

Review your print out for checklist items.

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

Your first name and initial: **vinupa** Last name: **puppala** Your social security number: **874-52-6918**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

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

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

Home address (number and street). If you have a P.O. box, see instructions. **113 university avenue** Apt. no. **B** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Troy AL 36082** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **student**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **Self-Prepared** Phone no.: _____

Firm's address: _____

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	7,000.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 0.	6	7,000.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	7,000.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	0.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	0.
16	Total tax. Add lines 13 and 14	16	342.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	342.
19	Add any amount from Schedule 5	19	342.
20a	Add lines 16 and 17. These are your total payments	20a	342.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	342.
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	342.
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 23 from line 22. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

▶ b Routing number **062000080** **▶ c** Type: Checking Savings

▶ d Account number **7985047021**

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

vinupa puppala

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status				Single	Single
Total income				2,689.	7,000.
Adjustments to income					
Adjusted gross income				2,689.	7,000.
Tax expense				52.	148.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				6,350.	12,000.
Exemption amount . .				4,050.	0.
QBI deduction					
Taxable income				0.	0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes				0.	0.
Payments				170.	342.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				170.	342.
Effective tax rate % . .				0.00	0.00
**Tax bracket %				10.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 39 . 00

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

1040 WORKSHEET

NOTE: Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6. Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

- QuickZoom to Schedule 1 - Additional Income and Adjustments
QuickZoom to Schedule 2 - Tax section
QuickZoom to Schedule 3 - Nonrefundable credits
QuickZoom to Schedule 4 - Other Taxes
QuickZoom to Schedule 5 - Other Payments and Refundable Credits
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year beginning _____, 2018, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
vinupa MI puppala 874-52-6918
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
113 university avenue B
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Troy AL 36082

Schedule 6 - Foreign Address

Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)

Presidential Election Campaign

Checking a box below will not change your tax or refund. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. You Spouse

Filing Status

Check only one box. All entries for filing status and dependents should be made on the Federal Information Worksheet.

- [X] Single
[] Married filing jointly (even if only one had income)
[] Married filing separately. Enter spouse's SSN above and full name here.
[] Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.
[] Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here

Table with 5 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Credit for other dependents. Includes checkboxes for child tax credit and dependent status.

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

Form 1040, Identifying Information (cont'd)	
<input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> Someone can claim your spouse as a dependent	
a Check if: <input type="checkbox"/> You were born before January 2, 1954, <input type="checkbox"/> Spouse was born before January 2, 1954, Total boxes checked ▶ a <input type="checkbox"/>	<input type="checkbox"/> Blind. <input type="checkbox"/> Blind. ▶ b <input type="checkbox"/>
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b <input type="checkbox"/>	

Form 1040 Lines 1-5		
1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	7,000.
2 a Tax-exempt interest b Taxable interest	2b	
3 a Qualified dividends (see instructions) b Ordinary dividends. Attach Schedule B if required	3b	
4 IRA distributions Taxable amount (see instructions) Pensions and annuities Taxable amount (see instructions)	4b	
5 a Social security benefits b Taxable amount (see instructions)	5b	
QuickZoom to Schedule 1 - Additional Income and Adjustments ▶		

Form 1040, Lines 6 and 7		
6 Total income. Add lines 1 through 5b and Schedule 1, line 22	6	7,000.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ▶ AGI including excludable Puerto Rico Income	7	7,000. 7,000.

Form 1040, Line 8 - Standard or Itemized Deduction		
8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: ● Single or Married filing separately: \$12,000 ● Married filing jointly or Qualifying widow(er): \$24,000 ● Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	8	12,000. -5,000.

Form 1040, Lines 9-11		
9	Qualified business income deduction (see instructions)	9 _____
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 _____ 0.

11	a Tax. (see instructions). Check if any from:	
1	<input type="checkbox"/> Form(s) 8814	
2	<input type="checkbox"/> Form 4972	
3	<input type="checkbox"/>	0.
b Total tax. Add any amount from Schedule 2 and check here	<input type="checkbox"/>	11 _____ 0.
QuickZoom to Schedule 2 - Tax section ▶ _____		

Form 1040, Line 12-15		
12 a	Child tax credit/credit for other dependents 12a	_____
b	Add any amount from Schedule 3 and check here	<input type="checkbox"/>
12		_____
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 _____ 0.
14	Other taxes. Attach Schedule 4	14 _____ 0.
15	Total tax. Add lines 13 and 14	15 _____ 0.
QuickZoom to Schedule 3 - Nonrefundable credits ▶ _____		
QuickZoom to Schedule 4 - Other Taxes ▶ _____		

Form 1040, Lines 16-17		
16	Federal income tax withheld from Forms W-2 and 1099	16 _____ 342.
17 a	Earned income credit (EIC)	_____
	Nontaxable combat pay election	_____
b	Additional child tax credit. Attach Schedule 8812	_____
c	American opportunity credit from Form 8863, line 8.	_____
	Add lines 17a,b,c and any amount from Schedule 5	17 _____
18	Add Lines 16 and 17. These are your total payments	18 _____ 342.
QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated QuickZoom. ▶ _____		
QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. ▶ _____		
QuickZoom to Schedule 5 - Other Payments and Refundable Credits QuickZoom. ▶ _____		

Form 1040, Lines 19-21		
Refund:		
19	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	19 _____ 342.
20 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here	<input type="checkbox"/>
20		20 _____ 342.
b	Routing number	▶ 062000080
c	Type:	
	▶ <input checked="" type="checkbox"/> Checking	
	▶ <input type="checkbox"/> Savings	
d	Account number	▶ 7985047021
21	Amount of overpayment on line 19 you want applied to your 2019 estimated tax	▶ _____

Form 1040, Lines 22-23		
Amount You Owe:		
22	Subtract line total payments from total tax	22 _____
23	Estimated tax penalty (see instructions) 23	_____
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. ▶ _____		

Schedule 1 - Additional Income and Adjustments

1-9b Reserved		
10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	10	0.
11 Alimony received. . . . Taxpayer _____ Spouse _____	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation (see instr.)	19	
21 Other income. List type and amount (see instructions). _____	21	
22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶	22	0.
Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶		7,000.
Quickzoom to 1040 Worksheet, line 6 - Total Income ▶ QuickZoom. . . ▶		

Schedule 1 - Adjustments to Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25 Health savings account deduction. Attach Form 8889 . .	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings.	30	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Alimony paid
A	_____	_____	_____
B	_____	_____	_____

31 a Alimony paid		
b Recipient's SSN ▶ _____	31 a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Reserved	35	
36 Add lines 23 through 35		36

Schedule 2 - Tax

38-44 Reserved	38-44	
45 Alternative minimum tax (see instructions). Attach Form 6251	45	
46 Excess advance premium tax credit repayment. Attach Form 8962	46	
47 Add the amounts in the far right column. Enter here and include on Form 1040, line 11 ▶	47	

Schedule 3 - Nonrefundable Credits

48 Foreign tax credit. Attach Form 1116 if required	48		
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Reserved	52		
53 Residential Energy Credit. Attach Form 5695	53		
54 Other credits from Form:	54		
a <input type="checkbox"/> 3800			
b <input type="checkbox"/> 8801			
c <input type="checkbox"/>			
55 Add lines 12a, and 48 through 54. These are your total credits	55		
a If amount on line 55 above includes Schedule 3 amount, check here . . . ▶ <input type="checkbox"/>			
b Total non-refundable credits			
c Subtract total credits on line 55 from total tax above		0.	
Quickzoom to 1040 Worksheet, line 15 - Total Tax ▶ QuickZoom . . ▶			

Schedule 4 - Other Taxes

57 Self-employment tax. Attach Schedule SE	57	
58 Unreported social security and Medicare tax from Form:		
a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		
Explain underreported tips	58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a Household employment taxes from Schedule H	60 a	
b First-time homebuyer credit repayment. Attach Form 5405 if required	b	
61 Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/>	61	0.
62 Taxes from:	62	
a <input type="checkbox"/> Form 8959		
b <input type="checkbox"/> Form 8960		
c <input type="checkbox"/> Instructions; enter code(s)	62	
63 Section 965 net tax liability installment from Form 965-A.	63	
64 Add lines 57 through 62. Total Other taxes amount ▶	64	0.
Tax after credits: Add lines 64 and line 55c		0.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	65		
66	2018 estimated tax payments and amount applied from 2017 return	66		
67	Reserved for future use	67		
68	Reserved for future use	68		
69	Reserved for future use	69		
70	Net premium tax credit. Attach Form 8962	70		
71	Amount paid with request for extension to file	71		
72	Excess social security and tier 1 RRTA tax withheld	72		
73	Credit for federal tax on fuels. Attach Form 4136	73		
74	Credits from Form:	74		
a	<input type="checkbox"/> 2439			
b	<input type="checkbox"/> Reserved			
c	<input type="checkbox"/> 8885			
d	<input type="checkbox"/>			
75	Add lines 66, and 70 through 74. These are your total payments	75		342.
	Amount included above on line 75 from Schedule 5			
	Amount included above on line 75 from Form 1040, line 17			

Schedule 6 - Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer

Sign Here

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

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 accurately list all amounts and sources of income I received during the year. 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
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
Daytime Phone No. (949) 402-9720			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature		<input type="checkbox"/> 3rd Party Designee
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

Send Form 1040 to: Department of the Treasury
 Internal Revenue Service
 Kansas City, MO 64999-0002

Date

Name(s) Shown on Return vinupa puppala	Your SSN 874-52-6918
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:
 First name vinupa
 Middle initial _____ Suffix _____
 Last name puppala
 Social security no. 874-52-6918
 Occupation student
 Date of birth 11/03/1994 (mm/dd/yyyy)
 Age as of 1-1-2019 24
 Daytime phone (949) 402-9720 Ext _____
 Legally blind
 Date of death _____

Spouse:
 First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2019 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:
 Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:
 Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):
 Is the taxpayer retired on total and permanent disability? . . . Yes No

Credit for the Elderly or Disabled (Schedule R):
 Is the spouse retired on total and permanent disability? . . . Yes No

Presidential Election Campaign Fund:
 Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Presidential Election Campaign Fund:
 Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:
 Address 113 university avenue Apt no. B
 City Troy State AL ZIP code 36082

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

APO/FPO/DPO address, check if appropriate APO FPO DPO
 Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Federal filing status:

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year.
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help).
 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2016 2017
 Are you a dependent with a qualifying child Yes No
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____

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

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	*
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2018					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2018? Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help)
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2018
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or if you are ineligible to claim the EIC in 2018 for any other reason

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? Yes No

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

Name of Financial Institution (optional) wells fargo
Check the appropriate box Checking Savings
Routing number 062000080 Account number 7985047021

Enter the following information only if you are requesting direct debit of balance due:

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

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction
Check this box if you are married filing separately and your spouse itemized deductions
Check this box to take the standard deduction even if less than itemized deductions

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? Yes No
Is the spouse a full-time student? Yes No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2018, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116
Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? Yes No

If Yes, complete the following:

Third party designee name
Third party designee phone number
Personal Identification number (enter any 5 numbers)

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2018 ▶ AL

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2018 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 09310

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 9713604

Issued by what state AL

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2018

Keep for your records

QuickZoom to another copy of Personal Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Taxpayer's Personal Information

First name vinupa Middle initial Last name puppala
Social security no. 874-52-6918 Member of U.S. Armed Forces in 2018? Yes No
Date of birth 11/03/1994 age as of 1-1-2019 24
Occupation student Daytime phone (949) 402-9720 Ext
Marital status Single
If widowed, check the appropriate box for the year your spouse died:
After 2018 2018 2017 2016 Before 2016
Are you retired on total and permanent disability? (for Schedule R, see Help) Yes No
Check if this person is legally blind Yes No
If deceased, enter the date of death (mm/dd/yyyy)

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? Yes No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? Yes No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2018? Yes No
4 Did your earned income exceed one-half of your support? Yes No
5 Was at least one of your parents alive on December 31, 2018? Yes No

Part III - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 AL
Check the appropriate box:
This person is a resident of the state above for the entire year X
This person is a resident of the state above for only part of year
Date this person established residence in state above
In which state (or foreign country) did this person reside before this change?

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018
Unreimbursed medical expenses paid for qualifying person in 2018
Employment taxes paid for dependent care providers in 2018
Full-time student for 5 calendar months during 2018? Yes No
Disabled person who was not physically or mentally capable of self-care? Yes No
This person is a qualifying person for the child and dependent care credit Yes No

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. X Yes No
Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November X
Check if covered or exempt (other than short gap) for prior year December X
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.
12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
X X X X X X X X X X X X

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															

Healthcare coverage information has been completed for this person..

Personal Information Worksheet
For the Spouse

2018

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2018? . . Yes No

Date of birth (mm/dd/yyyy) age as of 1-1-2019 _____

Occupation Daytime phone Ext _____

Marital status
If widowed, check the appropriate box for the year your spouse died:
After 2018 ▶ 2018 . ▶ 2017 . ▶ 2016 . ▶ Before 2016 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No
Check if this person is legally blind ▶ Yes No
If deceased, enter the date of death ▶ (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2019 and this is the first year you
are filing a tax return? ▶ Yes No

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ▶ Yes No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ▶ Yes No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2018? ▶ Yes No
- 4 Did your earned income exceed one-half of your support? ▶ Yes No
- 5 Was at least one of your parents alive on December 31, 2018? ▶ Yes No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018 _____
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
Date this person established residence in state above ▶ _____
In which state (or foreign country) did this person reside before this change? ▶ _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 _____
Unreimbursed medical expenses paid for qualifying person in 2018 _____
Employment taxes paid for dependent care providers in 2018 _____
Full-time student for 5 calendar months during 2018? ▶ Yes No
Disabled person who was not physically or mentally capable of self-care? ▶ Yes No
This person is a qualifying person for the child and dependent care credit ▶ Yes No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.
Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec												
Full Year . . . ▶																							
Full Year . . . ▶																							
Full Year . . . ▶																							
Full Year . . . ▶																							
Full Year . . . ▶																							
Full Year . . . ▶																							

Healthcare coverage information has been completed for this person..

► Keep for your records

Name(s) Shown on Return
vinupa puppala

Social Security Number
874-52-6918

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	7,000 .		7,000 .
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0 .		0 .
2	Total federal tax withheld	342 .		342 .
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
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	7,000 .		7,000 .
17	Total state tax withheld	148 .		148 .
19	Total local tax withheld.			

► Keep for your records

Name vinupa puppala Social Security Number 874-52-6918

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 874-52-6918
b Employer's ID number 63-6001102
c Employer's name, address, and ZIP code
TROY UNIVERSITY
 Street UNIVERSITY AVE
 City TROY
 State AL ZIP Code 36082
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 6,999.96
3 Social security wages _____
5 Medicare wages and tips _____
7 Social security tips _____
 ► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 341.67
4 Social security tax withheld _____
6 Medicare tax withheld _____
8 Allocated tips _____

d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First vinupa M.I. _____
 Last puppala Suff. _____
f Employee's address and ZIP code
 Street 113 university avenue, Apt. B
 City Troy
 State AL ZIP Code 36082
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 Verification Code _____
11 Nonqualified plans _____
12 Enter box 12 below _____
13 Statutory employee
 Retirement plan
 Third-party sick pay

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

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
<u>AL</u>	<u>0000038525</u>	<u>6,999.96</u>	<u>147.97</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

*Short Gap
Eligible*
Yes No*

	a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	vinupa puppala	874-52-6918	11/03/94	<input checked="" type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<i>Short gap:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Wages, Salaries, & Tips Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>vinupa puppala</u>	Social Security Number <u>874-52-6918</u>
--	--

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	7,000.		7,000.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2018			
b _____			

10 Subtotal. Add lines 1 through 9	7,000.		7,000.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income: _____ _____ _____			
15 Total of lines 10 through 14	7,000.		7,000.

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1		
3	Subtract line 2 from line 1		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
6	Add lines 3 through 5		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7		
8	Enter the amount, if any, from Form 4797, line 8		
9	Subtract line 8 from line 7. If zero or less, enter -0-		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
		Regular	AMT
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale		
13	Add lines 9 through 12.		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	0.	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C		
	a Enter your capital gain excess, if you are filing Form 2555		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	0.	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

Schedule D
Line 18

28% Rate Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
vinupa puppala

Social Security Number
874-52-6918

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D . . .	_____	_____	_____	
b	Form 8814 . . .	_____	_____	_____	
c	Schedule B . . .	_____	_____	_____	
d	Form 6252 . . .	_____	_____	_____	
e	Form 2439 . . .	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total	_____	_____	_____	3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total	_____	_____	_____	4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-.				9
	Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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1 a Enter your taxable income from Form 1040, line 10 1 a 0.
b Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 b
c Add lines 1a and 1b 1 c 0.

2 a Enter your qualified dividends from Form 1040, line 3a 2 a
b Enter any capital gain excess attributable to qualified dividends b
c Subtract line 2b from line 2a 2 c

3 Amount from Form 4952, line 4g 3

4 a Amount from Form 4952, line 4e 4 a
b Amount from the dotted line next to Form 4952, line 4e b
c Line 4b, if applicable, 4a, if not c

5 Subtract line 4c from line 3. 5 0.

6 Subtract line 5 from line 2c. If zero or less, enter -0- 6 0.

7 a Enter line 15 of Schedule D 7 a
b Enter line 16 of Schedule D b
c Enter the **smaller** of line 7a or line 7b 7 c 0.

8 Enter the **smaller** of line 3 or line 4c 8

9 a Subtract line 8 from line 7. 9 a 0.
b Enter any capital gain excess attributable to capital gains b
c Subtract line 9b from line 9a. 9 c 0.

10 Add lines 6 and 9c 10 0.

11 a Enter the amount from Schedule D, line 18 11 a 0.
b Enter the amount from Schedule D, line 19 b
c Add lines 11a and 11b 11 c 0.

12 Enter the **smaller** of line 9c or line 11c 12 0.

13 Subtract line 12 from line 10. 13 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- 14 0.

15 Enter:
• \$38,600 if single or married filing separately;
• \$77,200 if married filing jointly or qualifying widow(er); or
• \$51,700 if head of household. } 15 38,600.

16 Enter the **smaller** of line 1c or line 15 16 0.

17 Enter the **smaller** of line 14 or line 16 17 0.

18 a Subtr in 10 from in 1c. If zero or less, enter -0- 18 a 0.
b Enter the **smaller** of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)). b
c Enter the **smaller** of line 14 or line 18b. c

19 Enter the **larger** of line 18a or line 18c 19 0.

20 Subtract line 17 from line 16. This amount is taxed at 0% 20 0.

If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.

21 Enter the **smaller** of line 1c or line 13 21
22 Enter the amount from line 20 (if line 20 is blank, enter -0-) 22
23 Subtract line 22 from line 21. If zero or less, enter -0- 23

24 Enter:
• \$425,800 if single,
• \$239,500 if married filing separately,
• \$479,000 if married filing jointly or qualifying widow(er),
• \$452,400 if head of household. } 24

25 Enter the smaller of line 1c or line 24 25
26 Add lines 19 and 20 26
27 Subtract line 26 from line 25. If zero or less, enter -0- 27
28 Enter the **smaller** of line 23 or line 27 28
29 Multiply line 28 by 15% (0.15) 29
30 Add lines 22 and 28 30
31 Subtract line 30 from line 21. 31
32 Multiply line 31 by 20% (0.20) 32

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33 Enter the **smaller** of line 9c above or Schedule D, line 19 33
34 Add lines 10 and 19 34
35 Enter the amount from line 1c above 35

36	Subtract line 35 from line 34. If zero or less, enter -0-	36	_____
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	_____
38	Multiply line 37 by 25% (0.25)	38	_____
If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (0.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	_____ 0 .
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	_____
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a	45	_____

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2018

Line 11a

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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1 Enter the amount from Form 1040, line 10 **1** _____

2 Enter the amount from Form 1040, line 3a **2** _____

3 Are you filing Schedule D?
 Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- **3** _____
 No. Enter the amount from Schedule 1, line 13. _____

4 Add lines 2 and 3 **4** _____

5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- **5** _____

6 Subtract line 5 from line 4. If zero or less, enter -0- **6** _____

7 Subtract line 6 from line 1. If zero or less, enter -0- **7** _____

8 Enter:
 \$38,600 if single or married filing separately,
 \$77,200 if married filing jointly or qualifying widow(er),
 \$51,700 if head of household.] **8** _____

9 Enter the smaller of line 1 or line 8 **9** _____

10 Enter the smaller of line 7 or line 9 **10** _____

11 Subtract line 10 from line 9 (this amount taxed at 0%) **11** _____

12 Enter the smaller of line 1 or line 6 **12** _____

13 Enter the amount from line 11 **13** _____

14 Subtract line 13 from line 12. **14** _____

15 Enter:
 \$425,800 if single,
 \$239,500 if married filing separately,
 \$479,000 if married filing jointly or qualifying widow(er),
 \$452,400 if head of household.] **15** _____

16 Enter the smaller of line 1 or line 15 **16** _____

17 Add lines 7 and 11 **17** _____

18 Subtract line 17 from line 16. If zero or less, enter -0- **18** _____

19 Enter the smaller of line 14 or line 18 **19** _____

20 Multiply line 19 by 15% (0.15) **20** _____

21 Add lines 11 and 19 **21** _____

22 Subtract line 21 from line 12 **22** _____

23 Multiply line 22 by 20% (0.20) **23** _____

24 Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. **24** _____

25 Add lines 20, 23, and 24 **25** _____

26 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. **26** _____

27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040, line 11a. **27** _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return
vinupa puppala

Social Security Number
874-52-6918

Estimated Tax Payments for 2018 (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 04/17/18		04/17/18			04/17/18		
2 06/15/18		06/15/18			06/15/18		
3 09/17/18		09/17/18			09/17/18		
4 01/15/19		01/15/19			01/15/19		
5							
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2018					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2018 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	342.	148.	
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			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax.			
19 Total Withholding Lines 10 through 18f	342.	148.	
20 Total Tax Payments for 2018	342.	148.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2017 extensions				
22 2017 estimated tax paid after 12/31/2017				
23 Balance due paid with 2017 return				
24 Other (amended returns, installment payments, etc)				

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	7,000.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	7,000.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 148.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 148.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . _____
- c Real estate taxes paid on additional homes or land _____
 Personal portion of real estate taxes from Schedule E Worksheet for:
 - d Principal residence _____
 - e Vacation home _____
 - f Less real estate taxes deducted on Form 8829 _____
 - g Foreign real propety taxes included in lines 2a-2f above _____
 - h Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) _____
- 3 State and local personal property taxes:**
 - a Auto registration fees based on the value of the vehicle.
 2017 Amount Enter 2018 description:
 _____ _____
 _____ _____
 _____ _____
 - b Non-business portion of personal property taxes from Car & Truck Exp Wks _____
 - c Other personal property taxes _____
 - d Add lines 3a through 3c (to Schedule A, line 5c) _____
- 4 Other taxes:**
 - a Other taxes from Schedule(s) K-1 _____
 - b Foreign taxes from interest and dividends _____
 - c Foreign taxes from Schedule(s) K-1 _____
 - d Other foreign taxes (not used to claim a foreign tax credit). _____
 - e Other taxes.
 2017 Amount Enter 2018 description:
 _____ _____
 _____ _____
 _____ _____
 - f Foreign real propety taxes included in lines 4a-4e above _____
 - g Add lines 4a through 4e, less line 4f (to Schedule A, line 6) _____

Interest Deductions

- 5 Home mortgage interest and points reported on Form 1098:**
 - a Mortgage interest and points from the Home Mortgage Interest Worksheet _____
 - b Qualified mortgage interest from Schedule E Worksheet _____
 - c Less home mortgage interest/points deducted on Form 8829 _____
 - d Less home mortgage interest from Form 8396, line 3 _____
 - e Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. _____
- 6 Home mortgage interest not reported on Form 1098:**
 - a Mortgage interest from the Home Mortgage Interest Worksheet. _____
 - b Less home mortgage interest deducted on Form 8829 _____
 - c Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above _____
- 7 Points not reported on Form 1098:**
 - a Amortizable points from the Home Mortgage Interest Worksheet _____
 - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet _____
 - c Less points deducted on Form 8829 _____
 - d Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. _____

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	148.
2	2018 state estimated taxes paid in 2018	
3	2017 state estimated taxes paid in 2018	
4	Amount paid with 2017 state application for extension	
5	Amount paid with 2017 state income tax return	
6	Overpayment on 2017 state income tax return applied to 2018 tax	
7	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2018 local estimated taxes paid in 2018	
11	2017 local estimated taxes paid in 2018	
12	Amount paid with 2017 local application for extension	
13	Amount paid with 2017 local income tax return	
14	Overpayment on 2017 local income tax return applied to 2018 tax	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	148.
19	State and local refund allocated to 2018	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	148.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return <u>vinupa puppala</u>	Social Security Number <u>874-52-6918</u>
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Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income 7,000.

10 a Multiply line 9 by 0.5. This is your 50% limit. 3,500.

b Multiply line 9 by 0.6. This is your 60% limit. 4,200.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11 Enter the smaller of line 2 or line 10b					0.	
12 Subtract line 11 from line 2						0.
13 Subtract line 11 from line 10b			4,200.			
Contributions to 50% limit organizations						
14 Subtract line 2 from line 10a		3,500.			0.	
15 Enter the smallest of line 3, 10a or 14					0.	
16 Subtract line 15 from line 3						0.
17 Subtract line 16 from line 15			3,500.			
Contributions not to 50% limit organizations						
18 Add lines 2, 3 and 4						
19 Multiply line 9 by 0.3. This is your 30% limit.		2,100.	2,100.			
20 Subtract line 18 from line 10a		3,500.			0.	
21 Enter the smallest of line 7, 19, or 20					0.	
22 Subtract line 21 from line 7						0.
23 Subtract line 21 from line 19				2,100.		
Capital gain property to 50% limit organizations						
24 Enter the smallest of line 4, 17, or 19					0.	
25 Subtract line 24 from line 4						0.
26 Subtract line 21 from line 20			3,500.			
27 Subtract line 24 from line 19			2,100.			
Capital gain property not to 50% limit organizations						
28 Multiply line 9 by 0.2. This is your 20% limit.				1,400.		
29 Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30 Subtract line 29 from line 8						0.
31 Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	7,000.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

▶ Keep for your records

Name(s) Shown on Return <u>vinupa puppala</u>	Social Security Number <u>874-52-6918</u>
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Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income 7,000.

10 a Multiply line 9 by 0.5. This is your 50% limit. 3,500. less. 0. 3,500.

b Multiply line 9 by 0.6. This is your 60% limit. 4,200. less. 0. 4,200.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Cash Contributions to 50%(60%) limit organizations						
11 Enter the smaller of line 2 or line 10b					0.	
12 Subtract line 11 from line 2						0.
13 Subtract line 11 from line 10b			4,200.			
Contributions to 50% limit organizations						
14 Subtract line 2 from line 10a		3,500.				
15 Enter the smallest of line 3, 10a or 14					0.	
16 Subtract line 15 from line 3						0.
17 Subtract line 16 from line 15			3,500.			
Contributions not to 50% limit organizations						
18 Add lines 2, 3 and 4		0.				
19 Multiply line 9 by 0.3. This is your 30% limit.		2,100.	2,100.			
20 Subtract line 18 from line 10a		3,500.				
21 Enter the smallest of line 7, 19, or 20					0.	
22 Subtract line 21 from line 7						0.
23 Subtract line 21 from line 19				2,100.		
Capital gain property to 50% limit organizations						
24 Enter the smallest of line 4, 17, or 19					0.	
25 Subtract line 24 from line 4						0.
26 Subtract line 21 from line 20			3,500.			
27 Subtract line 24 from line 19			2,100.			
Capital gain property not to 50% limit organizations						
28 Multiply line 9 by 0.2. This is your 20% limit.				1,400.		
29 Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30 Subtract line 29 from line 8						0.
31 Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	7,000.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Contributions Summary

2018

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2019

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2018 contributions							
2 2018 contributions allowed	0.	0.	0.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018.	0.		0.	0.	0.	0.	0.
b From 2017.							
c From 2016.							
d From 2015.							
e From 2014.							
f From 2013.							

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees.	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

**FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation**
Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2018	<input type="checkbox"/>	26	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27	Combine lines 11 through 26		27	

**FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity.		35	
36	Ordinary loss attributable to certain debt instruments.		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

► Keep for your records

Name(s) Shown on Return
vinupa puppala

Social Security Number
874-52-6918

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>_____</p> <p>_____</p>	<p>► . . .</p> <p>► . . .</p>	<p>1</p> <p>2</p>	<p>_____</p> <p style="text-align: center;">12,000.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 	<p>_____</p> <p>_____</p>	<p>► . . .</p> <p>► . . .</p>	<p>2</p>	<p>_____</p>
3 Standard deduction.				
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b</p>	<p>_____</p>	<p>_____</p>	<p>3 a</p>	<p>_____</p>
<p>3 b If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household)</p>	<p>_____</p>	<p>_____</p>	<p>3 b</p>	<p>_____</p>
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 8.</p>	<p>_____</p>	<p>_____</p>	<p>3 c</p>	<p>_____</p>

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>vinupa puppala</u>	Social Security Number <u>874-52-6918</u>
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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 or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
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	7,000.	_____	7,000.
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	7,000.	_____	7,000.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	7,000.	_____	7,000.
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	7,000.	_____	7,000.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	7,000.	_____	7,000.
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.	7,000.	_____	7,000.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	7,000.	_____	7,000.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	7,000.	_____	7,000.

► Keep for your records

Name(s) Shown on Return
vinupa puppala

Social Security Number
874-52-6918

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16		
b	Less net gains from property not held for investment		
c	Net gains from property held for investment.		
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.		
b	Less net capital gains from property not held for investment.		
c	Net capital gains from property held for investment.		

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8		
19	Less amount deducted on other forms and schedules:		
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,270 (\$20,950 if married filing jointly) without a qualifying child.
- \$40,320 (\$46,010 if married filing jointly) with one qualifying child.
- \$45,802 (\$51,492 if married filing jointly) with two qualifying children.
- \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,500.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2018.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2018?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/>	Yes

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code AH	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2018

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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Taxable Income – Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . .	1	-5,000.
2	Additions to income	2	
3	Add lines 1 and 2	3	-5,000.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-5,000.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	7,000.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	7,000.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	6,300.
6	Enter ATNOL carried to 2017 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$718,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$54,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately	1	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	7,000.
3	Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately	3	500,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	10	

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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1 Enter amount from Form 6251, line 6	1	_____
2 a Enter amount from Form(s) 2555, lines 45 and 50	2a	_____
b Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b	_____
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	_____
3 Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3	_____
4 Tax on amount on line 3.		
<ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	4	_____
5 Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	5	_____
6 Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	6	_____

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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2017 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
AL			52.		52.	
Totals . .			52.		52.	

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
AL	52.	52.

2017 Locality Tax Refund Information

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

vinupa puppala

874-52-6918

Other Tax and Income Information		2017	2018
1	Filing status	1 <u>1</u> Single	1 <u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	2 _____
3	Itemized deductions	3 _____ 52.	3 _____ 148.
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Adjusted gross income	5 _____ 2,689.	5 _____ 7,000.
6	Tax liability for Form 2210 or Form 2210-F	6 _____ 0.	6 _____ 0.
7	Alternative minimum tax	7 _____	7 _____
8	Federal overpayment applied to next year estimated tax	8 _____	8 _____

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a _____	9 a _____
b	Spouse's excess Archer MSA contributions as of 12/31	b _____	b _____
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a _____	10 a _____
b	Spouse's excess Coverdell ESA contributions as of 12/31	b _____	b _____
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a _____	11 a _____
b	Spouse's excess HSA contributions as of 12/31	b _____	b _____

Loss and Expense Carryovers		2017	2018		
Note: Enter all entries as a positive amount					
12 a	Short-term capital loss	12 a _____	12 a _____		
b	AMT Short-term capital loss	b _____	b _____		
13 a	Long-term capital loss	13 a _____	13 a _____		
b	AMT Long-term capital loss	b _____	b _____		
14 a	Net operating loss available to carry forward	14 a _____	14 a _____		
b	AMT Net operating loss available to carry forward	b _____	b _____		
15 a	Investment interest expense disallowed	15 a _____	15 a _____		
b	AMT Investment interest expense disallowed	b _____	b _____		
16	Nonrecaptured net Section 1231 losses from:	a	2018	16 a _____	16 a _____
		b	2017	b _____	b _____
		c	2016	c _____	c _____
		d	2015	d _____	d _____
		e	2014	e _____	e _____
		f	2013	f _____	f _____
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018	17 a _____	17 a _____
		b	2017	b _____	b _____
		c	2016	c _____	c _____
		d	2015	d _____	d _____
		e	2014	e _____	e _____
		f	2013	f _____	f _____

vinupa puppala

874-52-6918

Credit Carryovers				2017	2018
18	General business credit			18	
19	Adoption credit from:	a	2018	19 a	
		b	2017	b	
		c	2016	c	
		d	2015	d	
		e	2014	e	
		f	2013	f	
20	Mortgage interest credit from:	a	2018	20 a	
		b	2017	b	
		c	2016	c	
		d	2015	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017					
b	2016					
c	2015					
d	2014					
e	2013					
27	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018					
b	2017					
c	2016					
d	2015					
e	2014					

28 Amount overpaid less earned income credit 170.

2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
---	---------------------------------------

Description	Amount
Income	
Wages	7,000.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	7,000.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	7,000.

Two-Year Comparison

2018

Name(s) Shown on Return vinupa puppala	Social Security Number
---	------------------------

Income	2017	2018	Difference	%
Wages, salaries, tips, etc	2,689.	7,000.	4,311.	160.32
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	2,689.	7,000.	4,311.	160.32
Adjustments to Income				
Adjusted Gross Income	2,689.	7,000.	4,311.	160.32
Itemized Deductions				
Medical and dental				
Income or sales tax	52.	148.	96.	184.62
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions	52.	148.	96.	184.62
Standard or Itemized Deduction	6,350.	12,000.	5,650.	88.98
Exemption Amount	4,050.	0.	-4,050.	-100.00
Qualified Business Income Deduction				
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.	0.	0.	
Total Tax After Credits	0.	0.	0.	
Withholding	170.	342.	172.	101.18
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	170.	342.	172.	101.18
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	170.	342.	172.	101.18
Balance Due				

Current year effective tax rate 0.00 %

Tax Summary
▶ Keep for your records

2018

Name (s)
vinupa puppala

Total income	7,000.
Adjustments to income	
Adjusted gross income	7,000.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	0.
Total payments	342.
Estimated tax penalty	
Amount Overpaid	342.
Refund	342.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2018

Name(s) Shown on Return vinupa puppala	Social Security No 874-52-6918
---	-----------------------------------

Your 2018 adjusted gross income (AGI) 7,000.
 National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	7,000.	7,721.
Taxable interest		986.
Tax-exempt interest		4,993.
Dividends		2,295.
Business net income		7,890.
Business net loss		21,905.
Net capital gain		7,885.
Net capital loss		2,358.
Taxable IRA		5,873.
Taxable pensions and annuities		7,340.
Rent and royalty net income		6,718.
Rent and royalty net loss		16,849.
Partnership and S corporation net income		20,314.
Partnership and S corporation net loss		93,060.
Taxable social security benefits		2,669.
Medical and dental expenses deduction		9,536.
Taxes paid deduction	148.	4,068.
Interest paid deduction		7,080.
Charitable contributions deduction		1,540.
Total itemized deductions	148.	16,871.
Child care credit		195.
Education tax credits		244.
Child tax credit		268.
Retirement savings contributions credit		154.
Earned income credit		1,937.
Other Information	Actual Per Return	National Average
Adjusted gross income	7,000.	2,441.
Taxable income	0.	2,750.
Income tax	0.	304.
Alternative minimum tax		9,519.
Total tax liability	0.	514.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: vinupa puppala

Primary SSN: 874-52-6918

Federal Return Submitted: January 25, 2019 11:20 AM PST

Federal Return Acceptance Date: 01/28/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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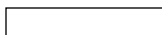
To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date



IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File **federal** return electronically
- File **state** returns electronically

Select state returns to file electronically:

State(s)

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 return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
- State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- Sign return electronically using Practitioner PIN
- Choose one:**
- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
 - Taxpayer(s) entered own PIN(s)
 - Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____
Spouse's PIN filing a joint return (enter any 5 numbers) _____
Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license
 - State issued identification card
 - Passport
 - Account statement from financial institution
 - Utility billing statement
 - Credit card billing statement
-

Finish and File Info:

- To indicate a client return download in FnF

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
A Tax	_____ 0.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	_____
H Tax. Add lines A through G. Enter the result here and include in tax below.	_____ 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</p> <p>Refer to Tax Help</p>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

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

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

E QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A, B, and C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

1 Sum of lines 5a through 5d below _____

2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

1 Sum of lines 6a and 6b below _____

2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

1 Sum of lines 7a through 7c below _____

2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Depreciation/Amortization Reports ▶

D QuickZoom to Form 4562 for Schedule A ▶

E Treat all MACRS assets for activity as qualified Indian reservation property? . . . Yes No

F Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? Regular Extension No

G Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes No

H Was this property located in a Qualified Disaster Area? Yes No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2017 _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2017 _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:

Overpayment _____ 342 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet
Election to use 2017 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used for EIC and Additional Child Tax Credit calculations.

A Elect to use 2017 earned income for EIC and Additional Child Tax Credit. Yes No

B Taxpayer is eligible to elect to use 2017 earned income
(see Publication 4492 for details) Yes No

C Earned income for EIC from your 2017 return _____

D Current year earned income for EIC _____

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations.

E You may compare the tax benefit of electing to use 2017 Earned Income by checking the boxes on line A and B

Overpayment _____ Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G _____ 0 .

Is line H, **total investment income** over \$3,500?

No. You may take the credit.

Yes. Stop. You **cannot** take the credit.

FORM 40 Alabama 2018 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2018, or other tax year:

Beginning: Ending: ●
 Your social security number: ● 874-52-6918
 Spouse's SSN if joint return: ●
 Check if primary is deceased Primary's deceased date (mm/dd/yy) ●
 Check if spouse is deceased Spouse's deceased date (mm/dd/yy) ●
 Your first name: ● VINUPA Initial: ● Last name: ● PUPPALA
 Spouse's first name: ● Initial: ● Last name: ●

Present home address (number and street or P.O. Box number): ● 113 UNIVERSITY AVENUE B
 City, town or post office: ● TROY State: ● AL ZIP code: ● 36082
 Check if address is outside U.S. Foreign Country: ●

Filing Status/ Exemptions: 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●
 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	5a	● 148	5b	● 7,000
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):				
6 Interest and dividend income (also attach Schedule B if over \$1,500)	6	●	6	●
7 Other income (from page 2, Part I, line 9)	7	●	7	●
8 Total income. Add amounts in the income column for line 5b through line 7	8	●	8	● 7,000
9 Total adjustments to income (from page 2, Part II, line 13)	9	●	9	●
10 Adjusted gross income. Subtract line 9 from line 8	10	●	10	● 7,000

Deductions

11 Box a or b MUST be checked.
 Check box a, if you itemize deductions, and enter amount from Schedule A, line 27.
 Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)
 ● a Itemized Deductions ● b Standard Deduction

11	●	2,500
12	●	0
13	●	1,500
14	●	

15 Total deductions. Add lines 11, 12, 13, and 14

Tax

16 Taxable income. Subtract line 15 from line 10

17 Income Tax due. Enter amount from tax table or check if from ● Form NOL-85A

18 Net tax due Alabama. Check box if computing tax using Schedule NTC ● , otherwise enter amount from line 17 ...

19 Consumer Use Tax (see instructions). If you certify that no use tax is due, check box ●

20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:
 a Alabama Democratic Party \$1 \$2 none

21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b

15	●	4,000
16	●	3,000
17	●	113
18	●	113
19	●	0
20a	●	
20b	●	
21	●	113

Payments

22	●	148
23	●	
24	●	
25	●	
26	●	148
27	●	
28	●	148

AMOUNT YOU OWE

29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter AMOUNT YOU OWE.
 Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

OVERPAID

31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount OVERPAID

Donations

32 Amount of line 31 to be applied to your 2019 estimated tax

33 Total Donation Check-offs from Schedule DC, line 2

REFUND

34 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)
 Subtract lines 32 and 33 from line 31.

For Direct Deposit, check here ● and complete Part V, Page 2.



PART I

Other Income
(See page 13)

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
4a	Total IRA distributions	4b	Taxable amount (see instructions)
5a	Total pensions and annuities	5b	Taxable amount (see instructions)
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●
7	Farm income or (loss) (attach Federal Schedule F)	7	●
8	Other income (state nature and source — see instructions)	8	●
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●

PART II

Adjustments to Income
(See page 16)

1a	Your IRA deduction	1a	●
b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Contributions to a health savings account	12	●
13	Total adjustments. Add lines 1 through 12. Enter here and also on page 1, line 9.	13	●

PART III

Dependents

1	Total number of dependents from Schedule DS, line 1b	1	●
2	Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●

PART IV

General Information

1 **Residency** Check only one box Full Year Part Year From _____ 2018 through _____ 2018.

2 Did you file an Alabama income tax return for the year 2017? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours TROY UNIVERSITY UNIVERSITY AVE TROY AL 36082
Your Spouse's _____

4 Enter the Federal Adjusted Gross Income ● \$ 7,000 and Federal Taxable Income ● \$ _____ 0 as reported on your 2018 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

PART V

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

Direct Deposit

1 Routing Number: 062000080 2 Type: Checking Savings 3 Account Number: 7985047021

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink
Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number <u>(949) 402-9720</u>	Your Occupation <u>STUDENT</u>
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature <u>SELF PREPARED</u>	Date _____	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN ● _____ E.I. Number _____
Firm's Name (or yours if self employed) _____	Address _____	Daytime Telephone No. _____	ZIP Code _____

Your first name and initial: VINUPA
Last name: PUPPALA

If a joint return, spouse's first name and initial: _____
Last name: _____

Your social security number: 8 7 4 : 5 2 : 6 9 1 8
Spouse's soc. sec. no. if joint return: : :
Telephone number (optional): (949) 402-9720

Home address (number and street). If a P.O. Box, see instructions: 113 UNIVERSITY AVENUE
Apt. no.: B
City, town or post office, state, and ZIP code: TROY AL 36082

Part I	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 3,000
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 113
3 Total payments (Form 40, line 26 or Form 40NR, line 26)	3 148
4 Refund (Form 40, line 34 or Form 40NR, line 33)	4 35
5 Amount you owe (Form 40, line 29 or Form 40NR, line 29)	5

Part II
Refund and Payment Information

1 Routing number: 0 6 2 0 0 0 8 0

2 Account number: 7 9 8 5 0 4 7 0 2 1

3 Type of account: Checking Savings

4 Type of transaction: Direct Deposit Direct Debit

5 Paper Check (Check this box to have your refund issued by a paper check.)

Part III
Declaration of Taxpayer

(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2018 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here ▶

Your signature _____ Date _____ Spouse's signature. If a joint return, BOTH must sign. _____ Date _____

Part IV
Declaration of Electronic Return Originator (ERO) and Paid Preparer

(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2018), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018). 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 **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

ERO's Use Only

ERO's signature ▶ _____ Date _____ Check if also paid preparer Preparer's PTIN : :
Firm's name (or yours if self-employed) and address ▶ _____ E.I. No. _____
ZIP Code _____

Paid Preparer's Use Only

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.

Preparer's signature ▶ SELF-PREPARED _____ Date _____ Check if self-employed Preparer's PTIN : :
Firm's name (or yours if self-employed) and address ▶ _____ E.I. No. _____
ZIP Code _____

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
VINUPA PUPPALA

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
874-52-6918

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 874-52-6918	• 636001102	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000038525	• 148	• 7,000	• 7,000	•	
2 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here.					• 148				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements					• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 148	• 7,000	• 7,000	•	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Computation of Net Operating Loss Worksheet

Name(s) as Shown on Form 40, or 40NR

Your Social Security No.

NOL-85 Lines 1b and 7b

Description	Total Gain/Loss	Business Gain/Loss	Nonbusiness Gain/Loss	L S
Total				

NOL-85 Line 3b-Miscellaneous Deductions Subject to 2%

Description	AL Schedule A	Business	Nonbusiness
Unreimbursed employee expenses			
Other expenses			
Total deductions subject to 2%			
2% of AGI			
Miscellaneous deductions less 2% of AGI			

Alabama Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name vinupa
 Middle Initial _____ Suffix _____
 Last Name puppala
 Social Security No. 874-52-6918
 Occupation student
 Date of Birth 11/03/1994
 Date of Death _____
 Resident State AL
 Work Phone (949) 402-9720
 Home Phone _____

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____
 Date of Death _____
 Resident State _____
 Work Phone _____

Print taxpayer phone number on the main form Home

Taxpayer work

Print spouse phone number on the main form Home

Spouse work

Address 113 university avenue Apt B
 City Troy State AL ZIP Code 36082
 Country, if foreign _____

Part II – Main Forms

- Form 40 : Resident Tax Return (Long form) ▶ _____
- Form 40NR : Nonresident Tax Return ▶ _____
- Form 40 : Part-Year Resident Tax Return ▶ _____
- Part-Year residents must complete the Part-Year Worksheet ▶ _____
- From _____, 2018 to _____, 2018. Number of months _____

Alabama special rules for part-year resident with Alabama source income while nonresident:

Yes **No** Did you receive Alabama source income while a nonresident of Alabama?

Part III – Filing Status

- Single
- Married filing joint return
- Married filing separate return.
 Spouse name _____ Social security number _____
Last First
- Enter 'X' if you **did not** live with your spouse during the year.
- Enter 'X' if married filing separate and you cannot itemize deductions
- Unmarried head of family (with qualifying person). Qualifying person's
 name, social security number and relationship. Name _____
 Social security number _____ Relationship _____

Part IV – Form 2210 Information

Enter tax liability from 2017 return Form 40, line 18 or Form 40NR line 20 0.
 Do not file Alabama Form 2210AL
 Enter adjusted gross income from 2017 return Form 40, line 10 or Form 40NR, line 12 2,690.

Part V – General Information

Yes No

[X] [] Did you file an Alabama income tax return for the year 2017?

If no, state reason why

Name and address of your present employer:

Taxpayer:

Table with 5 columns: Employer Name, Address, City, ST, Zip. Row 1: TROY UNIVERSITY, UNIVERSITY AVE, TROY, AL, 36082. Row 2: Retired. Row 3: None.

Spouse:

Table with 5 columns: Employer Name, Address, City, ST, Zip. All fields are blank.

Full and Part Year Residents only:

Yes No

[] [X] Do you have income that is reported in your federal return but not reported in your Alabama return?

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Table with 2 columns: Source, Amount. Four rows for reporting income sources.

Yes No Do you have any income earned in the year that your spouse was killed in action in a designated combat zone?

[] [] If yes, enter the total amount of income not taxable in Alabama

Driver's License for Electronic Filing

Table with 3 columns: Taxpayer, Spouse. Rows for State Issued Driver's License, License Number, Issue Date, and Expiration Date.

State ID for Electronic Filing

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

Part VI – Direct Deposit Information or Direct Debit Information

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use direct deposit for state tax refund ?
<input type="checkbox"/>	<input type="checkbox"/>	Use paper check for state tax refund ?
<input type="checkbox"/>	<input type="checkbox"/>	Use direct debit for state tax payment (Electronic Filing Only)?

Bank Information

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

Name of Financial Institution (optional) wellsfargo

Account type Checking Savings

Routing number 062000080

Account number 7985047021

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Taxes deductible on Line 6 of Schedule A that were paid in prior years

1	Prior Year(s) Self-employment tax paid in 2017 and prior years	1	_____
2	Social security/Medicare tax on tips paid in 2017 and prior years	2	_____
3	Household employment taxes paid in 2017 and prior years	3	_____

Part VIII – Extension Status

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended?
Extended due date . . . _____		
QuickZoom to Form 40V ▶ _____		

Part IX– Amended Return

Filing an Alabama amended return

Enter the tax year you are amending _____

Previous Alabama payment made _____

Previous Alabama refund received _____

QuickZoom here to Form 40 **➔** _____

QuickZoom here to Form 40NR **➔** _____

Dividend Income Statement

2018
Statement _____

Name(s) shown on return
vinupa puppala

Social Security Number
874-52-6918

Dividend Income and Adjustments

Payer's Name	Federally Exempt Interest Dividends		Ordinary Dividends	Capital Gain Distributions	Nontax Distributions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
	*	Amount					
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

* Enter 'X' if tax-exempt for Alabama purposes

Summary of Dividends

1	Total Gross Dividends	
2	Nominee and Other Adjustments	
3	Exempt-Interest Dividends	
4	US Interest Amount Included in Dividends (net)	
5	Total Adjustment Amount	
6	Subtotal (Line 1 less Line 5)	
7	Capital Gains (net)	
8	Nontaxable Distributions (net)	
9	Total of Line 7 and Line 8	
10	Net Dividend Income (Line 6 less Line 9)	

Report 2018 purchases for use in Alabama from out-of-state sellers on which tax was not collected by the seller.

Name
vinupa puppala

Social Security Number
874-52-6918

check here if no purchases were made requiring Use Tax

1. a. All purchases EXCEPT automotive vehicles and farm machinery	
b. Tax Rate (Note: If under \$2,500 the lesser of Table or Worksheet amount)	.04
c. Tax Due	
2. a. ATVs, off-road motorcycles, riding lawnmowers, self propelled construction equipment and other automotive vehicles that are not titled or registered by the county licensing official	
b. Tax Rate	.02
c. Tax Due	
3. a. Farm machinery or equipment and replacement parts thereof	
b. Tax Rate	.015
c. Tax Due	
4. TOTAL TAX DUE (Total of line 1c, 2c, and 3c). Carry this amount to Form 40 line 19	0.

Dependents Statement Worksheet

Name as Shown on Return vinupa puppala	Social Security Number 874-52-6918
---	---------------------------------------

		Name	Social security number	Relationship	Did you provide more than half of dependent support?
**	First	Last			
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

** Check this box if dependent does not qualify for Alabama purposes (ie. foster child, etc).

Tax Payments Worksheet

2018

▶ Keep for your records

Name vinupa puppala	Social Security Number 874-52-6918
------------------------	---------------------------------------

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	148 .
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	148 .
15	Date return will be filed and balance paid	15	

Tax Summary
 ▶ Keep for your records

2018

Name(s) vinupa puppala	
Total income	7,000.
Adjustments to income	
Adjusted gross income	7,000.
Itemized/standard deduction	2,500.
Exemptions and deductions	1,500.
Taxable income	3,000.
Tax due	113.
Consumer use tax	0.
Voluntary contributions	
Penalty	
Credits	
Total tax liability	113.
Withholding	148.
Total payments	148.
Balance due	
Overpayment applied to next year's tax	
Amount of overpayment to be donated	
Refund	35.