

IRS e-file Signature Authorization

2019

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name RAVI KIRAN RENGETTY SHAKER	Social security number 071-29-1483
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	76,698.
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	10,043.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	12,459.
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	2,416.
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	1	4	8	3
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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and middle initial RAVI KIRAN	Last name RENGETTY SHAKER	Your social security number 071-29-1483
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 38 BURNETT CIRCLE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BENTONVILLE AR 72712		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	80,768.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				6	
7a Other income from Schedule 1, line 9				7a	-4,070.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b	76,698.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	76,698.
9 Standard deduction or itemized deductions (from Schedule A)			9 12,200.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10		
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	64,498.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	10,043.	
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	10,043.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,043.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax ▶	16	10,043.	
17	Federal income tax withheld from Forms W-2 and 1099	17	12,459.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No.	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e		
19	Add lines 17 and 18e. These are your total payments ▶	19	12,459.	

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,416.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,416.
b	Routing number 0 8 1 0 0 0 0 3 2 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 5 4 0 1 1 3 9 9 9 1 9		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	
24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR	APPANA RUPA VENKATA SATYA SAI MANIKUMAR	01/31/2020	P02090332	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC	Phone no. (646) 727-7157	<input type="checkbox"/> Self-employed		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN ▶ 30-1017196			

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

RAVI KIRAN RENGETTY SHAKER

Your social security number

071-29-1483

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,070.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-4,070.

Part II Adjustments to Income

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

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

REV 01/29/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

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

Name(s) shown on return

RAVI KIRAN RENGETTY SHAKER

Your social security number

071-29-1483

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**

B If "Yes," did you or will you file required Forms 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	MIYAPUR HYDERABAD TELANGANA IN 500048				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		580 .		
4	Royalties received	4				
Expenses:						
5	Advertising	5		90 .		
6	Auto and travel (see instructions)	6		270 .		
7	Cleaning and maintenance	7		140 .		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,000 .		
14	Repairs.	14		150 .		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,650 .		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-4,070 .		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-4,070 .)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			580 .	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			4,650 .	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(4,070 .)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				-4,070 .

Tax History Report

▶ Keep for your records

2019

Name(s) Shown on Return

RAVI KIRAN RENGETTY SHAKER

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status					Single
Total income					76,698.
Adjustments to income					
Adjusted gross income					76,698.
Tax expense					5,478.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,200.
Exemption amount . .					0.
QBI deduction					
Taxable income					64,498.
Tax					10,043.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					12,459.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,416.
Effective tax rate % . .					13.09
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2019

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RAVI KIRAN RENGETTY SHAKER) and Social Security Number (071-29-1483)

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

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

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 61989

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) 91483 Spouse's PIN (5 numbers) Date 01/28/2020

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

Part I – Personal Information

Taxpayer:

Last name RENGETTY SHAKER
 First name RAVI KIRAN
 Middle initial _____ Suffix _____
 Social security no. 071-29-1483
 Occupation SOFTWARE ENGINEER
 Date of birth 04/20/1990 (mm/dd/yyyy)
 Age as of 1-1-2020 29
 Date of death _____
 Legally blind
 E-mail address RENGETTY37@GMAIL.COM
 Work phone (510) 403-5354 Ext _____
 Cell phone (510) 403-5354
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2020 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (510) 403-5354
 Print phone number on Form 1040 Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:

Address 38 BURNETT CIRCLE Apt no. _____
 City BENTONVILLE State AR ZIP code 72712

Foreign Address:

Check this box to use foreign address **Foreign Address:**
 Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/country _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household
 If qualifying person is child but not dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5** Qualifying widow(er)
 Year spouse died 2017 2018
 Enter the qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2019	Not qual credit other dep Or non U.S.***
						Lived with taxpyr in U.S.	Educ Tuition and Fees		
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* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Part-Year Resident State Allocation Worksheet

2019

► Keep for your records

Name(s) Shown on Return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	80,768.	<u>MA</u>	<u>MA</u>	5,100.
		<u>AR</u>	<u>AR</u>	23,018.
		<u>CA</u>	<u>CA</u>	52,650.
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T	-4,070.	<i>See Sch E Income Allocation Smart Worksheet</i>					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	76,698.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Reserved						
S Reserved						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T						76,698.

Identity Verification Worksheet

2019

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAVI KIRAN RENGETTY SHAKER) and Social Security Number (071-29-1483)

Driver's License or State Id Information

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

- Input boxes for Taxpayer and Spouse. Note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse. 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

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

* 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:

- Input boxes for New client, Returning client to same preparer and firm, and 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

Name(s) Shown on Return: RAVI KIRAN RENGETTY SHAKER; Social Security Number: 071-29-1483

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln, Cumming, GA 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln, Cumming, GA 30041; Phone Number: (646) 727-7157; E-mail Address: tsyamgupta@gmail.com

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.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer (checkboxes)

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.

State/City *
Georgia
Michigan
New York
Vermont

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 RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SKOLIX LLC		5,100.	553.	5,100.	235.
COGNISOFT TECHNOLOGIES LLC		75,668.	11,906.	75,668.	4,716.
Totals		80,768.	12,459.	80,768.	4,951.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	80,768.		80,768.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	12,459.		12,459.
3 & 7	Total social security wages/tips	71,768.		71,768.
4	Total social security tax withheld	4,450.		4,450.
5	Total Medicare wages and tips	71,768.		71,768.
6	Total Medicare tax withheld	1,041.		1,041.
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	527.		527.
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	80,768.		80,768.
17	Total state tax withheld	4,951.		4,951.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
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Employer EIN 20-4655793
 Employer Name SKOLIX LLC
 Name (cont.) _____
 Street Address or P. O. Box 5600 TENNYSON PARKWAY STE 155
 City PLANO State TX ZIP 75024
 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 5,100. 2 Federal tax withheld 553.
 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
 Foreign source income eligible for exclusion on Form 2555
 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
MA	WTH-14800557-003	5,100.	235.
_____	_____	_____	_____
_____	_____	_____	_____

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

RAVI KIRAN RENGETTY SHAKER	071-29-1483 Page 2
Employer Name SKOLIX LLC	

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. 071-29-1483

First name _____ M.I. _____ Last name _____ Suff. _____

RAVI KIRAN _____ RENGETTY SHAKER _____

Address _____ City _____ St _____ ZIP code _____

38 BURNETT CIRCLE _____ BENTONVILLE _____ AR 72712

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

► Keep for your records

Name as shown on return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
---	---------------------------------------

Employer EIN 26-2489422
Employer Name COGNISOFT TECHNOLOGIES LLC
 Name (cont.) _____
Street Address or P. O. Box 700 ROUTE 130 N STE 106
City CINNAMINSON **State** NJ **ZIP** 08077
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	75,668.	2 Federal tax withheld	11,906.
3 Social security wages	71,768.	4 Social sec tax withheld	4,450.
5 Medicare wages and tips	71,768.	6 Medicare tax withheld	1,041.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 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
AR	APPLIED FOR	23,018.	1,309.
CA	059-9903 2	52,650.	3,407.
_____	_____	_____	_____

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) <input type="checkbox"/>	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).
SDI	527.	California SDI tax
_____	_____	_____
_____	_____	_____

Keep for your records

RAVI KIRAN RENGETTY SHAKER 071-29-1483 Page 2
Employer Name COGNISOFT TECHNOLOGIES LLC

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

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

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] 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 [] Pay self-employment tax on this W-2 income
2 [] 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
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] 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. 071-29-1483
First name RAVI KIRAN M.I. Last name RENGETTY SHAKER Suff.
Address 38 BURNETT CIRCLE City BENTONVILLE St AR ZIP code 72712
Foreign Province/County Foreign Postal Code
Foreign Country

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
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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			12,459.	4,951.	
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	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax.					
19	Total Withholding Lines 10 through 18d			12,459.	4,951.	
20	Total Tax Payments for 2019			12,459.	4,951.	

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) . .				

Earned Income Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	80,768.		80,768.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	80,768.		80,768.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	80,768.		80,768.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	80,768.		80,768.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	80,768.		80,768.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	80,768.		80,768.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	80,768.		80,768.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	80,768.		80,768.

Keep for your records

Name(s) shown on return
RAVI KIRAN RENGETTY SHAKER

Social Security No.
071-29-1483

General Information:

Property description PLOT NO 19
Property type. . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) MIYAPUR
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500048 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes No X
If yes, did you or will you file all required Form(s) 1099? Yes No

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse
B Owned jointly
C Active participation
D Material participation
E Qualified joint venture
F Some investment is not at risk.
G Other passive exceptions
H Complete taxable disposition - See Help
I Treat all MACRS assets for this activity as qualified Indian reservation property?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
M Check this box if filing this Schedule E as an LLC in CA or TX

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method
S Number of days property owned if less than the entire year

MIYAPUR, HYDERABAD, TELANGANA, 500048, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	580.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	580.	100.000000	580.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising	90.		90.		
6 a Auto	120.		120.		
b Travel	150.		150.		
7 Cleaning and maint . .	140.		140.		
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest	4,000.		4,000.		
14 Repairs	150.		150.		
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	4,650.		4,650.		
21 Income or (loss)			-4,070.		
22 Deductible rental real estate loss			-4,070.		

Federal Carryover Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
---	---------------------------------------

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		5,478.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		76,698.
6	Tax liability for Form 2210 or Form 2210-F		10,043.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2018	2019
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2018	2019
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2019
		b	2018
		c	2017
		d	2016
		e	2015
		f	2014
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2019
		b	2018
		c	2017
		d	2016
		e	2015
		f	2014

Tax Summary Report

2019

Name(s) Shown on Return
RAVI KIRAN RENGETTY SHAKER

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	80,768.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-4,070.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	76,698.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 76,698.

Itemized/Standard Deductions

Medical and dental	
Taxes	5,478.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	5,478.
Standard deduction	12,200.

Taxable Income 64,498.

Income tax	10,043.
Alternative minimum tax	
Total Taxes before Credits	10,043.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 10,043.

Withholding	12,459.
Estimated tax payments	
Other payments	
Total Payments	12,459.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 2,416.

Refund 2,416.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	<u>13.09 %</u>

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Federal 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Refer to Tax Help	

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Form W-2 Worksheet (SKOLIX LLC)

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

SMART WORKSHEET FOR: Form W-2 Worksheet (COGNISOFT TECHNOLOGIES LLC)

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

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).</i>	
A	Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/> QBI worksheet to report if Yes (double click to link) _____
B	Trade or Business Name _____
C	Trade or Business ID Number _____
D 1	Specified Service Trade or Business (SSTB)? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If No, is income attributable to SSTB? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	QBI worksheet for SSTB income (this will auto-populate if Yes) _____
4	Percentage of qualified income attributable to SSTB _____ %
E 1	Tentative Schedule E profit (loss) from this business _____
2	Adjustments to qualified business income _____
3	Schedule E qualified business income _____
4	Allowable Schedule E profit (loss) after passive/at-risk limits. _____
5	Additional deductions related to this business reported on separate schedules _____
6	Net profit (loss) after adjustments, limitations, and deductions _____
7	Allowable Schedule E profit (loss) allocated to SSTB _____
8	Allowable Schedule E profit (loss) from this business. _____
F 1	Ordinary gain (loss) from business assets _____
2	Ordinary gain (loss) not part of QBI. _____
3	Qualified ordinary gain (loss) _____
4	Allowable ordinary qualified gain (loss) after passive/at-risk limits _____
5	Allowable ordinary gain (loss) allocated to SSTB _____
6	Allowable ordinary gain (loss)/recapture from this business _____
G 1	Section 1231 gain (loss) from business assets _____
2	Section 1231 gain (loss) adjustments _____
3	Section 1231 gain (loss) from qualified business _____
4	Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. _____
5	Allowable ordinary 1231 gain (loss) allocated to SSTB _____
6	Allowable ordinary 1231 gain (loss) from this business _____
H 1	Allowable QBI (E6 plus F6 plus G6) _____
2	Qualified business income allocated to SSTB (E5 plus F5 plus G5). _____
3	Previously disallowed QBI losses to be reported as separate business QBI wksht for previously disallowed losses, if present _____

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-4,070.		-4,070.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-4,070.		-4,070.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

TAXABLE YEAR

FORM

2019

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Row 1: RAVI KIRAN RENGETTY SHAKER, 071-29-1483. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income... 52,650. 2 Amount You Owe... 2. 3 Refund or No Amount Due... 826.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- Checked box: I authorize GLOBAL TAXES LLC to enter my PIN. PIN box: 9 1 4 8 3. Do not enter all zeros.
Unchecked box: I will enter my PIN as my signature on my 2019 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Unchecked box: I authorize to enter my PIN. PIN box: Do not enter all zeros.
Unchecked box: I will enter my PIN as my signature on my 2019 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. PIN box: 5 8 7 2 7 8 6 1 9 8 9. Do not enter all zeros.

I certify that the above numeric entry is my PIN, which is my signature for the 2019 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 01/31/2020

California Nonresident or Part-Year Resident Income Tax Return

2019

540NR

APE

ATTACH FEDERAL RETURN

071-29-1483 RENG
RAVIKIRAN RENGETTY SHAKER

19

38 BURNETT CIRCLE
BENTONVILLE AR 72712

04-20-1990

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$122 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$122 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$122 = \$

Exemptions

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$378 = \$

Your name: RENGETTY SHAKER

Your SSN or ITIN: 071-29-1483

11 Exemption amount: Add line 7 through line 10 11 \$ 122

Total Taxable Income
12 Total California wages from your federal Form(s) W-2, box 16 52650 .00
13 Enter federal AGI from federal Form 1040 or 1040-SR, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10 76698 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 76698 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C .00
17 Adjusted gross income from all sources. Combine line 15 and line 16. 76698 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions 4537 .00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 72161 .00

31 Tax. Check the box if from: [X] Tax Table [] Tax Rate Schedule
[] FTB 3800 [] FTB 3803 3883 .00

CA Taxable Income
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 52650 .00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 49535 .00
36 CA Tax Rate. Divide line 31 by line 19. 0.0538
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 2665 .00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 0.6865
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$200,534, see instructions 84 .00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 2581 .00
41 Tax. See instructions. Check the box if from: [] Schedule G-1 [] FTB 5870A .00
42 Add line 40 and line 41 2581 .00

Special Credits
50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .00
51 Credit for joint custody head of household. See instructions .00
52 Credit for dependent parent. See instructions .00
53 Credit for senior head of household. See instructions .00
54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .00
55 Credit amount. See instructions .00

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... ● 58 .00

59 Enter credit name code and amount... ● 59 .00

60 To claim more than two credits. See instructions. ● 60 .00

61 Nonrefundable renter's credit. See instructions ● 61 .00

62 Add line 50 and line 55 through 61. These are your total credits 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- 63 .00

Other Taxes

71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 .00

72 Mental Health Services Tax. See instructions ● 72 .00

73 Other taxes and credit recapture. See instructions ● 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 .00

Payments

81 California income tax withheld. See instructions ● 81 .00

82 2019 CA estimated tax and other payments. See instructions ● 82 .00

83 Withholding (Form 592-B and/or 593). See instructions ● 83 .00

84 Excess SDI (or VPD) withheld. See instructions ● 84 .00

85 Earned Income Tax Credit (EITC) ● 85 .00

86 Young Child Tax Credit (YCTC). See instructions ● 86 .00

87 Add lines 81 through 86. These are your total payments. See instructions 87 .00

Overpaid Tax/Tax Due

101 Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87. 101 .00

102 Amount of line 101 you want applied to your 2020 estimated tax ● 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 .00

104 Tax due. If line 87 is less than line 74, subtract line 87 from line 74 104 .00

Your name:

Your SSN or ITIN:



		<u>Code</u>	<u>Amount</u>	
Contributions	California Seniors Special Fund. See instructions	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>	.00
	California Sea Otter Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/>	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/>	.00	
120 Add code 400 through code 444. This is your total contribution	● 120	<input type="text"/>	.00	

Your name: Your SSN or ITIN:

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 126 Direct deposit amount .00
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking ● Account number ● 127 Direct deposit amount .00
 Savings

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return RAVI KIRAN RENGETTY SHAKER	SSN or ITIN 071291483
--	--------------------------

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2019.

During 2019:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> CA	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> AR 0 9 / 0 1 / 2 0 1 9	<input type="radio"/> ___ / ___ / ___
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> ___	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 2 4 4	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input type="radio"/> ___
8 Before 2019: I was a CA resident for the period of	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___	<input type="radio"/> ___ / ___ / ___ - ___ / ___ / ___

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 80,768.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 80,768.	<input checked="" type="radio"/> 52,650.
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Pensions and annuities. See instructions. c <input type="radio"/> 4d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>			
6 Capital gain or (loss). See instructions 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss) 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input checked="" type="radio"/> -4,070.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -4,070.	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
8 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)		<input checked="" type="radio"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V 8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d _____	8 <input checked="" type="radio"/>	8 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e _____		
f Other (describe): <input checked="" type="radio"/> _____		<input checked="" type="radio"/>	f <input checked="" type="radio"/>		
g Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	g _____		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8, in each column. Go to Section C 9	<input checked="" type="radio"/> 76,698.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 76,698.	<input checked="" type="radio"/> 52,650.

	A	B	C	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax . . . 14	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction 16	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings . . . 17	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ 18a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction 19	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction 20	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
22 Add line 10 through line 21 in each column, A through E 22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . 23	<input checked="" type="radio"/> 76,698.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 76,698.	<input checked="" type="radio"/> 52,650.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 8b <input checked="" type="radio"/> 76,698	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 5,752	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/> 5,478	5a			
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add lines 5a through 5c <input checked="" type="radio"/> 5,478	5d	<input checked="" type="radio"/>		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	5e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add lines 5e and 6 <input checked="" type="radio"/> 5,478	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			
8d	Mortgage insurance premiums <input checked="" type="radio"/>	8d	<input checked="" type="radio"/>		
8e	Add lines 8a through 8d <input checked="" type="radio"/>	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9	<input checked="" type="radio"/>		<input checked="" type="radio"/>
10	Add lines 8e and 9 <input checked="" type="radio"/>	10	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>	11			
12	Other than by cash or check <input checked="" type="radio"/>	12	<input checked="" type="radio"/>		<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13	<input checked="" type="radio"/>		<input checked="" type="radio"/>
14	Add lines 11 through 13 <input checked="" type="radio"/>	14	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15			
----	---	----	--	--	--

Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,478	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			0.
----	--	----	--	--	----

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040 or 1040-SR, line 8b 76,698.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$200,534
 Head of household \$300,805
 Married/RDP filing jointly or qualifying widow(er) \$401,072

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,537
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,074 30 .

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 23, column E 1 .

2 Enter your deductions from line 30 2 .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 .

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name RENGETTY SHAKER
 First Name RAVI KIRAN
 Middle Initial _____ Suffix _____
 Social Security No. 071-29-1483
 Date of Birth 04/20/1990 (mm/dd/yyyy)
 or age as of 1-1-2020 29
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone (510) 403-5354 Ext _____
 Home phone _____

Spouse/RDP:

Last name (if different) _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 or age as of 1-1-2020 _____
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____

Check to print phone number on Form 540. . . . Home Taxpayer work Spouse/RDP work
 Check to print email address on Form 540, 540NR or 540X Taxpayer Spouse

c/o Address _____
 Street Address 38 BURNETT CIRCLE
 Unit Description _____ Unit Number _____ Private Mailbox (PMB) _____
 City BENTONVILLE State AR ZIP Code 72712
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____

Military Filers:

APO FPO
 For Military Extension:
 Military indicator . . ► Taxpayer _____ Spouse/RDP _____

Part II – Main Form

Form 540: Resident Income Tax Return ►
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
 Enter the state of residence as of December 31, 2019 AR
 Resident entire year
 Resident part of year
 Date taxpayer established residence in state above 09/01/2019
 In which state (or foreign country) did taxpayer reside before this change? CA
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ► _____

Part III – Filing Status

Single
 Married/RDP filing joint return
 Married/RDP filing separate return
 Taxpayer **did not** live with spouse at any time during the year
Yes No
 If filing electronically, is spouse a CA Nonresident?
 If filing electronically, is spouse Active Duty Military?
 Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is child but **not** dependent:
 Child's name _____
 Child's social security number _____
 Qualifying widow(er)
 Year spouse/RDP died . . 2017 2018
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ Last Name _____
 Check the box if your California filing status is different from your federal filing status.

Part IV – Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2018 return under a different last name, enter the last name only from the 2018 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2018 or 2019 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2020

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Surviving Spouse Indicator Check this box instead of entering the Spouse/RDP name above
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2020

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Electronic Filing of Estimated Payments

File Form(s) CA-540ES electronically (Complete Federal Information Worksheet, Part VI first)

Table with 8 columns: Qtr, Payment Amount, Payment Due Date, Date to Withdraw, Date Signed, Date Transmitted, Date Accepted, Completed

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Direct deposit your client's state tax refund?

Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) Bofa
Account type Checking . Savings .
Routing number 081000032
Account number 354011399919

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available 826.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking . Savings .
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

Table with 22 rows listing California Contributions (e.g., California Seniors Special Fund, Alzheimer's Disease and Related Dementia Fund) and corresponding checkboxes.

Part X – Preparer Information

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

Part XI – Extension Status

Yes **No**
 Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ► _____

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes **No** *Note Payment is required for electronic filing
 Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

State balance-due amount paid with this extension (Form 3519) _____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____	_____
Date returned from overseas or entered combat zone/QHDA.	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

QuickZoom to Form 540 ► _____

QuickZoom to Form 540NR. ► _____

Tax Payments Worksheet

2019

▶ Keep for your records

Name RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
------------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	3,407.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,407.
15	Date return will be filed and balance paid	15	

**California
Schedule E Worksheet**

2019

▶ Keep for your records

Name(s) Shown on Return <u>RAVI KIRAN RENGETTY SHAKER</u>	Social Security No. <u>071-29-1483</u>
--	---

- 1** Property description PLOT NO 19
Property type. . . 3 Vacation/Short-term If type is other, enter a description . . . _____
Location (street address) MIYAPUR
City HYDERABAD State _____ ZIP code _____
Foreign country . . . India
- 2** Days rented at fair rental value 365 Days of personal use 0

Check all that apply

- | | | | |
|---|-------------------------------------|--|--------------------------|
| A Owned by spouse | <input type="checkbox"/> | B Owned jointly | <input type="checkbox"/> |
| C Active participation | <input checked="" type="checkbox"/> | D Material participation | <input type="checkbox"/> |
| E Other passive exceptions | <input type="checkbox"/> | F Some investment is not at risk. | <input type="checkbox"/> |
| G Complete taxable disposition | <input type="checkbox"/> | | |

Ownership Percentage

- H** Check to allocate income and expenses using ownership percentage
I Enter ownership percentage _____ %

Owner rents part of a property

- J** Check to allocate personal use items to Schedule A
K Percentage of rental use _____ %

Vacation home or property with personal use days

- L** Check to allocate interest and taxes using Tax Court Method
M Number of days property owned if less than 365 _____

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	580.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	580.	100.000000	580.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising	90.		90.		
6 a Auto	120.		120.		
b Travel	150.		150.		
7 Cleaning and maint	140.		140.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 wks					
Total mort insur qual					
9 b Insurance					
10 Legal and other professional fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 wks					
Total mort int qualified					
b Mort int other					
From Form 1098 wks					
Total mort int other					
13 Other interest	4,000.		4,000.		
14 Repairs	150.		150.		
15 Supplies					
16 a Real estate taxes					
From Form 1098 wks					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	4,650.		4,650.		
21 Income or (loss)			-4,070.		
22 Deductible rental real estate loss			-4,070.		

California Electronic Filing Information Worksheet

2019

▶ Keep for your records

Name as Shown on Return <u>RAVI KIRAN RENGETTY SHAKER</u>	Social Security Number <u>071-29-1483</u>
--	--

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

<u>Firm Name</u> GLOBAL TAXES LLC	<u>Social Security Number/Preparer Tax ID Number</u>	
<u>Name</u> GLOBAL TAXES LLC	<u>Phone Number</u> (646) 727-7157	<u>Fax Number</u>
<u>Address</u> 2530 Pebble Creek Ln	<u>Employer Identification Number</u> 30-1017196	
<u>City</u> Cumming	<u>State</u> GA	<u>Zip Code</u> 30041
<u>Country</u>	<u>E-mail Address</u> tsyamgupta@gmail.com	

Paid Preparer Information

<u>Firm Name</u> GLOBAL TAXES LLC	<u>Social Security Number/Preparer Tax ID Number</u> P02090332	
<u>Name</u> APPANA RUPA VENKATA SATYA SAI MANIKUMAR	<u>Employer Identification Number</u> 30-1017196	<u>Phone Number</u> (646) 727-7157
<u>Address</u> 2530 Pebble Creek Ln	<u>Fax Number</u>	
<u>City</u> Cumming	<u>State</u> GA	<u>Zip Code</u> 30041
<u>Country</u>	<u>E-mail Address</u> tsyamgupta@gmail.com	

Electronic Filing Review Check

		Yes	No
1 If any of the questions below are checked yes, the return may not be filed electronically			
1 Are there more than fifty W-2s, or twenty 1099-Rs?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	▶ <input type="checkbox"/>		<input type="checkbox"/>

**California FTB e-file
Tax Return Signature / Consent to Disclosure**

Name
RAVI KIRAN RENGETTY SHAKER

SSN or FEIN
071-29-1483

A – Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN)
By checking this box you are electing to file Form 8453 for this return.

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Automatically generate a PIN equal to last 5 digits of client's SSN
Taxpayer(s) entered own PIN(s)
Preparer entered PIN(s) on behalf of taxpayer(s)

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. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2019 e-file Handbook for Authorized e-file Providers*.

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

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 61989

C – Signature of Taxpayer/Spouse/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2019 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 91483 Date: 01/28/20
Spouse's/RDP's PIN: _____

D – Decedent 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 am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

Smart Worksheets from your 2019 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>3,407.</u>
B	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 81. Subtract line B from line A <u>3,407.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
A	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>52,650.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Schedule E Income Smart Worksheet			
Rental Real Estate & Royalty Income:			
Rental & Royalty Name	State Rental or Royalty was Located	Column D Total Amounts	Column E CA Source Amounts
MIYAPUR		-4,070.	0.
QuickZoom to Schedule E Worksheet ▶			
K-1 Partnership Income:			
Partnership Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 Partnership Worksheet ▶			
K-1 S-Corp Income:			
S-Corp Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 S-Corp Worksheet ▶			
K-1 Trust Income:			
Trust Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 Trust Worksheet. ▶			

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

General Information Smart Worksheet	
A Federal depreciation from this activity	_____
B Federal amortization from this activity	_____
C Federal profit (loss) before passive loss limitation, if any	-4,070.
D If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 or Passive Activities Worksheet 3, column A or column B, whichever is applicable	-4,070.
E QuickZoom to another copy of Schedule E Worksheet	→

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

Federal/California Adjustment Smart Worksheet	
A Net California profit or (loss) allowed	-4,070.
B Net federal profit or (loss) allowed	-4,070.
C Federal/CA adjustment. Line A less line B	0.

SMART WORKSHEET FOR: Schedule E Worksheet (MIYAPUR)

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
A Ownership	Taxpayer	
B At-risk status	All	
C Passive status	Active RE	
	Regular Tax	Alternative Minimum Tax
Schedule E		
D Tentative profit (loss)	-4,070.	-4,070.
E Other adjustments and preferences		
F At-risk disallowed loss		
G Passive carryover loss.		
H Passive disallowed loss		
I Net profit (loss) allowed	-4,070.	-4,070.
Related Disposition		
J Tentative profit (loss)		
K At-risk disallowed loss		
L Passive carryover loss.		
M Passive disallowed loss		
N Net profit (loss) allowed		
AMT Exclusion		
O Schedule E income/loss	-4,070.	

2019 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2019 or fiscal year ending _____, 20__ •

CHECK BOX IF AMENDED RETURN

Software ID

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name • RAVI KIRAN	MI •	Last name • RENGETTY SHAKER	Primary's social security number • 071-29-1483
	Spouse's legal first name •	MI •	Last name •	Spouse's social security number •
	Mailing address (number and street, P.O. box or rural route) • 38 BURNETT CIRCLE			<input type="checkbox"/> Check if address is outside U.S.
	City • BENTONVILLE	State or province • AR	ZIP • 72712	Foreign country name

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN
 NONRESIDENT: List state of residence: _____
 PART YEAR RESIDENT: Dates lived in AR: To: 12/31/2019 From: 09/01/2019

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2019 or divorced at end of 2019)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
	3. <input type="checkbox"/> Head of household (see instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (see instructions) _____

 Check here if you want a tax booklet mailed to you next year.
 Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) (Filing status 3 only)	<input type="checkbox"/> Head of household/qualifying widow(er) (Filing status 6 only)	
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$26 = 26.00							
	Dependents (Do not list yourself or spouse)							
	First name		Last name		Dependent's social security number		Dependent's relationship to you	
	1.							
7B. Multiply number of DEPENDENTS from above..... 7B <input type="checkbox"/> X \$26 = 00								
7C. Multiply number of qualifying individuals from AR1000RC5 (see instructions) 7C <input type="checkbox"/> X \$500 = 00								
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34)..... 7D 26.00								

ID	DL# / State ID <u>940914332</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>12/18/2019</u>	Expiration date (mm/dd/yyyy) <u>09/18/2022</u>
	DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. <input type="checkbox"/>			
	Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt
	• 0 8 1 0 0 0 0 3 2	• 3 5 4 0 1 1 3 9 9 9 1 9		• 216.00
	Routing Number 2	Account Number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt
•	•		• 00	

PLEASE 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.

 Next year (January 2021) we will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (510) 403-5354	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR	PTIN/ID number • 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (646) 727-7157	

Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
--	--



Primary SSN 071-29-1483

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s) 8	● 80,768.00	● 00	● 23,018.00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00				
	10. Interest income: (If over \$1,500, attach AR4) 10	● 00	● 00	● 00	
	11. Dividend income: (If over \$1,500, attach AR4) 11	● 00	● 00	● 00	
	12. Alimony and separate maintenance received: 12	● 00	● 00	● 00	
	13. Business or professional income: (Attach federal Schedule C) 13	● 00	● 00	● 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. attach federal Schedule D) 14	● 00	● 00	● 00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) 15	● 00	● 00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) 16	● 00	● 00	● 00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● [] 00 Taxable amt ● [] 00 Less \$6,000	● 00		● 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● [] 00 Taxable amt ● [] 00 Less \$6,000	● 00	● 00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) 19	● -4,070.00	● 00	● 0.00	
	20. Farm income: (Attach federal Schedule F) 20	● 00	● 00	● 00	
	21. Unemployment (Attach 1099-G) 21	● 00	● 00	● 00	
	22. Other income/depreciation differences: (Attach Form AR-OI) 22	● 00	● 00	● 00	
	23. TOTAL INCOME: (Add lines 8 through 22) 23	● 76,698.00	● 00	● 23,018.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) 24	● 00	● 00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	● 76,698.00	● 00	● 23,018.00	
	TAX COMPUTATION	26. Select tax table: (Select only one) 26			
		27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions			
		● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)			
		● <input type="checkbox"/> Itemized deductions (AR3) Spouse itemized on separate return, Check here. ● <input type="checkbox"/> 27	● 2,200.00	● 00	
28. NET TAXABLE INCOME: (Subtract line 27 from line 25) 28		● 74,498.00	● 00		
29. TAX: (Enter tax from tax table) 29		● 3,667.00	● 00		
30. Combined tax: (Add amounts from line 29, columns A and B) 30				● 3,667.00	
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) 31				● 00	
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) 32			● 00		
33. TOTAL TAX: (Add lines 30 through 32) 33			● 3,667.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) 34			● 26.00	
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441) 35			● 00	
	36. Other credits: (Attach AR1000TC) 36			● 00	
	37. TOTAL CREDITS: (Add lines 34 through 36) 37			● 26.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) 38			● 3,641.00	
PRORATION	38A. Enter the amount from line 25, Column C: 38A			● 23,018.00	
	38B. Enter the total amount from line 25, Columns A and B: 38B			● 76,698.00	
	38C. Divide line 38A by 38B: (See instructions) 38C	● .300112			
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) 38D			● 1,093.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) 39			● 1,309.00	
	40. Estimated tax paid or credit brought forward from 2018: 40			● 00	
	41. Payment made with extension: (See instructions) 41			● 00	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42			● 00	
	43. Early childhood program: Certification number: _____ (20% of federal credit; attach federal Form 2441 and Form AR1000EC) 43			● 00	
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44			● 1,309.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45			● 00	
46. Adjusted total payments: (Subtract line 45 from line 44) 46			● 1,309.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47			● 216.00	
	48. Amount to be applied to 2020 estimated tax: 48	● [] 00			
	49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO) 49	● [] 00			
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50			☺ 216.00	
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) TAX DUE 51			☹ 00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● [] Penalty 52B ● [] 00				
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C			● 00		
PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.					
PAY BY CREDIT CARD: (See instructions)		PAY BY MAIL: (See instructions)			



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: RAVI KIRAN; Last Name: RENGETTY SHAKER; Primary's Social Security Number: 071-29-1483; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 38 BURNETT CIRCLE; Telephone: (510) 403-5354; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country: []

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 5 rows: 1. Total Income (Form AR1000F or AR1000NR, Line 23) 76,698.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 1,093.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 1,309.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 216.00; 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 00

PART II - DECLARATION OF TAXPAYER

- 6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2019 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 50.
6b. [] I do not want direct deposit of my refund or I am not receiving a refund.
6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2019 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

Primary's Signature _____ Date _____ Spouse's Signature _____ Date _____

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

ERO'S Signature _____ Date 01/31/2020 Check if paid preparer [] Check if self-employed [] Your SSN or PTIN _____
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN

Paid Preparer's Use Only

Preparer's Signature _____ Date 01/31/2020 Check if self-employed [] Preparer's SSN or PTIN P02090332
APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN

Arkansas Information Worksheet

2019

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name RAVI KIRAN
 Middle Initial Suffix
 Last Name RENGETTY SHAKER

Social Security No. . . 071-29-1483
 Date of Birth 04/20/1990 (mm/dd/yyyy)
 Date of Death (mm/dd/yyyy)
 Occupation SOFTWARE ENGINEER
 E-mail address
 Work Phone (510) 403-5354
 Home phone

Spouse:

First Name
 Middle Initial Suffix
 Last Name

Social Security No. . .
 Date of Birth (mm/dd/yyyy)
 Date of Death (mm/dd/yyyy)
 Occupation
 E-mail address
 Work Phone

Street Address . . . 38 BURNETT CIRCLE Apt No. . .
 City BENTONVILLE State/Province . . AR
 ZIP Code 72712 Foreign Country . .

Check to confirm address information is correct

Part II – Main Form

- Form AR1000F: Full-Year Resident (Long Form)
- Form AR1000NR: Nonresident Form
- Form AR1000NR: Part-year resident

QuickZoom to enter Nonresident/Part-year resident income allocations
 State of residence
 Dates lived in Arkansas in 2019 From 09/01/2019 To 12/31/2019
(mm/dd/yyyy) (mm/dd/yyyy)

Part III – Filing Status

- 1 Single** (or widowed before 2019 or divorced at end of 2019)
- 2 Married Filing Joint** (even if only one had income)
- 3 Head of Household.** If the qualifying person is your child but not your dependent, enter child's name here ▶
- 4 Married Filing Separately on same return**
- 5 Married Filing Separately on different return.** List spouse's full name and social security number:
 Spouse's Name . . . ▶ Spouse's SSN . . ▶
- 6 Qualifying Widow(er)** with dependent child (year spouse died .)

Exemptions:

Taxpayer	Spouse	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal
<input type="checkbox"/>	<input type="checkbox"/>	65 or Over
<input type="checkbox"/>	<input type="checkbox"/>	65 Special
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Head of Household or Qualifying Widow(er)

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				<input type="checkbox"/>	* Check box if totally & permanently disabled
				*	Select type if developmentally disabled ▼
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

Name Change:

- Check if Taxpayer changed name
- Check if Spouse changed name

Standard Deduction/Itemized Deductions:

- Itemize even if itemized deductions are less than the standard deduction
- Filing status is married filing separately and spouse itemizes deductions
- Take the standard deduction even if less than itemized deductions

Authorization:

Yes No
 Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

1099-G mailed?

Yes No
 Do you want the 1099-G mailed?

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No
 The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas. **QuickZoom** to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

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

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Driver's License

Note: Please enter driver's license information on Federal Identification Verification Worksheet.

Table with 3 columns: Taxpayer, Spouse, and rows for State Issued Driver's License, Driver's License Number, Date Driver's License Issued, Date Driver's License Expires

State ID

Table with 3 columns: Taxpayer, Spouse, and rows for Issuing State, State Identification number, State ID Issue Date, State ID Expiration Date

Date return was EFiled
Date return was accepted by the state
Enter the date Form AR1000-V was given to client
Date Form AR8453 mailed to the state (IF NEEDED)
QuickZoom to Form AR8453 Additional Information SmartWorksheet

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Bofa
Check the appropriate box:
Checking [X] Routing number 081000032
Savings [] Account number 354011399919

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

International ACH Transactions

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

Part VII – Paid Preparer Information

Enter the preparer's code from Preparer's Information Worksheet 1

Part VIII – Extension Status

Yes No
[] [X] Has the tax return due date been extended by filing IRS Form 4868?
[] [X] Federal Form 4868 "Out of the Country" checkbox checked?
[] [X] Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date

Filing and acceptance information (Electronic Filing Only)

[] File extension electronically?
[] Extension accepted?
Extension filing date
Extension acceptance date

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No
[] [] Use electronic funds withdrawal of extension tax payment?
Enter settlement date to withdraw the extension amount from the account above
Balance-due amount paid with this extension

QuickZoom to Form AR1055, Application for Extension of Time to File

Income Allocation Worksheet

2019

► Keep for your records

Name as Shown on Return
RAVI KIRAN RENGETTY SHAKER

Social Security Number
071-29-1483

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR100NR)
1 a Taxpayer wages, salaries, tips, etc.	80,768.			23,018.
b Spouse wages, salaries, tips, etc.				
Line 1 total.			80,768.	
Note: Excess moving expense reimbursement included in line 1a or 1b				
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total.				
3 Interest income.				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 a Taxpayer U.S. Military pension				
b Spouse U.S. Military pension				
Line 10 total.				
11 Employer-sponsored pension plan and qualified IRA distributions				
Taxpayer				
Spouse				
Line 11 total.				
12 Rents, royalties, partnerships, trusts, etc.	-4,070.		-4,070.	0.
13 Farm income				
14 Unemployment.				
15 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E	0.		0.	
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Sale of properties/assets				
Line 15 total (excluding h)	0.		0.	
16 Other income/Loss:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings.				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Rural physician incentives				
m Excess reimbursement from AR2106				
n Certain business expenses of fee-basis government officials				
o Certain business expenses of performing artists				
p Other income/Loss.				
Line 16 total (Add line a to line k, minus line l to line o, add line p)				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				
18	Achieving A Better Life Experience Program (<i>ABLE contributions</i>)				

Part-Year Resident/Nonresident Allocation Worksheet

2019

▶ Keep for your records

Name(s) as Shown on Return
RAVI KIRAN RENGETTY SHAKER

Your Social Security No.
071-29-1483

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
			Column C Income from column A for this period	Column D Income from column C from AR sources
Column A Income from federal return	Column B Income from column A for this period			
T - Taxpayer; S - Spouse				
Wages, salaries, tips, etc. T	80,768.	23,018.	57,750.	0.
S				
Federally taxable interest income . . . T				
S				
Dividends T				
S				
State/local tax refunds T				
S				
Alimony received T				
S				
Business income or loss T				
S				
Capital gain or loss T				
S				
Other gains and losses T				
S				
Taxable IRA distribution T				
S				
Taxable pension and annuities T				
S				
Rentals/royalties/partnerships, etc. . T	-4,070.	0.	-4,070.	0.
S				
Farm income or loss T				
S				
Unemployment compensation T				
S				
Taxable social security benefits . . . T				
S				
Taxable railroad retirements T				
S				
Other income T				
S				
Total income T	76,698.	23,018.	53,680.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from AR sources
T - Taxpayer; S - Spouse ↘					
Educator expenses	T				
	S				
Certain business expenses	T				
	S				
Health savings account	T				
	S				
Moving expenses	T				
	S				
Self-employment tax deduction . . .	T				
	S				
Self-employed SEP, SIMPLE	T				
	S				
Self-employed health insurance . . .	T				
	S				
Early withdrawal penalty	T				
	S				
Alimony paid	T				
	S				
IRA deduction	T				
	S				
Student loan interest deduction . . .	T				
	S				
Tuition and fees deduction	T				
	S				
Reserved	T				
	S				
Total other adjustments	T				
	S				
Total adjustments	T				
	S				
Adjusted gross income	T	76,698.	23,018.	53,680.	0.
	S				

Tax Payments Worksheet

2019

▶ Keep for your records

Name RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
------------------------------------	---------------------------------------

Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			1,309.
10 State withholding on Forms W-2G			
Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			1,309.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2019 Arkansas Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax	0.	
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0.	
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years		
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	0.	
E Amount available towards current year contribution	5,000.	
F Enter any current year contributions to Arkansas Tuition Savings Program		
G Arkansas tuition contribution carryovers from prior years		
2017		
2018		
H Amount applied towards current year Arkansas Tuition Savings Program contributions	0.	
I Total deduction for Tuition Savings Program (Line B+Line D+Line H)	0.	
J Arkansas tuition contribution carryforward to next year	0.	
2017	0.	
2018	0.	
2019	0.	

SMART WORKSHEET FOR: Part-Year/Nonresident Allocation Wks

Rent/Royalties Smart Worksheet					
A Rents and royalties	T	-4,070.	0.	-4,070.	0.
	S				
B K-1 Partnership	T				
	S				
C K-1 S Corporation	T				
	S				
D K-1 Estate or Trust	T				
	S				
E Farm rentals	T				
	S				
F Income or loss from REMICs	T				
	S				



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2019
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2019.

Your first name and initial RAVI KIRAN RENGETTY SHAKER	Last name SHAKER	Your Social Security number 071291483
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number) 38 BURNETT CIRCLE			
City/Town/Post Office BENTONVILLE	State AR	Zip 72712	Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.05% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	1030
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	49
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	235
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	5	186
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2019 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	---	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

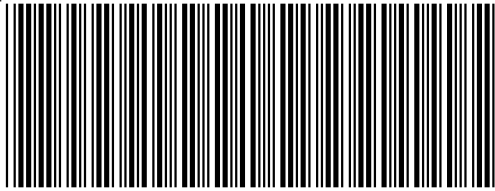
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	01312020	301017196	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN	CUMMING	GA	30041

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	P02090332 01312020	301017196	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
APPANA RUPA VENKATA SATYA SAI MANIKUMAR 2530 PEBBLE CREEK LN	CUMMING	GA	30041



2019 Form 1-NR/PY

MA19006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2019 or other taxable

Year beginning

Ending

RAVI KIRAN

RENGETTY SHAKER

071291483

38 BURNETT CIRCLE

BENTONVILLE

AR 72712

Fill in if: Original return Amended return Amended return due to federal change

Apt. no.

State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL 0

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one: Nonresident

Filing as both nonresident and part-year resident

Name/address changed since 2018

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income 76698

b. Federal adjusted gross income 76698

1. Filing status (select one only): Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

510-403-5354

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2019 Form 1-NR/PY, pg. 2

MA19006021555

Massachusetts Nonresident/

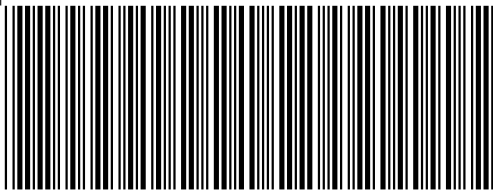
Part-Year Resident Income Tax Return

071291483

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		× \$1,000 = 4b	0
c. Age 65 or over before 2020	You + Spouse =	× \$700 = 4c	0
d. Blindness	You + Spouse =	× \$2,200 = 4d	0
e. Medical/dental		4e	0
f. Adoption		4f	0
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	5100
6. Taxable pensions and annuities		6	0
7. Mass. bank interest: a.	0 - b. exemption 0	= 7	0
8. Business/profession income/loss a.	0 + b. Farming income/loss	= 8	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-4070
10a. Unemployment		10a	0
10b. Mass. lottery winnings		10b	0
11. Other income		11	0
12. TOTAL 5.05% INCOME		12	1030
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		13a	0
Working days (or other basis) inside Massachusetts		13b	0
Total working days		13c	0
Nonworking days (holidays, weekends, etc.)		13d	0
Massachusetts ratio		13e	.0000
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	0
Massachusetts income		13g	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 3

MA19006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

RAVI KIRAN

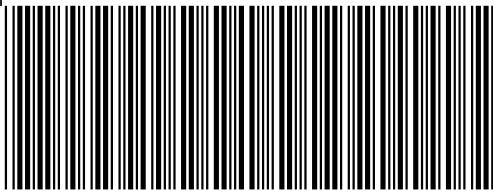
RENGETTY SHAKER

071291483

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.05% income	14a	1030
b. Interest income	14b	0
c. Total capital gain income	14c	0
d. Total income this return	14d	1030
e. Non-Massachusetts source income. Not less than "0"	14e	75668
f. Total income	14f	76698
g. Deduction and exemption ratio	14g	0.0134
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	0
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	0
16. Child under age 13, or disabled dependent/spouse care expenses	16	0
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s) Not more than two. a. $\times \$3,600 = b.$ 0 Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	0
18. Rental deduction. a. 0 Nonresidents, fill in if during 2109 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	+ 2 = 18	0
19. Other deductions from Schedule Y, line 19	19	0
20. Total deductions. Add lines 15 through 19	20	0
21. 5.05% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	1030
22. Exemption amount. a. 4400	22	59
23. 5.05% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	971
24. INTEREST AND DIVIDEND INCOME	24	0
25. TOTAL TAXABLE 5.05% INCOME. Add lines 23 and 24	25	971
26. TAX ON 5.05% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	49

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 4

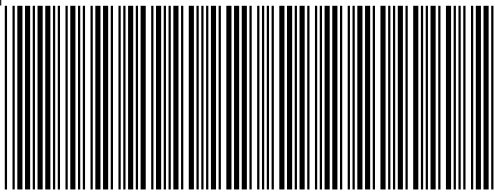
MA19006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

071291483

27.	12% INCOME. Not less than "0."	a.	0		$\times .12 = 27$	0
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS				28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28					
29.	Credit recapture amount (from Credit Recapture Schedule)				29	0
30.	Additional tax on installment sale				30	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32					
32.	TOTAL INCOME TAX. Add lines 26 through 30				32	49
33.	Limited Income Credit				33	0
34.	Income tax due to another state or jurisdiction				34	0
35.	Other credits (from Credit Manager Schedule)				35	0
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36	49
37.	Voluntary Contributions					
	a.	Endangered Wildlife Conservation		37a		0
	b.	Organ Transplant Fund		37b		0
	c.	Massachusetts Public Health HIV and Hepatitis Fund		37c		0
	d.	Massachusetts U.S. Olympic Fund		37d		0
	e.	Massachusetts Military Family Relief Fund		37e		0
	f.	Homeless Animal Prevention and Care		37f		0
	Total. Add lines 37a through 37f				37	0
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	0
39.	Health care penalty		a. You	0	+ b. Spouse	0
						0
40.	Amended return only. Overpayment from original return				40	0
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40				41	49



2019 Schedule INC

MA19INC011555

RAVI KIRAN

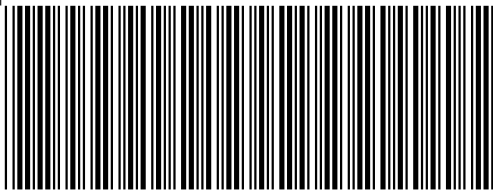
RENGETTY SHAKER

071291483

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
204655793	235	5100	0	0	W2

TOTALS	235	5100	0	0	
--------	-----	------	---	---	--



2019 Schedule NTS-L-NR/PY

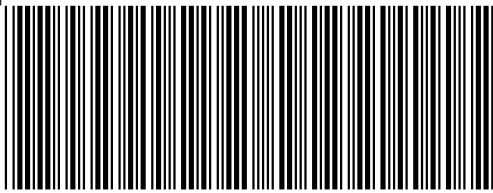
MA19021011555

No Tax Status and Limited Income Credit

071291483

Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1. Total 5.05% income	1	1030
2. Adjustments to income	2	0
3. Adjusted 5.05% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	1030
4. Interest exemption used	4	0
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	75668
8. Total income. Combine lines 3 through 7	8	76698
9. Additional adjustments to income while a nonresident/part-year resident	9	0
10. Massachusetts Adjusted Gross Income (AGI)	10	76698
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	0
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	0
13. No Tax Status threshold	13	0
14. Income for Limited Income Credit	14	0
15. Tax before adjustments	15	0
16. Tax for Limited Income Credit	16	0
17. Limited Income Credit	17	0



2019 Schedule E

MA19013041555

RAVI KIRAN

RENGETTY SHAKER

071291483

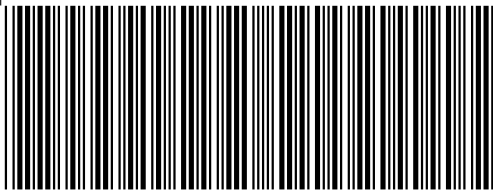
Income or Loss from Real Estate and Royalties:

Income

1. Rents received	1	580
2. Royalties received	2	0

Expenses

3. Advertising	3	90
4. Auto and travel	4	270
5. Cleaning and maintenance	5	140
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	4000
12. Repairs	12	150
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	4650
18. Depreciation expense or depletion	18	0
19. Total expenses. Add lines 17 and 18	19	4650
20. Income or loss from rental real estate or royalty properties	20	-4070
21. Deductible rental real estate loss	21	-4070
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-4070
24. Rental real estate and royalty income or loss	24	-4070



2019 Schedule E, pg. 2

MA19013051555

071291483

Income or Loss from Partnerships and S Corporations

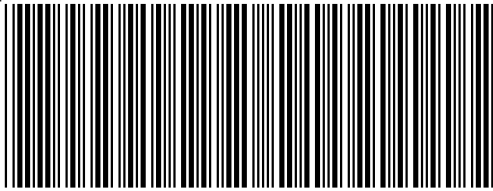
25. Passive loss allowed	25	0
26. Passive income	26	0
27. Non-passive loss	27	0
28. Section 179 expense deduction	28	0
29. Non-passive income	29	0
30. Combine lines 26 and 29	30	0
31. Combine lines 25, 27 and 28	31	0
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32	0
33. Interest (other than MA banks) and dividends if included in line 32	33	0
34. Interest from Massachusetts banks if included in line 32	34	0
35. Total income or loss from partnerships and S corporations	35	0
36. Check! if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37	0
38. Passive income	38	0
39. Non-passive deduction or loss	39	0
40. Non-passive other income	40	0
41. Add lines 38 and 40	41	0
42. Add lines 37 and 39	42	0
43. Estate and trust income or loss. Combine lines 41 and 42	43	0
44. Estate or non-grantor-type trust income	44	0
45. Grantor-type trust and non-Massachusetts estate and trust income	45	0
46. Interest and dividends if included in line 45	46	0
47. Adjustments to 5.05% income	47	0
48. Subtotal. Combine lines 46 and 47	48	0
49. Income or loss from grantor type and non-Mass estates and trusts	49	0

Income or Loss from REMICs

50. Excess inclusion	50	0
51. Taxable income or loss	51	0
52. Income	52	0
53. Combine lines 51 and 52	53	0



2019 Schedule E, pg. 3

MA19013061555

071291483

Farm Income

54. Net farm rental income or loss	54	0
------------------------------------	----	---

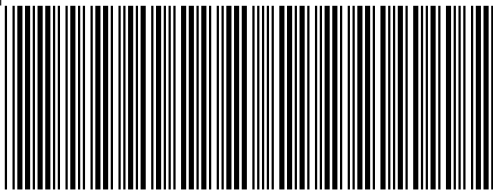
Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-4070
---	----	-------

56. Massachusetts differences. Enclose statement	56	0
--	----	---

57. Abandoned building renovation deduction	57	0
---	----	---

58. Total income or loss. Combine lines 55, 56 and 57	58	-4070
---	----	-------



2019 Schedule E-1

MA19013011555

RAVI KIRAN
PLOT NO 19
MIYAPUR

RENGETTY SHAKER
HYDERABAD

071291483

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	580
2. Royalties received	2	0

Expenses

3. Advertising	3	90
4. Auto and travel	4	270
5. Cleaning and maintenance	5	140
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	4000
12. Repairs	12	150
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	4650
18. Depreciation expense or depletion	18	0
19. Total expenses. Add lines 17 and 18	19	4650
20. Income or loss from rental real estate or royalty properties	20	-4070
21. Deductible rental real estate loss	21	-4070
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-4070
24. Rental real estate and royalty income or loss	24	-4070
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

Part I – Personal Information

Taxpayer:

First Name RAVI KIRAN
Middle Initial Suffix
Last Name RENGETTY SHAKER
Social Security No. 071-29-1483
Occupation SOFTWARE ENGINEER
Date of Birth 04/20/1990
Date of Death
Daytime Phone (510) 403-5354
Home Phone
Print phone number on vouchers [X] TP work [] TP home [] Spouse work [] Spouse home

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of Birth
Date of Death
Daytime Phone
Use home phone for spouse

Address 38 BURNETT CIRCLE Apt
City BENTONVILLE State AR ZIP Code 72712
In care of Address
City State ZIP Code
Foreign state Foreign country Foreign Postal Code

Part II – Main Form

- [] Form 1: Resident Tax Return
[X] Form 1-NR/PY: Nonresident Return
[] Form 1-NR/PY: Nonresident and Part-Year Resident Return (Sch R/NR)
[] Form 1-NR/PY: Part-year Resident Return

Residency dates From To

Part III – Filing Status

- [X] Single
[] Married filing joint return
[] Married filing separate return
[] Head of household

Spouse federal Total Income (If MFS and living together)
Spouse federal AGI (If MFS and living together)
Total dependents claimed (If MFS and living together)
[] Check here if the taxpayer is a victim of domestic abuse, is married filing separate and wants to claim EITC
If claiming exception above. Amount of EIC as calculated from EIC Worksheet 0
If claiming exception above. Number of qualifying children used to calculate EIC 0

Part IV – Dependent Information

Table with 4 columns: Full Name, Relationship, Age, Disabled? (with checkboxes)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

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

- [X] State return will be filed electronically
[] Tax return was prepared by taxpayer or other non-paid preparer

Enter the date return was EFiled
Enter the date return was accepted by the state
Enter the date Form PV was given to client
QuickZoom to Form M-8453 Additional Information SmartWorksheet

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No
 Do you want **electronic funds withdrawal** of **state tax payment** (Electronic Filing Only)?
- Do you want to elect **direct deposit** of **state tax refund**?
- Extension** - Do you want **electronic funds withdrawal** of **tax due** (Electronic Filing Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) ▶ Bofa

Check the appropriate box:

Checking ▶ Routing number ▶ 081000032
 Savings ▶ Account number . . . ▶ 354011399919

International ACH Transactions

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

Additional information for electronic funds withdrawal:

Electronic funds withdrawal amount due with **return** information (*Electronic Filing Only*):
 Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____
 Electronic funds withdrawal amount due with **extension** information (*Electronic Filing Only*):
 Enter settlement date to withdraw the extension amount from the account above _____
 State balance-due amount paid with this extension Form M-4868 _____

Part VII – Additional Return Information

- 1 State Election Campaign Fund:**
 TP wants \$1 to go to Massachusetts Election Campaign Fund
 Spouse wants \$1 to go to Massachusetts Election Campaign Fund
- 2 Non-Custodial Parent:**
 Non-custodial parent
- 3 Schedule TDS:**
 Filing Schedule TDS
- 4 First Time Filer:**
 First time filer with Massachusetts Department of Revenue
- 5 Address/Name Change:**
 Name or address changed since 2018
- 6 Farmer and Fisherman Status:**
 Farmer and fisherman
- 7 Rental Deduction/Circuit Breaker Credit:**
 Rent paid in Massachusetts during 2019 _____
a Senior Circuit Breaker Credit:
 Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2019:

- a** Social security and medicare tax withholding _____
- b** Federal self-employment tax _____
- c** Massachusetts retirement systems (including political subdivisions) _____
- d** U.S. retirement systems (other than social security, medicare, self-employment and railroad retirement included in lines a or b) _____
- e** Total payments to retirement systems _____

Taxpayer	Spouse
5491	
5491	

9 Wages Taxed by More Than One State (Massachusetts Resident)

- Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)

10 Form EFO:

- Print Massachusetts Form EFO
- Not required to file Massachusetts Form EFO

11 Optional 5.85% tax rate election:

- Elect to pay tax at the rate of 5.85% on taxable income (does not apply to income taxed at 12%)

Part VIII – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1

Yes No

May Department of Revenue discuss return with preparer?

Part IX – Extension Status

Yes No

Tax return due date extended?

Extended due date . . . _____

First extension will be filed electronically (Form M-4868)

Filing and Acceptance Information (Electronic Filing Only):

Extension accepted

Extension filing date _____

Extension acceptance date _____

QuickZoom to Form M-4868: Automatic Six-Month Extension of Time To File Income Tax. ▶ _____

QuickZoom to Form 1 ▶ _____

QuickZoom to Form 1-NR/PY ▶ _____

Name as Shown on Return RAVI KIRAN RENGETTY SHAKER	Social Security No. 071-29-1483
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Part I – Income

	All States	Massachusetts Portion	Non- Massachusetts Portion
1 a Allocated tips (Form W-2, box 8)			
b State wages (W-2, box 16 - PY res only) . . .	80,768.	5,100.	75,668.
2 Other employee compensation			
3 Taxable pensions and annuities			
4 Alimony received			
5 Farm Income			
6 Unemployment compensation			
7 IRA/Keogh distributions for:			
a taxpayer			
b spouse			
8 Jury duty pay			
9 a Gambling income			
b Prizes and awards			
c Tribal Gaming			
10 Alaska Permanent Fund			
11 Other income from Form 1099-MISC or K . . .			
12 Bartering income not reported elsewhere . . .			
13 Substitute payments in lieu of interest or dividends, from Form 1099-MISC			
14 Taxable qualified tuition program distributions			
15 a Archer Medical Savings Accounts and Long-Term Care Insurance Contracts			
15 b Health Savings Accounts			
16 Grants			
17 Taxable Coverdell ESA Distributions			
18 Refunds of dedns claimed in a prior year:			
19 Income from the rental of personal property . .			
20 Other Income from Schedule(s) K-1			
21 Income from the Cancellation of Debt			
22 Totals	80,768.	5,100.	75,668.

Part II – Deductions

	All States	Massachusetts Portion	Non-Massachusetts Portion
1 Amount you paid in 2019 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.	5,491.	0.	5,491.
2 Amount spouse paid in 2019 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.			
3 Penalty on early savings withdrawal			
4 Alimony paid			

Tax Payments Worksheet

2019

▶ Keep for your records

Name RAVI KIRAN RENGETTY SHAKER	Social Security Number 071-29-1483
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	235 .
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	235 .
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2019 Massachusetts Tax Return

SMART WORKSHEET FOR: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form M-8453: Form W-2 (Copy 2) _____ _____ _____
D	Retain Form M-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Nonresident Wages Smart Worksheet					
(A) Employer's Name Double-click on each employer line to access the Wage Apportionment Worksheet and determine the portion of wages earned in Massachusetts	(B) Spouse W-2	(C) State	(D) Wages from W-2, box 16 or box 1	(E) MA Wages	(F) Non-MA Wages (D minus E)
1 SKOLIX LLC	<input type="checkbox"/>	MA	5100	5100	0
2 COGNISOFT TECHNOLOGIES LLC	<input type="checkbox"/>	AR	23018		23018
3 COGNISOFT TECHNOLOGIES LLC	<input type="checkbox"/>	CA	52650		52650
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			80768	5100	75668

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Non-Massachusetts Source Income Smart Worksheet - (Nonresident Only)	
A	Non-Massachusetts wages, salaries, tips, other employee compensation <u>75668</u>
B	Non-Massachusetts taxable pensions, IRA/Keogh, alimony, unemployment compensation _____
C	Non-Massachusetts business, profession and farm income or loss _____
D	Non-Massachusetts partnership, S corporation, trust, rent, royalty income or loss _____
E	Non-Massachusetts other 5.05% income (winnings, fees, prizes, etc _____
F	Non-Massachusetts interest and dividends _____
G	Non-Massachusetts capital gains. _____
H	All other non-Massachusetts income or loss. _____

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Calculation of overpayment or balance due including interest, penalty and underpayment penalty	
Net refund including interest, penalty and underpayment penalty, if any ▶	<u>186</u>
Total balance due including interest, penalty and underpayment penalty, if any. ▶	<u>0</u>