

Department of the Treasury
Internal Revenue Service

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

2019

Submission Identification Number (SID) **3474102020057b5qh4xs**

Taxpayer's name PRAVEEN PAYILI		Social security number 034-69-6499
Spouse's name SARITHA GONE		Spouse's social security number 329-08-4358

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)		
1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	120,878
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	10,742
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	10,286
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	456

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

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

Taxpayer's PIN: check one box only Amount owed will be debited from: RTN:051000017 DAN:435035900449
 I authorize CENTUM TAX SOLUTIONS LLC to enter or generate my PIN 02231 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ 03-03-2020

Spouse's PIN: check one box only
 I authorize CENTUM TAX SOLUTIONS LLC to enter or generate my PIN 06612 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ 03-03-2020

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 347410-53908
Don't enter all zeros

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

ERO's signature ▶ Praveen Vundavalli Date ▶ 03-03-2020

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

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial PRAVEEN	Last name PAYILI	Your social security number 034-69-6499
If joint return, spouse's first name and middle initial SARITHA	Last name GONE	Spouse's social security number 329-08-4358
Home address (number and street). If you have a P.O. box, see instructions. 1206 FOREST VIEW DR		Apt. no. 1206
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). AVENEL, NJ 07001		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent

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

You: Were born before January 2, 1955 Are blind

Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AKSHEYAW	PAYILI	964-92-0370	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
KARTTIKEYAWARMAA	PAYILI	964-92-0400	SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	120,878
	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	
	3a	Qualified dividends	3a	
	3b	Ordinary dividends.	3b	
	4a	IRA distributions	4a	
	4b	Taxable amount	4b	
	4c	Pensions and annuities	4c	
	4d	Taxable amount	4d	
	5a	Social security benefits.	5a	
	5b	Taxable amount	5b	
	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
	7a	Other income from Schedule 1, line 9	7a	
	7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	120,878
	8a	Adjustments to income from Schedule 1, line 22	8a	0
	8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	120,878
	9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	
	11a	Add lines 9 and 10	11a	24,400
	11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	96,478

Standard Deduction

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

12a	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	12a	12,942
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	12,942
13a	Child tax credit or credit for other dependents	13a	1,000
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	2,200
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	10,742
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax ▶	16	10,742
17	Federal income tax withheld from Forms W-2 and 1099	17	10,286
18	Other payments and refundable credits:		
a	Earned income credit (EIC) ^{NO}	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14.	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	
19	Add lines 17 and 18e. These are your total payments ▶	19	10,286

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

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
	21 a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	21a	
Direct deposit? ▶ See instructions.	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	456
	24	Estimated tax penalty (see instructions) ▶	24	

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

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

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

Joint return? See instructions. Keep a copy for your records. ▶	02231 Your signature	Date 01-30-2020	Your occupation TECHNICAL LEAD	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	06612 Spouse's signature. If a joint return, both must sign.	Date 01-30-2020	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. **609-721-8277** Email address

Paid Preparer Use Only

Preparer's signature Praveen Vundavalli	Date 03-03-2020	PTIN P01628002	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Preparer's name Praveen Vundavalli	Phone no. 201-510-0123		<input type="checkbox"/> Self-employed
Firm's name ▶ CENTUM TAX SOLUTIONS LLC			
Firm's address ▶ 634 WEST FOULKE AVE FINDLAY, OH 45840		Firm's EIN ▶ 42-1769904	

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

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

Your social security number

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	1,200
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	1,200
Part II Other Payments and Refundable Credits			
8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	0

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2			
	3 Multiply line 2 by 7.5% (0.075)	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4		
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	3,595		
	b State and local real estate taxes (see instructions)	5b			
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	3,595		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3,595		
	6 Other taxes. List type and amount	6			
7 Add lines 5e and 6			7	3,595	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Mortgage insurance premiums (see instructions)	8d			
	e Add lines 8a through 8d	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	
	Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11		
		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12		
13 Carryover from prior year		13			
14 Add lines 11 through 13				14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	3,595
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

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

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

Amount

1

- 2** Add the amounts on line 1 **2**
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶ **4**

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

Amount

Part II
Ordinary Dividends

5 List name of payer ▶

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

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

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶ **6**

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

Part III
Foreign Accounts and Trusts

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements **X**
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ INDIA
- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

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

Child and Dependent Care Expenses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box .

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Statement #1				

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
AKSHEYAW	PAYILI	964-92-0370	3,219
KARTTIKEYAWARMAA	PAYILI	964-92-0400	3,218

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.	3	6,000																																																										
4	Enter your earned income . See instructions	4	93,839																																																										
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	27,039																																																										
6	Enter the smallest of line 3, 4, or 5	6	6,000																																																										
7	Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35	7	120,878																																																										
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																												
	<table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </tbody> </table> </td> <td> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </tbody> </table> </td> </tr> </table>	If line 7 is:	If line 7 is:	<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20	8	X . 20
If line 7 is:	If line 7 is:																																																												
<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20						
Over	But not over	Decimal amount is																																																											
\$0 - 15,000		.35																																																											
15,000 - 17,000		.34																																																											
17,000 - 19,000		.33																																																											
19,000 - 21,000		.32																																																											
21,000 - 23,000		.31																																																											
23,000 - 25,000		.30																																																											
25,000 - 27,000		.29																																																											
27,000 - 29,000		.28																																																											
Over	But not over	Decimal amount is																																																											
\$29,000 - 31,000		.27																																																											
31,000 - 33,000		.26																																																											
33,000 - 35,000		.25																																																											
35,000 - 37,000		.24																																																											
37,000 - 39,000		.23																																																											
39,000 - 41,000		.22																																																											
41,000 - 43,000		.21																																																											
43,000 - No limit		.20																																																											
9	Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions	9	1,200																																																										
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	12,942																																																										
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47	11	1,200																																																										

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

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2019

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return **PRAVEEN PAYILI & SARITHA GONE** Taxpayer identification number **034-69-6499**

Enter preparer's name and PTIN **Praveen Vundavalli P01628002**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

CHILD CARE PROVIDERS

Statement #1

PROVIDER NAME AND ADDRESS	SSN OR EIN	AMOUNT PAID
WONDERLAND MONTE 431 E ROYAL LN IRVING, TX 75039	46-3983458	2,530
LITTLE FIDDLER A 621 E WOODBRIDGE AVE AVENEL, NJ 07001	22-2451836	1,207
BEST BRAINS 849 GREEN ST ISELIN, NJ 08830	81-3037466	562
NEW JERSEY CONSE 239 AVENEL ST, SUITE 2 AVENEL, NJ 07001	84-1662995	2,138

1040

Individual Diagnostic Summary

2019

Name(s) **PRAVEEN PAYILI & SARITHA GONE** Social Security No. **034-69-6499**

Spouse SSN No. **329-08-4358**

Mailing Address:

1206 FOREST VIEW DR APT 1206
AVENEL, NJ 07001

Taxpayer

Daytime Phone: 609-721-8277

Evening Phone:

Cell Phone: 609-721-8277

TP email:

PRAVEEN.PAYILI@GMAIL.COM

SP email:

Spouse

Resident State: NJ

Date of Birth: Taxpayer 08-10-1981

Spouse 03-18-1981

Dependent Information: (*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth
AKSHEYAW PAYILI	964-92-0370	DAUGHTER	08-11-2011
KARTTIKEYAWARMMAA PAYILI	964-92-0400	SON	12-05-2015

Preparer: Praveen Vundavalli

Invoice:

Date: 03-03-2020

Return Information Form Type: 1040

Item on Return	2019 Federal	2018 Federal (If available)
Filing Status	2	2
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	120,878	83,696
AGI	120,878	83,696
Deductions	24,400	24,000
Taxable Income	96,478	59,696
Tax (before credits)	12,942	6,780
Tax (after credits)	10,742	5,780
Tax Rate Percentage	22	12
EIC		
Additional CTC		
Overpayment		
Refund		
Refund Applied to ES		
Balance Due	456	1,943

Form of Refund/Payment: The client has chosen to pay by direct debit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
J	NJ1040	127,199	122,199	3,764	(433)

**2019 NJ1040 Filing Instructions
PRAVEEN PAYILI & SARITHA GONE**

Form filed:

NJ1040 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-15-2020

Payment:

\$433.00

Transaction method:

The balance of \$433.00 will be paid by direct debit from your checking account number ending in 0449 and will be withdrawn from your account on 04-02-2020.



Your Social Security Number (required)
034696499

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
PAYILI PRAVEEN & GONE SARITHA

Spouse's/CU Partner's SSN (if filing jointly)
329084358

County/Municipality Code (See Table page 50)
1210

Home Address (Number and Street, including apartment number)
1206 FOREST VIEW DR APT 1206

City, Town, Post Office
AVENEL

State ZIP Code
NJ 07001

Driver's License Number (Voluntary) (Instructions page 42)
P09636330008812

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1. 4
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





Name(s) as shown on Form NJ-1040
PAYILI PRAVEEN & GONE SARITHA

Your Social Security Number
034696499

Part-year residents, provide months/days you were a New Jersey resident during 2019:
From _____ To _____

Fiscal year filers only:
Enter month of your year end _____

Filing Status

Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2017 2018

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1954 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children						2	x \$1,500 =	<u>3000</u>
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>5000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>PAYILI AKSHEYAW</u>	964920370	2011	
b.	<u>PAYILI KARTTIKEYAWARM</u>	964920400	2015	
c.	_____			
d.	_____			



Name(s) as shown on Form NJ-1040
PAYILI PRAVEEN & GONE SARITHA

Your Social Security Number
034696499

1024

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	127199 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	127199 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 19)	28b.	. .
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	127199 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .
31. Medical Expenses (Worksheet F and instructions page 22)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	. .
36. Total Exemptions and Deductions (Add lines 30 through 35)	36.	5000 .
37. Taxable Income (Subtract line 36 from line 29)	37.	122199 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 23)	38a.	3851 .
38b. Block		. .
38b. Lot		. .
38b. Qualifier		. .
38c. County/Municipality Code Fill in if you completed Worksheet G		. .
38d. Indicate your residency status during 2019 (fill in only one) Homeowner <input checked="" type="checkbox"/> Tenant	Both	. .
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	3851 .
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	118348 .
41. Tax on Amount on line 40 (Tax Table page 52)	41.	3764 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	42.	. .
43. Balance of Tax (Subtract line 42 from line 41)	43.	3764 .
44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	44.	. .
45. Balance of Tax (Subtract line 44 from line 43)	45.	3764 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract line 46 from line 45)	47.	3764 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	3764 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	0 .
51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	51.	. .

(Keep for your records)

Name(s) as shown on return
PRAVEEN PAYILI & SARITHA GONE

Your social security number
034-69-6499

Review the eligibility requirements on page 23 before completing Worksheet H. Part-year residents, see page 29.

Complete both columns of this worksheet to find out whether the deduction or the credit is better for you.

1. **Property Taxes.** Enter the property taxes from Line 38a, Form NJ-1040. 1. 3851
 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount.
(See instructions on page 29.)
2. **Property Tax Deduction.** Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)?
- Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence).
- No. Enter the amount from line 1. 2. 3851

STOP - if you are claiming a credit for taxes paid to other jurisdictions.

Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I.
 (See instructions on page 30.)

	Column A	Column B
3. Taxable Income (From line 37 of Form NJ-1040)	3. 122199	3. 122199
4. Property Tax Deduction (From line 2 above)	4. 3851	4. - 0 -
5. New Jersey Taxable Income (Subtract line 4 from line 3)	5. 118348	5. 122199
6. Tax on line 5 amount (From Tax Table or Tax Rate Schedules)	6. 3764	6. 3976
7. Subtract line 6, column A from line 6, column B		7. 212

8. **Is the line 7 amount \$50 or more** (\$25 if you and your spouse file separate returns but maintained the same principal residence)?

Part-year residents, see page 29 before answering "No."

- Yes. The Property Tax Deduction is more beneficial for you. Make the following entries on your return.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 4, column A
Line 40	Line 5, column A
Line 41	Line 6, column A
Line 55	Make no entry

- No. The Property Tax Credit is more beneficial for you. Make the following entries on your return.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 5, column B
Line 41	Line 6, column B
Line 55	\$50 (\$25 if you and your spouse file separate returns but maintained the same principal residence). Part-year residents , must prorate this amount. (See instructions on page 29.)

(Keep for your records)

Name(s) as shown on return

SSN or EIN

PRAVEEN PAYILI & SARITHA GONE

034-69-6499

FILING STATUS: Single
Married/CU partner, filing separate return

Table A

		STEP 1	STEP 2	STEP 3	
		Enter	Multiply		
If Taxable Income (Line 40) is:		Line 40	Line 40 by:	Subtract	Your Tax
Over	But not over				
\$ 0	\$ 20,000		x .014 =	- \$ 0 =	
\$ 20,000	\$ 35,000		x .0175 =	- \$ 70.00 =	
\$ 35,000	\$ 40,000		x .035 =	- \$ 682.50 =	
\$ 40,000	\$ 75,000		x .05525 =	- \$ 1,492.50 =	
\$ 75,000	\$ 500,000		x .0637 =	- \$ 2,126.25 =	
\$ 500,000	\$ 5,000,000		x .0897 =	- \$ 15,126.25 =	
\$ 5,000,000	and over		x .1075 =	- \$ 104,126.25 =	

FILING STATUS: Married/CU couple, filing joint return
Head of household
Qualifying widow(er)/surviving CU partner

Table B

		STEP 1	STEP 2	STEP 3	
		Enter	Multiply		
If Taxable Income (Line 40) is:		Line 40	Line 40 by:	Subtract	Your Tax
Over	But not over				
\$ 0	\$ 20,000		x .014 =	- \$ 0 =	
\$ 20,000	\$ 50,000		x .0175 =	- \$ 70.00 =	
\$ 50,000	\$ 70,000		x .0245 =	- \$ 420.00 =	
\$ 70,000	\$ 80,000		x .035 =	- \$ 1,154.50 =	
\$ 80,000	\$ 150,000	118348	x .05525 =	- \$ 2,775.00 =	3764
\$ 150,000	\$ 500,000		x .0637 =	- \$ 4,042.50 =	
\$ 500,000	\$ 5,000,000		x .0897 =	- \$ 17,042.50 =	
\$ 5,000,000	and over		x .1075 =	- \$ 106,042.50 =	