33.....	\$	\$	\$
54c	Total net long-term capital gain or (loss) reported on Form 140, line 21; Form 140NR, line 35; Form 140PY, line 34.....	\$	\$	\$
54d	Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line 22; Form 140NR, line 36; Form 140PY, line 35...	\$ 0	\$ 0	\$ 0
54e	Amount of allowable subtraction reported on Form 140, line 23; Form 140NR, line 37; Form 140PY, line 36.....	\$ 0	\$ 0	\$ 0

PART 3

55 REASON FOR THE CHANGE: Give the reason for each change listed in Part 2:

LETTER OF EXPLANATION AS PER ATTACHMENT

PART 4

If your address is the same on this amended return as it was on your original return, write "same" on the line below.

56a Name NIRANJAN P	56b Number and Street, R.R. 2255 W GERMANN RD 2174	Apt. No.
56c City, Town or Post Office CHANDLER AZ 85286	State	ZIP Code

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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	APPLICATION SYSTEM ENGINE
SPOUSE'S SIGNATURE	DATE	HOME MAKER
SYAM PRIYA RAM SAGAR GUPTA TALLAM	12092020	GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
2530 Pebble Creek Ln	30-1017196	PAID PREPARER'S TIN
PAID PREPARER'S STREET ADDRESS	Cumming GA 30041	(646) 727-7157
PAID PREPARER'S CITY	STATE	ZIP CODE
		PAID PREPARER'S PHONE NUMBER

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.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F [] Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M, M, D, D] 2, 0, 1, 8 AND ENDING [M, M, D, D] 2, 0, Y, Y. [66F]

Your First Name and Middle Initial: 1 NIRANJAN P
Last Name: YALISSETTY
Your Social Security Number: 136 95 1814
Spouse's First Name and Middle Initial (if box 4 or 6 checked): 1 CHAITHANYA L
Last Name: MAKAM
Spouse's Social Security No.: 814 50 3747

Current Home Address - number and street, rural route: 2 2255 W GERMANN RD
Apt. No.: 2174
Daytime Phone (with area code): 94 (480) 356-1875
City, Town or Post Office: 3 CHANDLER
State: AZ
ZIP Code: 85286
Last Names Used in Last Four Prior Year(s) (if different): 97

EXEMPTIONS FILING STATUS
4 [X] Married filing joint return 4a [] Injured Spouse Protection of Joint Overpayment
5 [] Head of household: Enter name of qualifying child or dependent on next line:
6 [] Married filing separate return: Enter spouse's name and Social Security Number above.
7 [] Single
8 [] Age 65 or over (you and/or spouse)
9 [] Blind (you and/or spouse)
10 2 Dependents: Do not include self or spouse.
11 [] Qualifying parents and grandparents
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
81 PM 80 RCVD
If completing lines 8 through 11, also complete lines 39 through 42.

Table with 7 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-18. 12 Federal adjusted gross income (from your federal return) 12 65,685 00

Table with 3 columns: Line number, Description, Amount. Rows 19-25. 19 Total net capital gain or (loss): See instructions 19 00

Table with 3 columns: Line number, Description, Amount. Rows 26-37. 26 Recalculated Arizona depreciation 26 00

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **NIRANJAN P YALISSETTY & CHAITHANYA L MAKAM** Your Social Security Number **136-95-1814**

Exemptions	38	Enter the amount from page 1, line 37.....	38	65,685	00	
	39	Age 65 or over: Multiply the number in box 8 by \$2,100.....	39		00	
	40	Blind: Multiply the number in box 9 by \$1,500.....	40		00	
	41	Dependents: Multiply the number in box 10 by \$2,300.....	41	4,600	00	
	42	Qualifying parents and grandparents: Multiply box 11 by \$10,000.....	42		00	
Balance of Tax	43	Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference.....	43	61,085	00	
	44	Deductions: Check box and enter amount. See instructions..... 44I <input type="checkbox"/> ITEMIZED 44S <input checked="" type="checkbox"/> STANDARD	44	10,613	00	
	45	Personal exemptions: See instructions.....	45	6,600	00	
	46	Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0".....	46	43,872	00	
	47	Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables.....	47	1,203	00	
	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 36.....	48		00	
	49	Subtotal of tax: Add lines 47 and 48 and enter the total.....	49	1,203	00	
	50	Family income tax credit (from the worksheet - see instructions).....	50		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 69.....	51		00	
	52	Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49, enter "0".....	52	1,203	00	
Total Payments and Refundable Credits	53	2018 AZ income tax withheld.....	53	1,779	00	
	54	2018 AZ estimated tax payments. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b ..	54c		00	
	55	2018 AZ extension payment (Form 204).....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00	
	57	Property Tax Credit from Form 140PTC.....	57		00	
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59	1,779	00	
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	576	00	
	62	Amount of line 61 to be applied to 2019 estimated tax.....	62		00	
	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63	576	00	
Voluntary Gifts	64 - 74 Voluntary Gifts to:		Solutions Teams Assigned to Schools.....	64	00	
	Child Abuse Prevention.....	66	00	Domestic Violence Shelter.....	67	00
	Neighbors Helping Neighbors.....	69	00	Special Olympics.....	70	00
	I Didn't Pay Enough Fund.....	72	00	Sustainable State Parks and Road Fund.....	73	00
	Arizona Wildlife.....	65	00	Political Gift.....	68	00
	Veterans' Donations Fund.....	71	00	Spay/Neuter of Animals..	74	00
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Green Party 753 <input type="checkbox"/> Libertarian 754 <input type="checkbox"/> Republican					
	Penalty	76	Estimated payment penalty.....	76		00
77		771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included				
78		Add lines 64 through 74 and 76; enter the total.....	78		00	
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.....	79	576	00	
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	80		00	

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ APPLICATION SYSTEM ENGINE
OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ HOME MAKER
SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 12092020 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (646) 727-7157
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

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

DO NOT MAIL