

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 BALAJI REDDY	Last name C	Your social security number 881-46-8094
If joint return, spouse's first name and middle initial PRASANNA L	Last name RAVI KUMAR	Spouse's social security number 865-48-0582
Home address (number and street). If you have a P.O. box, see instructions. 1035 ASTER AVE		Apt. no. 1215
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SUNNYVALE, CA 94086		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
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien
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) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AADHYA	REDDY	788-74-0678	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ADITH	REDDY	892-74-4809	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	224,452
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	216
3a	Qualified dividends	3a	140
3b	Ordinary dividends.	3b	156
4a	IRA distributions	4a	
4b	Taxable amount	4b	
c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	583
7a	Other income from Schedule 1, line 9	7a	(2,707)
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	222,700
8a	Adjustments to income from Schedule 1, line 22	8a	0
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	222,700
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	1
11a	Add lines 9 and 10	11a	24,401
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	198,299

Standard Deduction

- 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.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 _____ **12a** 35,887

b Add Schedule 2, line 3, and line 12a and enter the total ▶ **12b** 35,887

13a Child tax credit or credit for other dependents **13a** 4,000

b Add Schedule 3, line 7, and line 13a and enter the total ▶ **13b** 4,636

14 Subtract line 13b from line 12b. If zero or less, enter -0- **14** 31,251

15 Other taxes, including self-employment tax, from Schedule 2, line 10 **15**

16 Add lines 14 and 15. This is your **total tax** ▶ **16** 31,251

17 Federal income tax withheld from Forms W-2 and 1099 **17** 31,248

18 Other payments and refundable credits:

a Earned income credit (EIC) **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** 31,248

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20**

21 a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ▶ **21a**

Direct deposit? ▶ **b** Routing number _____ ▶ **c** Type: Checking Savings

See instructions. ▶ **d** Account number _____

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** 3

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 ▶ **SUMIT PANJABI** Phone no. ▶ **888-692-6829** Personal identification number (PIN) ▶ **3 6 5 0 6**

Sign Here

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

Joint return? See instructions. Keep a copy for your records.	Your signature 91340	Date 02-10-2020	Your occupation LEAD CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
	Spouse's signature. If a joint return, both must sign. 84899	Date 02-10-2020	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
	Phone no. 408-981-9655	Email address		

Paid Preparer Use Only

Preparer's signature SUMIT PANJABI	Date 03-17-2020	PTIN P0624311	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Preparer's name SUMIT PANJABI	Phone no. 888-692-6829		
Firm's name ▶ ADVANTAGE ONE TAX CONSULTING INC			
Firm's address ▶ 20610 QUARTERPATH TRACE CIRCLE STERLING, VA 20165			Firm's EIN ▶ 27-2340197

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

Attachment
Sequence No. **01**

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

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

Your social security number

BALAJI REDDY C & PRASANNA RAVI KUMAR

881-46-8094

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	(2,707)
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	(2,707)
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	0

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **08**

Name(s) shown on return

BALAJI REDDY C & PRASANNA RAVI KUMAR

Your social security number

881-46-8094

Part I
Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶	
	CHARLES SCHWAB	4
	FOREIGN INTEREST INCOME	212
	INTEREST SUBTOTAL	216
2	Add the amounts on line 1	216
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	216

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
	CHARLES SCHWAB	85
	ROBINHOOD SECURITIES LLC	71
	DIVIDEND SUBTOTAL	156
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	156

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

Part III
Foreign Accounts and Trusts

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

		Yes	No
7a	At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ <u>INDIA</u>		
8	During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2019

Attachment
Sequence No. **12**

Name(s) shown on return: **BALAJI REDDY C & PRASANNA RAVI KUMAR** Your social security number: **881-46-8094**

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,243	3,120		123
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 123

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	8,437	7,977		460
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 460

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	583
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

OMB No. 1545-0074

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

2019

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

BALAJI REDDY C & PRASANNA RAVI KUMAR

881-46-8094

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	BOMMANAHALL, BANGALORE, KARNATAKA India 560068				
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	1		A 304	61	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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	4,972		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,184		
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			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	213		
17 Utilities	17			
18 Depreciation expense or depletion	18	3,575		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	4,972		
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			
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	4,972		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	0		
d Total of all amounts reported on line 18 for all properties	23d	3,575		
e Total of all amounts reported on line 20 for all properties	23e	4,972		
24 Income. Add positive amounts shown on line 21. Do not include any losses.	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25			(0)
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			0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

BALAJI REDDY C & PRASANNA RAVI KUMAR

881-46-8094

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	PARK PALO ALTO	P	<input type="checkbox"/>	83-2431888	<input type="checkbox"/>	<input type="checkbox"/>
B	PARK PALO ALTO	P	<input type="checkbox"/>	83-2431888	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		2,707		
B		0		
C				
D				
29a Totals				
b Totals		2,707		
30 Add columns (h) and (k) of line 29a				30
31 Add columns (g), (i), and (j) of line 29b				31 (2,707)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 (2,707)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18	41	(2,707)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

1040

Interest Listing

2019

NAME(S) AS SHOWN ON RETURN

SSN

BALAJI REDDY C & PRASANNA RAVI KUMAR

881-46-8094

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax Resident State Interest Other State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
T	CHARLES SCHWAB	CA	4							
T	FOREIGN INTEREST INCOME	CA	212							
TOTALS			216							

		a Employee's social security number 865-48-0582		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 20-1463014				1 Wages, tips, other compensation 101,222				2 Federal income tax withheld 16,635			
c Employer's name, address, and ZIP code GSPANN TECHNOLOGIES INC 362 FAIRVIEW WAY MILPITAS CA 95035				3 Social security wages 109,554				4 Social security tax withheld 6,792			
				5 Medicare wages and tips 109,554				6 Medicare tax withheld 1,589			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial PRASANNA L		Last name RAVI KUMAR		Suff.		11 Nonqualified plans				12a See instructions for box 12 D 8,331	
1035 ASTER AVE APT 1215 SUNNYVALE CA 94086				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12c		12d	
				14 Other SDI 1,096							
f Employee's address and ZIP code											
15 State Employer's state ID number CA 254-4866 3		16 State wages, tips, etc. 101,222		17 State income tax 3,461		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by ADVANTAGE ONE TAX CONSUMERS

		a Employee's social security number 881-46-8094		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 98-0154401				1 Wages, tips, other compensation 123,230				2 Federal income tax withheld 14,613			
c Employer's name, address, and ZIP code WIPRO LTD 2 TOWER CENTER BL 2200 EAST BRUNSWICK NJ 08816				3 Social security wages				4 Social security tax withheld 8,240			
				5 Medicare wages and tips 132,900				6 Medicare tax withheld 1,927			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial BALAJI		Last name REDDY C		Suff.		11 Nonqualified plans				12a See instructions for box 12 C 81	
1035 ASTER AVE APT 1215 SUNNYVALE CA 94086				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12c		12d	
				14 Other SDI 1,184							
f Employee's address and ZIP code											
15 State Employer's state ID number CA 070-5759 9		16 State wages, tips, etc. 123,230		17 State income tax 5,546		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

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W-2 Detail Listing

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

BALAJI REDDY C & PRASANNA RAVI KUMAR

881-46-8094

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
S	GSPANN TECHNOLOGIES INC	101,222	16,635	CA	101,222	3,461
T	WIPRO LTD	123,230	14,613	CA	123,230	5,546
Taxpayer Totals		123,230	14,613		123,230	5,546
Spouse Totals		101,222	16,635		101,222	3,461
Totals		224,452	31,248		224,452	9,007

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2019 Filing Instructions
BALAJI REDDY C & PRASANNA RAVI KUMAR

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

04-15-2020

Balance due:

\$3

Transaction method:

To pay by check or money order, write "2019 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://www.1040paytax.com).

Other information:

To avoid penalties and interest, make your payment on or before the due date of the return.

Mail-to address:

Internal Revenue Service
P.O. Box 7704
San Francisco, CA 94120-7704

**TAX RETURN COMPARISON
2017 / 2018 / 2019**

2019

Name(s) as shown on return BALAJI REDDY C & PRASANNA RAVI KUMAR	Identifying number 881-46-8094
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	2017	2018	2019	Difference 2018-2019
Filing Status		Married Joint	Married Joint	
Number of Exemptions		N/A	N/A	N/A
Number of Dependents	N/A	2	2	
Income				
Wages, salaries, tips, etc.		193,833	224,452	30,619
Taxable interest and dividends		112	372	260
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)		(604)	583	1,187
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)		(891)	(2,707)	(1,816)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		192,450	222,700	30,250
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		192,450	222,700	30,250
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		24,000	24,400	400
Total Itemized or Standard Ded		24,000	24,400	400
Exemption Amount		N/A	N/A	N/A
Qualified Business Income Deduction	N/A		1	1
Tax and Credits				
Taxable Income		168,450	198,299	29,849
Tax		29,002	35,887	6,885
Credits		4,032	4,636	604
Self-employment tax				
Other taxes				
Total Tax		24,970	31,251	6,281
Payments				
Withholdings		27,309	31,248	3,939
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment		2,339		(2,339)
Overpayment Applied				
Refund		2,339		(2,339)
Balance Due			3	3
Marginal tax rate		24.00	24.00	
Effective tax rate		17.00	18.10	1.10

2019 CA540 Filing Instructions
BALAJI REDDY C & PRASANNA RAVI KUMAR

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

04-15-2020

Payment:

\$4,260.00

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2019 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

881-46-8094 C 865-48-0582 19
BALAJI REDD C
PRASANNA L RAVI KUMAR

1035 ASTER AVE APT 1215
SUNNYVALE CA 94086

04-03-1982 11-28-1983

Filing Status

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

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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 in the box. If you checked the box on line 6, see instructions.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

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

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 2 X \$378 = \$ 756

Your name: **BALAJI REDDY C &** Your SSN or ITIN: **881-46-8094**

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ **1000**

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 12 **224452**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b 13 **222700**

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** **222700**

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C 16

17 California adjusted gross income. Combine line 15 and line 16 17 **222700**

18 Enter the **larger** of
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 Single or Married/RDP filing separately \$4,537
 Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instr. **18** **9074**

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 **213626**

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 **31** **14204**

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. 32 **1000**

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 **13204**

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A. **34**

35 Add line 33 and line 34 35 **13204**

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions 40

43 Enter credit name code and amount. 43

44 Enter credit name code and amount. 44

45 To claim more than two credits. See instructions. Attach Schedule P (540) 45

46 Nonrefundable renter's credit. See instructions 46

47 Add line 40 through line 46. These are your total credits 47 **0**

48 Subtract line 47 from line 35. If less than zero, enter -0- 48 **13204**

Your name: **BALAJI REDDY C &** Your SSN or ITIN: **881-46-8094**

Other Taxes	61 Alternative minimum tax. Attach Schedule P (540)	• 61	<input type="text"/>	<input type="text" value="00"/>
	62 Mental Health Services Tax. See instructions	• 62	<input type="text"/>	<input type="text" value="00"/>
	63 Other taxes and credit recapture. See instructions	• 63	<input type="text"/>	<input type="text" value="00"/>
	64 Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	<input type="text" value="13204"/>	<input type="text" value="00"/>

Payments	71 California income tax withheld. See instructions	• 71	<input type="text" value="9007"/>	<input type="text" value="00"/>
	72 2019 CA estimated tax and other payments. See instructions	• 72	<input type="text"/>	<input type="text" value="00"/>
	73 Withholding (Form 592-B and/or 593). See instructions	• 73	<input type="text"/>	<input type="text" value="00"/>
	74 Excess SDI (or VPD) withheld. See instructions	• 74	<input type="text"/>	<input type="text" value="00"/>
	75 Earned Income Tax Credit (EITC)	• 75	<input type="text"/>	<input type="text" value="00"/>
	76 Young Child Tax Credit (YCTC). See instructions	• 76	<input type="text"/>	<input type="text" value="00"/>
	77 Add lines 71 through 76. These are your total payments. See instructions	⊕ 77	<input type="text" value="9007"/>	<input type="text" value="00"/>

Use Tax	91 Use Tax. Do not leave blank. See instructions	• 91	<input type="text"/>	<input type="text" value="00"/>
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed.			
				<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due	92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	⊕ 92	<input type="text" value="9007"/>	<input type="text" value="00"/>
	93 Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91	⊕ 93	<input type="text"/>	<input type="text" value="00"/>
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊕ 94	<input type="text"/>	<input type="text" value="00"/>
	95 Amount of line 94 you want applied to your 2020 estimated tax	• 95	<input type="text"/>	<input type="text" value="00"/>
	96 Overpaid tax available this year. Subtract line 95 from line 94	• 96	<input type="text"/>	<input type="text" value="00"/>
	97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊕ 97	<input type="text" value="4197"/>	<input type="text" value="00"/>

Your name: Your SSN or ITIN:

Code Amount

Contributions

California Seniors Special Fund. See instructions	• 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Fund	• 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Fund	• 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Fund	• 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Fund	• 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	<input type="text"/>	<input type="text" value=".00"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	<input type="text"/>	<input type="text" value=".00"/>
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	<input type="text"/>	<input type="text" value=".00"/>
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442	<input type="text"/>	<input type="text" value=".00"/>
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund	• 444	<input type="text"/>	<input type="text" value=".00"/>
110 Add code 400 through code 444. This is your total contribution	• 110	<input type="text"/>	<input type="text" value=".00"/>

Your name: BALAJI REDDY C & Your SSN or ITIN: 881-46-8094

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 111 4197 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 Underpayment of estimated tax. 113 Underpayment of estimated tax. Check the box: [X] FTB 5805 attached [] FTB 5805F attached 113 63 .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 4260 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of 110, line 112 and line 113 from line 96. See instructions. Mail to:FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 115 .00

Refund and Direct Deposit 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 115) is authorized for direct deposit into the account shown below: [] Routing number [] Type [] Checking [] Account number [] 116 Direct deposit amount [] Savings [] .00 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: [] Routing number [] Type [] Checking [] Account number [] 117 Direct deposit amount [] Savings [] .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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 03-17-2020 Spouse's/RDP's signature (if a joint tax return, both must sign) []

Sign Here [] Your email address. Enter only one email address. ITSMEBALU@GMAIL.COM [] Preferred phone number 408-981-9655

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) ADVANTAGE ONE TAX CONSULTING INC PTIN P00624311 Firm's address 20610 QUARTERPATH TRACE CIRCLE STERLING, VA 20165 Firm's FEIN 272340197

Do you want to allow another person to discuss this tax return with us? See instructions [X] Yes [] No

Print Third Party Designee's Name SUMIT PANJABI Telephone Number 888-692-6829