

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: **Samba Chaitanya** Last name: **Palepu** Your social security number: **714-70-4789**

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. **10 Faxon Ave** Apt. no. **916** 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. **Quincy MA 02169** 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: **Data Analyst**

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.)

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**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)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>72,217.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>72,217.</b>
<b>7</b>	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	<b>7</b>	<b>71,777.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>59,777.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>9,090.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>9,090.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>9,090.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>9,090.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>10,448.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>1,358.</b>
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>21</b>	<b>1,358.</b>
<b>22</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Routing number <b>063100277</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	Account number <b>229055542459</b>	<b>24</b>	
<b>25</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>25</b>	
<b>26</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)	<b>27</b>	

**SCHEDULE 1  
(Form 1040)**

(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

Samba Chaitanya Palepu

Your social security number

714-70-4789

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>		
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	440.
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>34</b>	
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	440.	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE B**  
**(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040.

Name(s) shown on return

Samba Chaitanya Palepu

Your social security number

714-70-4789

**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 Form 1040, 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.

**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, line 2b . . ► **4**

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

**Amount**

**1**

**2**

**3**

**4**

**Amount**

**Part II**  
**Ordinary Dividends**

**5** List name of payer ►

(See instructions and the instructions for Form 1040, 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.

**6** Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ► **6**

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

**5**

**6**

**Part III**

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**

**Foreign Accounts and Trusts**

**7a** At any time during 2018, 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 . . . . .

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 . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

**8** During 2018, 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 . . . . .

(See instructions.)

# Nondeductible IRAs

▶ Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.  
▶ Attach to 2018 Form 1040 or 1040NR.

Name. If married, file a separate form for each spouse required to file 2018 Form 8606. See instructions.  
**Samba Chaitanya Palepu** Your social security number  
**714-70-4789**

**Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2018.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2018 **and** you made nondeductible contributions to a traditional IRA in 2018 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2018 Forms 8915B and 8915-C)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018 **and** you made nondeductible contributions to a traditional IRA in 2018 or an earlier year.

<b>1</b>	Enter your nondeductible contributions to traditional IRAs for 2018, including those made for 2018 from January 1, 2019, through April 15, 2019. See instructions . . . . .	<b>1</b>	2,716.						
<b>2</b>	Enter your total basis in traditional IRAs. See instructions . . . . .	<b>2</b>	0.						
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	2,716.						
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">In 2018, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</td> <td style="padding: 2px;">No →</td> <td style="padding: 2px;">Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</td> </tr> <tr> <td></td> <td style="padding: 2px;">Yes →</td> <td style="padding: 2px;">Go to line 4.</td> </tr> </table>				In 2018, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No →	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		Yes →	Go to line 4.
In 2018, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No →	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.							
	Yes →	Go to line 4.							
<b>4</b>	Enter those contributions included on line 1 that were made from January 1, 2019, through April 15, 2019	<b>4</b>							
<b>5</b>	Subtract line 4 from line 3 . . . . .	<b>5</b>							
<b>6</b>	Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2018, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2018 Forms 8915B and 8915-C). If the result is zero or less, enter -0-. See instructions . . . . .	<b>6</b>							
<b>7</b>	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2018. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2018 Forms 8915B and 8915-C)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions) . . . . .	<b>7</b>							
<b>8</b>	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018. Also enter this amount on line 16 . . . . .	<b>8</b>							
<b>9</b>	Add lines 6, 7, and 8 . . . . .	<b>9</b>							
<b>10</b>	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" . . . . .	<b>10</b>							
<b>11</b>	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 . . . . .	<b>11</b>							
<b>12</b>	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA . . . . .	<b>12</b>							
<b>13</b>	Add lines 11 and 12. This is the nontaxable portion of all your distributions . . . . .	<b>13</b>							
<b>14</b>	Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2018 and earlier years</b> . . . . .	<b>14</b>	2,716.						
<b>15a</b>	Subtract line 12 from line 7 . . . . .	<b>15a</b>							
<b>b</b>	Enter the amount on line 15a attributable to qualified disaster distributions from 2018 Forms 8915B and 8915-C (see instructions). Also, enter this amount on 2018 Form 8915B, line 22, or 2018 Form 8915-C, line 13, as applicable . . . . .	<b>15b</b>							
<b>c</b>	<b>Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b . . . . .	<b>15c</b>							
<p><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.</p>									

**Part II 2018 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs**

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2018.

<b>16</b>	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2018. . . . .	<b>16</b>	
<b>17</b>	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) . . . . .	<b>17</b>	
<b>18</b>	<b>Taxable amount.</b> Subtract line 17 from line 16. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b . . . . .	<b>18</b>	

**Part III Distributions From Roth IRAs**

Complete this part only if you took a distribution from a Roth IRA in 2018. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2018 Forms 8915B and 8915-C)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

<b>19</b>	Enter your total nonqualified distributions from Roth IRAs in 2018, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2018 Forms 8915B and 8915-C . . . . .	<b>19</b>	
<b>20</b>	Qualified first-time homebuyer expenses (see instructions). <b>Do not</b> enter more than \$10,000 . . . . .	<b>20</b>	
<b>21</b>	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, <b>stop here</b> . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions) . . . . .	<b>23</b>	
<b>24</b>	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions . . . . .	<b>24</b>	
<b>25a</b>	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c . . . . .	<b>25a</b>	
<b>b</b>	Enter the amount on line 25a attributable to qualified disaster distributions from 2018 Forms 8915B and 8915-C. Also, enter this amount on 2018 Form 8915B, line 23, <b>or</b> 2018 Form 8915-C, line 14, as applicable . . . . .	<b>25b</b>	
<b>c</b>	<b>Taxable amount.</b> Subtract line 25b from line 25a. If more than zero, also include this amount on 2018 Form 1040, line 4b; or 2018 Form 1040NR, line 17b . . . . .	<b>25c</b>	

**Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return**

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

 \_\_\_\_\_  \_\_\_\_\_  
 Your signature Date

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR: **Samba Chaitanya Palepu**  
 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶: **714-70-4789**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,450.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,450.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter . . . . .	<b>6</b>	3,450.
<b>7</b>	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,450.
<b>9</b>	Employer contributions made to your HSAs for 2018 . . . . .	<b>9</b>	2,582.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	2,582.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	868.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>	0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

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

<b>14a</b>	Total distributions you received in 2018 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	



# Tax History Report

**2018**

▶ Keep for your records

Name(s) Shown on Return

Samba Chaitanya Palepu

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .			Single	Single	Single
Total income . . . . .			21,157.	60,982.	72,217.
Adjustments to income			2,500.	4,800.	440.
Adjusted gross income			18,657.	56,182.	71,777.
Tax expense . . . . .				2,594.	3,274.
Interest expense . . .					
Contributions . . . . .				300.	
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			6,300.	6,350.	12,000.
Exemption amount . .			4,050.	4,050.	0.
QBI deduction . . . . .					
Taxable income . . . .			8,307.	45,782.	59,777.
Tax . . . . .			833.	7,183.	9,090.
Alternative min tax . .					
Total credits . . . . .			833.		
Other taxes . . . . .			0.	0.	0.
Payments . . . . .			3,192.	8,315.	10,448.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .			3,192.	1,132.	1,358.
Effective tax rate % . .			-5.33	12.79	12.66
**Tax bracket % . . . .			10.0	25.0	22.0

\*\*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 \$39.99 (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](http://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](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ 39 . 99

<sup>1</sup>You 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.

<sup>2</sup>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.

Questions? Call 1-877-908-7228

**1040 WORKSHEET**

**2018**

**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.
<u>Samba Chaitanya</u>		<u>Palepu</u>	<u>714-70-4789</u>
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.
<u>10 Faxon Ave</u>			<u>916</u>
City, Town or Post Office. If you have a foreign address, also complete below.		State	ZIP Code
<u>Quincy</u>		<u>MA</u>	<u>02169</u>

**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.

- 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 . . ▶

Dependents: (1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for under age 17 qualify- ing for child tax credit	(4) Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

- QuickZoom** to the Federal Information Worksheet . . . . .
- QuickZoom** to the Dependent and Nondependent Information Worksheet . . . . .

**Form 1040, Identifying Information (cont'd)**

Someone can claim you as a dependent  
 Someone can claim your spouse as a dependent

**a** Check if:  **You** were born before January 2, 1954,  Blind.  
 **Spouse** was born before January 2, 1954,  Blind.  
**Total boxes checked** . . . . . ▶ **a**

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . . . ▶ **b**

**Form 1040 Lines 1-5**

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	72,217.
<b>2 a</b> Tax-exempt interest . . . . .		
<b>b</b> Taxable interest . . . . .	<b>2b</b>	
<b>3 a</b> Qualified dividends (see instructions) . . . . .		
<b>b</b> Ordinary dividends. Attach Schedule B if required . . . . .	<b>3b</b>	
<b>4</b> IRA distributions . . . . .		
Taxable amount (see instructions) . . . . .		
Pensions and annuities . . . . .		
Taxable amount (see instructions) . . . . .	<b>4b</b>	
<b>5 a</b> Social security benefits . . . . .		
<b>b</b> Taxable amount (see instructions) . . . . .	<b>5b</b>	
<b>QuickZoom</b> to Schedule 1 - Additional Income and Adjustments . . . . . ▶		

**Form 1040, Lines 6 and 7**

<b>6</b> Total income. Add lines 1 through 5b and Schedule 1, line 22 . . . . .	<b>6</b>	72,217.
<b>7</b> 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 . . . . . ▶	<b>7</b>	71,777.
AGI including excludable Puerto Rico Income . . . . .		71,777.

**Form 1040, Line 8 - Standard or Itemized Deduction**

<b>8</b> Standard deduction or itemized deductions (from Schedule A) <b>Standard Deduction for -</b> <ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others: <ul style="list-style-type: none"> <li>● Single or Married filing separately: \$12,000</li> <li>● Married filing jointly or Qualifying widow(er): \$24,000</li> <li>● Head of household: \$18,000</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet . . . . . _____ <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> , see above . . . . . Subtract itemized or standard deduction from adjusted gross income amount . . . . .	<b>8</b>	12,000.
		59,777.

<b>Form 1040, Lines 9-11</b>		
<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b> _____
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b> <u>59,777.</u>

<b>11</b>	<b>a Tax.</b> (see instructions). Check if any from:	
<b>1</b>	<input type="checkbox"/> Form(s) 8814	
<b>2</b>	<input type="checkbox"/> Form 4972	
<b>3</b>	<input type="checkbox"/>	<u>9,090.</u>
<b>b</b>	<b>Total tax.</b> Add any amount from Schedule 2 and check here . . . . . <input type="checkbox"/>	<b>11</b> <u>9,090.</u>
<b>QuickZoom</b> to Schedule 2 - Tax section . . . . . <input type="checkbox"/>		_____

<b>Form 1040, Line 12-15</b>		
<b>12 a</b>	Child tax credit/credit for other dependents . . . . . <b>12a</b>	_____
<b>b</b>	Add any amount from Schedule 3 and check here . . . . . <input type="checkbox"/>	<b>12</b> _____
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b> <u>9,090.</u>
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b> <u>0.</u>
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b> <u>9,090.</u>
<b>QuickZoom</b> to Schedule 3 - Nonrefundable credits . . . . . <input type="checkbox"/>		_____
<b>QuickZoom</b> to Schedule 4 - Other Taxes . . . . . <input type="checkbox"/>		_____

<b>Form 1040, Lines 16-17</b>		
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b> <u>10,448.</u>
<b>17 a</b>	<b>Earned income credit (EIC)</b> . . . . . _____	No
	Nontaxable combat pay election . . . . . _____	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . . _____	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . . _____	
	Add lines 17a,b,c and any amount from Schedule 5 . . . . . _____	<b>17</b> _____
<b>18</b>	Add Lines 16 and 17. These are your total payments . . . . .	<b>18</b> <u>10,448.</u>
<b>QuickZoom</b> to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . . . <b>QuickZoom.</b> <input type="checkbox"/>		_____
<b>QuickZoom</b> to "due diligence checklist" substitute for Form 8867 . . . . . <b>QuickZoom.</b> <input type="checkbox"/>		_____
<b>QuickZoom to Schedule 5 - Other Payments and Refundable Credits</b> . . . . . <b>QuickZoom.</b> <input type="checkbox"/>		_____

<b>Form 1040, Lines 19-21</b>		
<b>Refund:</b>		
<b>19</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>19</b> <u>1,358.</u>
<b>20 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>20</b> <u>1,358.</u>
<b>b</b>	Routing number . . . . . <input type="checkbox"/> 063100277	
<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number . . . . . <input type="checkbox"/> 229055542459	
<b>21</b>	Amount of overpayment on line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <input type="checkbox"/>	_____

<b>Form 1040, Lines 22-23</b>		
<b>Amount You Owe:</b>		
<b>22</b>	Subtract line total payments from total tax . . . . . <input type="checkbox"/>	<b>22</b> _____
<b>23</b>	Estimated tax penalty (see instructions) . . . . . <b>23</b>	_____
<b>QuickZoom</b> to Late Penalties and Interest Worksheet . . . . . <b>QuickZoom.</b> <input type="checkbox"/>		_____

**Schedule 1 - Additional Income and Adjustments**

<b>1-9b</b> Reserved . . . . .		
<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	<b>10</b>	
<b>11</b> Alimony received. . . . Taxpayer _____ Spouse _____	<b>11</b>	
<b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
<b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>13</b>	
<b>14</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	
<b>18</b> Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
<b>19</b> Unemployment compensation (see instr.) . . . . .	<b>19</b>	
<b>21</b> Other income. List type and amount (see instructions). _____	<b>21</b>	
<b>22</b> 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. . . . . ▶	<b>22</b>	
<b>Total Income.</b> Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. . . . . ▶ <u>72,217.</u>		
<b>Quickzoom to 1040 Worksheet, line 6 - Total Income . . . . . ▶ QuickZoom. . . . .</b>		

**Schedule 1 - Adjustments to Income**

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

**Alimony Paid Smart Worksheet**

	Recipient's name	Recipient's SSN	Alimony paid
<b>A</b>	_____	_____	_____
<b>B</b>	_____	_____	_____

<b>31 a</b> Alimony paid . . . . .	<b>31 a</b>	
<b>b</b> Recipient's SSN ▶ _____		
<b>32</b> IRA deduction . . . . .	<b>32</b>	<u>440.</u>
<b>33</b> Student loan interest deduction . . . . .	<b>33</b>	
<b>34</b> Tuition and fees. Attach Form 8917 . . . . .	<b>34</b>	
<b>35</b> Reserved . . . . .	<b>35</b>	
<b>36</b> Add lines 23 through 35 . . . . .	<b>36</b>	<u>440.</u>

**Schedule 2 - Tax**

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

**Schedule 3 - Nonrefundable Credits**

<b>48</b> Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>		
<b>49</b> Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>		
<b>50</b> Education credits from Form 8863, line 19 . . . . .	<b>50</b>		
<b>51</b> Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>		
<b>52</b> Reserved . . . . .	<b>52</b>		
<b>53</b> Residential Energy Credit. Attach Form 5695 . . . . .	<b>53</b>		
<b>54</b> Other credits from Form:	<b>54</b>		
<b>a</b> <input type="checkbox"/> 3800			
<b>b</b> <input type="checkbox"/> 8801			
<b>c</b> <input type="checkbox"/>			
<b>55</b> Add lines 12a, and 48 through 54. These are your <b>total credits</b> . . . . .	<b>55</b>		
<b>a</b> If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
<b>b</b> Total non-refundable credits . . . . .			
<b>c</b> Subtract total credits on line 55 from total tax above . . . . .		9,090.	
<b>Quickzoom to 1040 Worksheet, line 15 - Total Tax.</b> . . . . . ▶ <b>QuickZoom.</b> . . ▶			

**Schedule 4 - Other Taxes**

<b>57</b> Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	
<b>58</b> Unreported social security and Medicare tax from Form:		
<b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919		
Explain underreported tips . . . . .	<b>58</b>	
<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>59</b>	
<b>60 a</b> Household employment taxes from Schedule H . . . . .	<b>60 a</b>	
<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>b</b>	
<b>61</b> Health care: Individual responsibility. Full-year coverage . . . . . <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b> Taxes from:	<b>62</b>	
<b>a</b> <input type="checkbox"/> Form 8959		
<b>b</b> <input type="checkbox"/> Form 8960		
<b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b> Section 965 net tax liability installment from Form 965-A. . . . .	<b>63</b>	
<b>64</b> Add lines 57 through 62. <b>Total Other taxes amount.</b> . . . . . ▶	<b>64</b>	0.
Tax after credits: Add lines 64 and line 55c . . . . .		9,090.



**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"/> <b>Reserved</b>				
c	<input type="checkbox"/> 8885				
d	<input type="checkbox"/>				
75	Add lines 66, and 70 through 74. These are your <b>total payments</b> . . . . .	75			10,448.
	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, <b>both</b> must sign.	Date	Spouse's Occupation	
Daytime Phone No. (813) 476-3796			

**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.	<input type="checkbox"/> Self-employed
Self-Prepared	State	Phone No.
		ZIP Code

**Filing Address Information**

Send Form 1040 to: You have chosen to electronically file this return.

Date

Name(s) Shown on Return Samba Chaitanya Palepu	Your SSN 714-70-4789
---	-------------------------

**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:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 15px;">_____</td> <td style="width: 40%; text-align: center;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="height: 15px;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	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:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	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
_____				
_____				
_____				
_____				

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

		(a) Taxpayer	(b) Spouse						
1	Child's investment income, from Form 8814 . . . . .								
2	Gambling winnings:								
a	From Form W-2G . . . . .								
b	Winnings (prizes, etc.) from Form 1099-MISC, box 3 . . . . .								
c	Not reported on Form W-2G or Form 1099-MISC . . . . .								
3	Taxable income from Form 1099-MISC:								
a	Substitute payments in lieu of interest or dividends . . . . .								
b	Other income from box 3 . . . . .								
c	Alaska Permanent Fund . . . . .								
d	Tribal Gaming . . . . .								
e	Non-Employee Compensation from Form 1099-MISC box 7 . . . . .								
f	Rent from personal property from Form 1099-MISC box 1 . . . . .								
4	Taxable income from Form 1099-Q or 1099-QA:								
a	Qualified tuition program distributions . . . . .								
b	Coverdell ESA distributions . . . . .								
c	ABLE account distributions . . . . .								
5	Taxable income from Form 1099-G:								
a	Grants . . . . .								
b	RTAA payments . . . . .								
6	Foreign earned income and housing exclusion, from Form 2555 . . . . .								
7	Net operating loss carryover from a prior year . . . . .								
8	Other income, from Schedule(s) K-1 . . . . .								
9	Taxable distribution from:								
a	Form 8853:								
1	Taxable Archer MSA distributions MSA . . . . .								
2	Taxable Medicare Advantage distributions Med MSA . . . . .								
3	Taxable long term care distributions LTC . . . . .								
4	Total Form 8853 . . . . .								
b	Form 8889, Health Savings Accounts . . . . .								
10	Refunds or reimbursements of deductions claimed in a prior year:								
a	Reimbursement for deducted medical expenses . . . . .								
b	Refunds of deducted taxes (not state or local income taxes)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Type of Tax</th> <th style="width: 30%;">State or Local ID</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Type of Tax	State or Local ID						
Type of Tax	State or Local ID								
c	Recapture of deducted moving expenses . . . . .								
d	Reimbursement for deducted casualty or theft loss . . . . .								
e	Reimbursement for deducted employee business expenses . . . . .								
f	Other refunds or reimbursements . . . . .								
11	Recoveries of bad debts deducted in a prior year . . . . .								
12	Jury duty pay . . . . .								
13	Bartering income not reported elsewhere . . . . .								
14	Income from the rental of personal property . . . . .								
15	Income from the Cancellation of Debt:								
a	From Form 1099-C:								
1	Amount of debt canceled from box 2 . . . . .								
2	Amount of canceled debt excluded from income . . . . .								
3	Taxable amount of canceled debt . . . . .								
b	From Schedule(s) K-1 . . . . .								
16	Taxable income from Form 1099-K:								
a	Payment Card/Third Party Network Transactions . . . . .								
17	Income from "not for profit" activities (hobbies): . . . . .								
18	Limitation on business losses (Form 461) . . . . .								
19	Global intangible low-taxed income (Form 8992) . . . . .								
20	Section 965 deferred foreign income (Form 965) . . . . .								
21	Other taxable income:								
a	Union unemployment benefits . . . . .								
b	Private fund unemployment benefits . . . . .								
c	State employee unemployment benefits . . . . .								
d	Repayment of non-government unemployment benefits . . . . .								
e									

<b>22</b> Income from Community Property:		
<b>a</b> Positive community property adjustment . . . . .	_____	_____
<b>b</b> Negative community property adjustment (enter as positive) . . .	_____	_____
<b>23 Total.</b> Add lines 1 through 14, 15a(3), 15b, 16 through 22. Enter here and on Schedule 1 or Form 1040NR, line 21 . . . . .	_____	_____

# Charitable Organization Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
---	---------------------------------------

Charity Name . . . Temples

Address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP code . . . \_\_\_\_\_

<b>Combined Amounts Worksheet</b>				
<b>Note:</b> Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
Total:				
Prior Year Total:				300.00

<b>ItsDeductible Item Donations Worksheet</b>								
<b>Note:</b> Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet				
<b>Note:</b> Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2018 Amount		
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		



Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

**Charitable Organization Questions**

- 1 Was the **entire interest** given for all property donated to this charity? . . . . .  **Yes**  **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ►  **Yes**  **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ►  **Yes**  **No**
- 4 What Type of charitable organization was it? Check one:
   
 **(a)** 50% charity                       **(b)** Other than 50% charity

**Part I – Personal Information**

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

**Taxpayer:**

First name . . . . . Samba Chaitanya  
 Middle initial . . . . .                      Suffix . . . . .                       
 Last name . . . . . Palepu  
 Social security no. . . . . 714-70-4789  
 Occupation . . . . . Data Analyst  
 Date of birth . . . . . 07/11/1991 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 27  
 Daytime phone . . . . . (813) 476-3796 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 . . . . . 10 Faxon Ave Apt no. . . 916  
 City . . . . . Quincy State . . . MA ZIP code . . . 02169

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

\* "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) ... bank of america
Check the appropriate box ... Checking Savings
Routing number ... 063100277 Account number ... 229055542459

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 . . . . . ▶ MA

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 11071

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number S61249708

Issued by what state MA

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 . . . Samba Chaitanya Middle initial . . . Last name . . . Palepu
Social security no. . . 714-70-4789 Member of U.S. Armed Forces in 2018? . . . Yes No
Date of birth . . . 07/11/1991 (mm/dd/yyyy) age as of 1-1-2019 . . . 27
Occupation . . . Data Analyst Daytime phone . . . (813) 476-3796 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)
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 - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . MA
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.. . . . .

# Student Information Worksheet

**2018**

▶ Keep for your records

Name of Student  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

## Part I – Student Status

- 1 Was this person a student during 2018? . . . . .  Yes  No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
- a  Elementary                      c  College (postsecondary)                      e  Military academy
- b  High school (secondary)                      d  Vocational school                      f  Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . .  Yes  No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? . . . . .  Yes  No  NA
- 2 Was this student enrolled at an eligible education institution during 2018? . . . . .  Yes  No  NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . .  Yes  No  NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . .  Yes  No  NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . .  Yes  No  NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . .  Yes  No  NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . .  Yes  No  NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ 1
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ▶ \_\_\_\_\_

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . .  Yes  No





**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome . . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2018 . . . . .	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Elementary and Secondary Education Expenses . . . . .	
b	Qualified Elementary and Secondary Education Expenses applied . . . . .	
c	Adjusted Qualified Higher Education Expenses . . . . .	
d	Adjusted Qualified Higher Education Expenses applied . . . . .	
3	Total qualified education expenses attributable to this QTP . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

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?
Date of birth, 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?
Check if this person is legally blind
If deceased, enter the date of death
Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return?
Do you want \$3 to go to Presidential Election Campaign Fund?

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?
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return?
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?
4 Did your earned income exceed one-half of your support?
5 Was at least one of your parents alive on December 31, 2018?

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?
Disabled person who was not physically or mentally capable of self-care?
This person is a qualifying person for the child and dependent care credit

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details.
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 . . . ▶															

Healthcare coverage information has been completed for this person.. . . . .

► Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	72,217.		72,217.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	10,448.		10,448.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	74,542.		74,542.
<b>4</b>	Total social security tax withheld . . . . .	4,621.		4,621.
<b>5</b>	Total Medicare wages and tips . . . . .	74,542.		74,542.
<b>6</b>	Total Medicare tax withheld . . . . .	1,081.		1,081.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	11,639.		11,639.
<b>b</b>	Elective deferrals to qualified plans . . . . .	2,324.		2,324.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	9,315.		9,315.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	72,217.		72,217.
<b>17</b>	Total state tax withheld . . . . .	3,274.		3,274.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name Samba Chaitanya Palepu Social Security Number 714-70-4789

**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. 714-70-4789  
**b** Employer's ID number . . . . . 04-2806344  
**c** Employer's name, address, and ZIP code  
VANTAGE TRAVEL  
SERVICE INC  
 Street 90 CANAL STREET  
 City BOSTON  
 State MA ZIP Code 02114  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**d** Control number 990002ATLA/06D

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First SAMBA M.I. CA  
 Last PALEPU Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 26 DALRYMPLE ST  
 City BOSTON  
 State MA ZIP Code 02130  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 20,354.46  
**3** Social security wages 21,020.81  
**5** Medicare wages and tips 21,020.81  
**7** Social security tips \_\_\_\_\_

► Enter unreported tips in Part VII on Page 2 below.

**9** Verification Code FBE0-A7FA-F108-389C  
**11** Nonqualified plans \_\_\_\_\_

**12** Enter box 12 below \_\_\_\_\_

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

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

**2** Federal income tax withheld 2,224.56  
**4** Social security tax withheld 1,303.29  
**6** Medicare tax withheld 304.80  
**8** Allocated tips \_\_\_\_\_

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

Box 12 Code	Box 12 Amount
C	6.30
D	666.35
W	2,582.00

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 . . . 2,582.00  
     Spouse . . . . . \_\_\_\_\_  
 G:  Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MA	WTH11075196004	20,354.46	878.07

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).

► Keep for your records

Name Samba Chaitanya Palepu Social Security Number 714-70-4789

**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. 714-70-4789  
**b** Employer's ID number . . . . . 04-1653090  
**c** Employer's name, address, and ZIP code  
National Fire Protection Associa  
 Street 1 Batterymarch Park  
 City Quincy  
 State MA ZIP Code 02169-7471  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Samba Chaitanya M.I. \_\_\_\_\_  
 Last Palepu Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 10 Faxon Ave  
 City Quincy  
 State MA ZIP Code 02169  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 51,863.46  
**3** Social security wages 53,521.35  
**5** Medicare wages and tips 53,521.35  
**7** Social security tips \_\_\_\_\_  
 ► Enter unreported tips in Part VII on Page 2 below.  
**9** Verification Code D777-479F-58B5-1888  
**11** Nonqualified plans 0.00  
**12** Enter box 12 below \_\_\_\_\_

**2** Federal income tax withheld 8,222.82  
**4** Social security tax withheld 3,318.32  
**6** Medicare tax withheld 776.06  
**8** Allocated tips \_\_\_\_\_  
**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans (Important, see Help) \_\_\_\_\_

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**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
C	17.00
E	1,657.89
DD	6,710.41

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:  Employer is **not** a state or local government

Box 15 State	Box 16 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MA	04165309004	51,863.46	2,396.28

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 Samba ChaitanyaPalepu	714-70-4789	07/11/91	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<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"/>	<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.



**Form 1099-Q Summary**

**2018**

► Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security No. 714-70-4789
---	------------------------------------

		Recipient Taxpayer	Recipient Spouse
<b>Coverdell Educational Savings Account (ESA) Distributions</b>			
<b>1</b>	Total gross distributions from box 1 of Form 1099-Q . . . . .		
<b>a</b>	Less: Rollover to another ESA of beneficiary . . . . .		
<b>b</b>	Less: Transfer to another family member . . . . .		
<b>c</b>	Less: Transfer to a non-family member . . . . .		
<b>d</b>	Less: Return of 2018 contributions . . . . .		
<b>e</b>	Less: Return of pre 2018 contributions. These are reported on the tax return in the year the contribution was made, not on the 2018 tax return . . . . .		
<b>2</b>	Balance of gross Coverdell ESA distributions . . . . .		
<b>3</b>	Education expenses not used as basis for credits . . . . .		
<b>4</b>	Amount of ESA distributions after return of basis . . . . .		
<b>5</b>	Earnings on return of 2018 contributions . . . . .		
<b>6</b>	Earnings on non-family member transfer . . . . .		
<b>7</b>	Taxable amount of ESA distributions on line 2 . . . . .		
<b>8</b>	Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . .		
<b>9</b>	Non-taxable ESA distributions . . . . .		
<b>Gross State Qualified Tuition Plan (QTP) Distributions</b>			
<b>10</b>	Total gross distributions from box 1 of Form 1099-Q . . . . .		
<b>a</b>	Less: Rollover to another QTP of beneficiary . . . . .		
<b>b</b>	Less: Transfer to another family member . . . . .		
<b>c</b>	Less: Transfer to a non-family member . . . . .		
<b>d</b>	Less: Expenses refunded and recontributed . . . . .		
<b>11</b>	Balance of gross state QTP distributions . . . . .		
<b>12</b>	Earnings on state QTP distributions on line 11 . . . . .		
<b>Gross Private Qualified Tuition Plan (QTP) Distributions</b>			
<b>13</b>	Total gross distributions from box 1 of Form 1099-Q . . . . .		
<b>a</b>	Less: Rollover to another QTP of beneficiary . . . . .		
<b>b</b>	Less: Transfer to another family member . . . . .		
<b>c</b>	Less: Transfer to a non-family member . . . . .		
<b>d</b>	Less: Expenses refunded and recontributed . . . . .		
<b>14</b>	Balance of gross private QTP distributions . . . . .		
<b>15</b>	Earnings on private QTP distributions on line 14 . . . . .		
<b>Taxable Qualified Tuition Plan (QTP) Distributions</b>			
<b>16</b>	Balance of gross QTP distributions. . . . .		
<b>17</b>	Earnings on QTP distributions on line 16 . . . . .		
<b>18</b>	Education expenses not used as basis for credits . . . . .		
<b>19</b>	Non-taxable QTP distributions . . . . .		
<b>20</b>	Taxable amount of earnings on line 17 . . . . .		
<b>21</b>	Earnings on non-family member transfer (state) . . . . .		
<b>22</b>	Earnings on non-family member transfer (private) . . . . .		
<b>23</b>	Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . .		

**Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)**

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .							

**Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)**

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .					

Distributions from an HSA, Archer MSA or Medicare Advantage MSA

Keep for your records

Name: Samba Chaitanya Palepu; Social Security Number: 714-70-4789

Check if for spouse [ ] See below for additional distribution information; Corrected amount [ ]; Void [ ]

Payer's name, street address, city, state, and Zip code: HEALTHEQUITY CORPORATE, 15 WEST SCENIC POINTE DRIVE SUITE 400, DRAPER UT 84020

Payer's TIN: 52-2383166; Recipient's TIN: 714-70-4789; 1 Gross distribution \$; 2 Earnings on excess contributions \$

Check to transfer Recipient's information from Federal Information Worksheet [ ]; 3 Distribution code [ ]; 4 FMV on date of death \$

Recipient's Name: Samba Chaitanya Palepu; Street address: 10 Faxon Ave, Apt. 916; City: Quincy MA ZIP Code: 02169; Account number: 5589359; 5 HSA [X], Archer MSA [ ], MA MSA [ ]

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution [ ]

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free [X]

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free

Rollover

D Enter the amount in box 1 that was rolled over

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) [ ]

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [ ] Yes [ ] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

# Wages, Salaries, & Tips Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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
<b>1</b> Wages, from Form W-2 . . . . .	72,217.		72,217.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2018			
<b>b</b> _____			
_____			
_____			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	72,217.		72,217.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income: _____ _____ _____			
<b>15 Total of lines 10 through 14 . . . . .</b>	72,217.		72,217.

► Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

		Regular Tax	Alternative Minimum Tax
<p><b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b></p>			
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 <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	2	
3	Subtract line 2 from line 1 . . . . .	3	
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 . . . . .	4	
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". . . . .	5	
6	Add lines 3 through 5 . . . . .	6	
7	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	7	
8	Enter the amount, if any, from Form 4797, line 8 . . . . .	8	
9	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	10	
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		
		<b>Regular</b>	<b>AMT</b>
	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 . . . . .	11	
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 . . . . .	12	
13	Add lines 9 through 12. . . . .	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	16	
	a Enter your capital gain excess, if you are filing Form 2555 . . . . .	a	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- . . . . .	17	0.
18	<b>Unrecaptured section 1250 gain.</b> 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. . . . .	18	

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

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

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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1 a Enter your taxable income from Form 1040, line 10 . . . . . **1 a** 59,777.  
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** 59,777.

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** 59,777.

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** 38,600.

17 Enter the **smaller** of line 14 or line 16 . . . . . **17** 38,600.

18 a Subtr in 10 from in 1c. If zero or less, enter -0- . . . . . **18 a** 59,777.  
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** 59,777.

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** 0.

22 Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . . **22** 0.

23 Subtract line 22 from line 21. If zero or less, enter -0- . . . . . **23** 0.

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** 425,800.

25 Enter the smaller of line 1c or line 24 . . . . . **25** 59,777.

26 Add lines 19 and 20 . . . . . **26** 59,777.

27 Subtract line 26 from line 25. If zero or less, enter -0- . . . . . **27** 0.

28 Enter the **smaller** of line 23 or line 27 . . . . . **28** 0.

29 Multiply line 28 by 15% (0.15) . . . . . **29** 0.

30 Add lines 22 and 28 . . . . . **30** 0.

31 Subtract line 30 from line 21. . . . . **31** 0.

32 Multiply line 31 by 20% (0.20) . . . . . **32** 0.

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** \_\_\_\_\_

<b>36</b>	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	<b>36</b>	_____
<b>37</b>	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	<b>37</b>	_____
<b>38</b>	Multiply line 37 by <b>25%</b> (0.25) . . . . .	<b>38</b>	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.</b>			
<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (0.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . 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 . . . . .	<b>42</b>	<u>9,090.</u>
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	<u>9,090.</u>
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . 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 . . . . .	<b>44</b>	<u>9,090.</u>
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 11a . . . . .	<b>45</b>	<u>9,090.</u>

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Name(s) Shown on Return

Samba Chaitanya Palepu

Social Security Number

714-70-4789

<b>1</b>	Enter the amount from Form 1040, line 10 . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040, line 3a . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D? <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	<b>5</b>	_____
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	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.	<b>8</b>	_____
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	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.	<b>15</b>	_____
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (0.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (0.20) . . . . .	<b>23</b>	_____
<b>24</b>	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. . . . .	<b>24</b>	_____
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	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. . . . .	<b>26</b>	_____
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 11a. . . . .	<b>27</b>	_____

# IRA Contributions Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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## Traditional IRA Contributions

<b>Regular Traditional IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b>	Enter <b>traditional</b> IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .	3,156.	
<b>2</b>	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
<b>3</b>	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
<b>4</b>	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
<b>5</b>	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .	3,156.	
<b>6</b>	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
<b>7</b>	Excess traditional IRA contribution credit. . . . .		
<b>8</b>	Repayments of qualified reservist distributions . . . . .		
<b>9</b>	Total <b>traditional</b> IRA contributions. . . . .	3,156.	
<b>Additional Traditional IRA Contribution Information</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>10</b>	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Enter any contributions included on line 9 that were made during 1/1/2019 to 4/15/2019 ( <i>See Help</i> ). . . . .	654.	
<b>12</b>	Age 70-1/2 or older in tax year . . . . .	—	—
<b>Deductible and Non-deductible Traditional IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>13</b>	Deductible <b>traditional</b> IRA contributions from worksheet . . . . .	440.	
<b>14</b>	Nondeductible <b>traditional</b> IRA contributions from worksheet. . .	2,716.	
	<b>QuickZoom</b> to worksheet indicated by the check: <input checked="" type="checkbox"/> IRA deduction worksheet . . . . . ▶ <input type="checkbox"/> Worksheet for social security recipients . . . . . ▶		
<b>15</b>	Amount on line 13 you elect to make nondeductible . . . . .		
<b>16</b>	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.	0.	
<b>17</b>	Deductible <b>traditional</b> IRA contributions, to Schedule 1 (Form 1040), Line 32. . . . .	440.	
<b>18</b>	Qualified reservist repayments . . . . .		
<b>19</b>	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .	2,716.	

**IRA Contributions Worksheet**

**2018**

▶ Keep for your records

**Roth IRA Contributions**

<b>Regular Roth IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>20</b>	Enter regular <b>Roth</b> IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .	_____	_____
<b>21</b>	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .	_____	_____
<b>22</b>	<b>Roth</b> IRA contributions, from Schedule(s) K-1. . . . .	_____	_____
<b>23</b>	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
<b>24</b>	Disallowed <b>Roth</b> IRA conversions . . . . .	_____	_____
<b>25</b>	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .	_____	_____
<b>26</b>	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .	_____	_____
<b>27</b>	Excess Roth IRA contribution credit . . . . .	_____	_____
<b>28</b>	Total <b>Roth</b> IRA contributions . . . . .	_____	_____
<b>29</b>	Repayments of qualified Roth reservist distributions . . . . .	_____	_____

<b>Roth IRA Contributions After Limitations</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>30</b>	<b>Roth</b> IRA contributions after limitation . . . . .	_____	_____
<b>31</b>	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .	_____	_____
	<b>Note:</b> <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

**Coverdell Education Savings Account (Education IRA) Contributions**

<b>Excess Coverdell Education Savings Account Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>32</b>	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .	_____	_____
	<b>Note:</b> <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

# IRA Deduction Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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		(a) Your IRA	(b) Spouse's IRA
If filing a joint return, complete lines 1, 2, 3, and 5 for both spouses even if only one spouse has an IRA contribution.			
<b>1</b> Check if covered by a retirement plan at work. . . . .	<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Enter your wages and other earned income . . . . .	<b>2</b>	72,217.	
<b>3</b> Maximum contribution allowed . . . . .	<b>3</b>	5,500.	
<b>4</b> Enter traditional IRA contributions made, or will be made by April 15, 2019, for 2018 ( <i>do not enter more than line 3</i> ) . . . . .	<b>4</b>	3,156.	
<b>5</b> Enter Roth IRA contributions made, or will be made by April 15, 2019, for 2018 ( <i>do not enter more than line 3</i> ) . . . . .	<b>5</b>		
Complete the rest of this worksheet for each column <b>only</b> if an amount has been entered on line 4 for that column.			
If (1) you are <b>not</b> filing a joint return, or (2) line 2, column a equals line 2, column b, then skip lines 6 through 9 and enter the smaller of line 2 or line 4 on line 10.			
<b>6</b> Enter the sum of line 2, columns a and b (enter in both columns if there is an entry on line 4 in both columns) . . . . .	<b>6</b>		
<b>7</b> Enter the sum of line 3, columns a and b (enter in both columns if there is an entry on line 4 in both columns) If line 7 is less than line 6, skip lines 8 and 9 and enter the amount from line 4 on line 10. . . . .	<b>7</b>		
<b>8</b> In the column with the <b>lower</b> amount on line 2, enter the smaller of line 2 or the sum of line 4 and line 5 from the column with the <b>higher</b> amount on line 2 . . . . .	<b>8</b>		
<b>9</b> In the column with the <b>lower</b> amount on line 2, subtract line 8 from line 6. In the column with the <b>higher</b> amount on line 2, enter the smaller of line 2 or line 4 . . . . .	<b>9</b>		
<b>10</b> Enter the <b>smaller</b> of line 4 or line 9 . . . . .	<b>10</b>	3,156.	
If line 1, column a is not checked and, if filing a joint return, line 1, column b is also not checked, skip lines 11 through 15 and enter the amount from line 10 on line 16.			
<b>11</b> If filing a joint return, enter \$121,000 in the column with the box on line 1 checked, and enter \$199,000 in the column with the box on line 1 not checked. If single or head of household, enter \$73,000 in column a. If qualifying widow(er), enter \$121,000 in column a. If married filing separately, enter \$73,000 (\$10,000 if you lived with your spouse at any time during 2018) in column a . . . . .	<b>11</b>	73,000.	
<b>12</b> Enter your modified adjusted gross income. If equal to or more than line 11, <b>enter zero on line 15 and go to line 16</b> . . . . .	<b>12</b>	72,217.	
<b>13</b> Subtract line 12 from line 11. <b>If the result is \$10,000 or more (\$20,000 or more if filing joint and the box on line 1 is checked, or if a qualifying widow(er)), enter the amount from line 3 on line 15 and go to line 16.</b> . . . . .	<b>13</b>	783.	
<b>14</b> Fraction of line 13 that is deductible . . . . .	<b>14</b>	0.550	
<b>15</b> Multiply line 13 by line 14. Round up to the next multiple of \$10. If less than \$200, enter \$200. . . . .	<b>15</b>	440.	
<b>16</b> IRA deduction. Enter the smaller of line 10 or line 15. . . . .	<b>16</b>	440.	

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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<b>1</b> Prescription medications . . . . .		<b>1</b> _____
<b>2 Health insurance premiums:</b>		
<b>a</b> Premiums other than self-employed health insurance <b>or</b> reported on a 1095-A . . .	<b>2 a</b>	_____
<b>b</b> From Form(s) 1095-A - net of adjustments . . . . .	<b>b</b>	_____
Taxpayer's portion of 1095-A premiums (total less spouse) . . . _____		
Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer . . . . . _____		
<b>c</b> Medicare premiums . . . . .	<b>c</b>	_____
<b>d</b> From Form(s) 1099-R . . . . .	<b>d</b>	_____
<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2e - 2j below.		
<b>e</b> Taxpayer's gross long-term care premiums . . . . .	<b>2 e</b>	_____
<b>f</b> Taxpayer's allowable long-term care premiums . . . . .	<b>f</b>	_____
<b>g</b> Spouse's gross long-term care premiums . . . . .	<b>g</b>	_____
<b>h</b> Spouse's allowable long-term care premiums . . . . .	<b>h</b>	_____
<b>i</b> Dep or child under 27 gross long-term care premiums . . . . .	<b>i</b>	_____
<b>j</b> Dep or child under 27 allowable long-term care prem. . . . .	<b>j</b>	_____
<b>k</b> Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j . . . . .	<b>k</b>	_____
<b>l</b> Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	<b>l</b>	_____
<b>m</b> Spouse's long-term care premiums not deducted as an adjustment to income. . . .	<b>m</b>	_____
<b>n</b> Dependent's long-term care premiums not deducted as an adj to income . . . . .	<b>n</b>	_____
<b>o</b> Other self-employed health insurance not deducted as an adj to income . . . . .	<b>o</b>	_____
<b>3</b> Fees for doctors, dentists, etc . . . . .	<b>3</b>	_____
<b>4</b> Fees for hospitals, clinics, etc. . . . .	<b>4</b>	_____
<b>5</b> Lab and x-ray fees . . . . .	<b>5</b>	_____
<b>6</b> Expenses for qualified long-term care . . . . .	<b>6</b>	_____
<b>7</b> Eyeglasses and contact lenses . . . . .	<b>7</b>	_____
<b>8</b> Medical equipment and supplies . . . . .	<b>8</b>	_____
<b>9</b> Medical transportation expenses:		
<b>a</b> Medical miles driven . . . . .	<b>9 a</b>	_____
<b>b</b> Multiply the number of miles on line 9a by 18 cents per mile . . . . .	<b>b</b>	_____
<b>c</b> Other medical transportation costs not included above for example: ambulance fees . . . . .	<b>c</b>	_____
<b>d</b> Total medical transportation expenses (add lines 9b and 9c) . . . . .	<b>9 d</b>	_____
<b>10</b> Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>10</b>	_____
<b>11</b> Other medical and dental expenses:		
<b>a</b> _____	<b>11 a</b>	_____
<b>b</b> _____	<b>b</b>	_____
<b>c</b> _____	<b>c</b>	_____
<b>d</b> _____	<b>d</b>	_____
<b>e</b> _____	<b>e</b>	_____
<b>f</b> _____	<b>f</b>	_____
<b>g</b> _____	<b>g</b>	_____
<b>h</b> _____	<b>h</b>	_____
<b>i</b> _____	<b>i</b>	_____
<b>j</b> _____	<b>j</b>	_____
<b>12</b> Total of medical and dental expenses (add lines 1 through 11j) . . . . .	<b>12</b>	_____
<b>13 a</b> Less: insurance reimbursement for any expenses listed . . . . .	<b>13 a</b>	_____
<b>b</b> Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	<b>b</b>	_____
<b>14 Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	<b>14</b>	_____ 0 .

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

**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							
<b>Tot Estimated Payments . . .</b>							

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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2018 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			10,448.	3,274.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . . .	St	Loc			
b	Other withholding . . . . .	St	Loc			
c	Other withholding . . . . .	St	Loc			
d	Positive Adjustment . . . . .	St	Loc			
e	Negative Adjustment . . . . .	St	Loc			
f	Additional Medicare Tax . . . . .					
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .			10,448.	3,274.	
20	<b>Total Tax Payments for 2018</b> . . . . .			10,448.	3,274.	

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  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 7 . . . . .	71,777.
(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 . . . . .	71,777.

**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 . . . . . 3,274.00

**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). . . . . 3,274.00

**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  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1 3,274.
2	2018 state estimated taxes paid in 2018 . . . . .	2
3	2017 state estimated taxes paid in 2018 . . . . .	3
4	Amount paid with 2017 state application for extension . . . . .	4
5	Amount paid with 2017 state income tax return . . . . .	5
6	Overpayment on 2017 state income tax return applied to 2018 tax . . . . .	6
7	Other amounts paid in 2018 (amended returns, installment payments, etc.) . . . .	7
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	9
10	2018 local estimated taxes paid in 2018 . . . . .	10
11	2017 local estimated taxes paid in 2018 . . . . .	11
12	Amount paid with 2017 local application for extension . . . . .	12
13	Amount paid with 2017 local income tax return . . . . .	13
14	Overpayment on 2017 local income tax return applied to 2018 tax . . . . .	14
15	Other amounts paid in 2018 (amended returns, installment payments, etc.) . . . .	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16
<b>Other:</b>		
17		17
18	<b>Total</b> Add lines 1 through 17 . . . . .	18 3,274.
19	State and local refund allocated to 2018 . . . . .	19
20	Nondeductible state income tax from line 28 . . . . .	20
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	21
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22 3,274.

**Nondeductible State Income Tax (Hawaii Only)**

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

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2018**

▶ Keep for your records

Name(s) Shown on Return <u>Samba Chaitanya Palepu</u>	Social Security Number <u>714-70-4789</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 . . . . . 71,777.

10 a Multiply line 9 by 0.5. This is your 50% limit. . . . . 35,889.

b Multiply line 9 by 0.6. This is your 60% limit. . . . . 43,066.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Cash Contributions to 50%(60%) limit organizations</b>						
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 . . . . .			43,066.			
<b>Contributions to 50% limit organizations</b>						
14 Subtract line 2 from line 10a . . . . .		35,889.				
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 . . . . .			35,889.			
<b>Contributions not to 50% limit organizations</b>						
18 Add lines 2, 3 and 4 . . . . .						
19 Multiply line 9 by 0.3. This is your 30% limit. . . . .		21,533.	21,533.			
20 Subtract line 18 from line 10a . . . . .		35,889.				
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 . . . . .			21,533.			
<b>Capital gain property to 50% limit organizations</b>						
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 . . . . .			35,889.			
27 Subtract line 24 from line 19 . . . . .			21,533.			
<b>Capital gain property not to 50% limit organizations</b>						
28 Multiply line 9 by 0.2. This is your 20% limit. . . . .			14,355.			
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.		

<b>32</b>	Subtract line 31 from line 9 . . . . .	71,777.					
<b>33</b>	Enter the smaller of line 1 or line 32 here on Schedule A, line 14. . . . .					0.	
<b>34</b>	Subtract line 33 from line 1 . . . . .						0.
<b>35</b>	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 Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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 . . . . . 71,777.

10 a Multiply line 9 by 0.5. This is your 50% limit. . . . . 35,889. less. . . . . 0. 35,889.

b Multiply line 9 by 0.6. This is your 60% limit. . . . . 43,066. less. . . . . 0. 43,066.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Cash Contributions to 50%(60%) limit organizations</b>						
11					0.	
12						0.
13			43,066.			
<b>Contributions to 50% limit organizations</b>						
14		35,889.				
15					0.	
16						0.
17			35,889.			
<b>Contributions not to 50% limit organizations</b>						
18		0.				
19		21,533.	21,533.			
20		35,889.				
21					0.	
22						0.
23			21,533.			
<b>Capital gain property to 50% limit organizations</b>						
24					0.	
25						0.
26			35,889.			
27			21,533.			
<b>Capital gain property not to 50% limit organizations</b>						
28			14,355.			
29					0.	
30						0.
31					0.	

<b>32</b>	Subtract line 31 from line 9 . . . . .	71,777.					
<b>33</b>	Enter the smaller of line 1 or line 32 here on Schedule A, line 14. . . . .					0.	
<b>34</b>	Subtract line 33 from line 1 . . . . .						0.
<b>35</b>	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 Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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 <b>Carryovers from:</b>							
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 <b>Carryovers to 2019:</b>							
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

► Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
714-70-4789

**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	

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<b>1</b>	Is your <b>earned income*</b> more than \$700? <input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,050	_____	► . . .	<b>1</b>	_____
<b>2</b>	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000	_____	► . . .	<b>2</b>	12,000.
<b>3</b>	<b>Standard deduction.</b>				
<b>3 a</b>	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1954, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 8. Otherwise go to line 3b . . . . .			<b>3 a</b>	_____
<b>3 b</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) . . . . .			<b>3 b</b>	_____
<b>3 c</b>	Add lines 3a and 3b. Enter the total here and on Form 1040, line 8. . . . .			<b>3 c</b>	_____

\***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 Samba Chaitanya Palepu	Social Security Number 714-70-4789
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## Part I – Earned Income Credit Worksheet Computation

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

## 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 . . . . .	72,217.		72,217.
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	72,217.		72,217.
9 <b>a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	72,217.		72,217.
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 . . . . .	72,217.		72,217.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .			
16 Wages, salaries, tips, etc . . . . .	72,217.		72,217.
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. . . . .	72,217.		72,217.

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

23 Self-employed, church and statutory employees . . . . .			
24 Wages, salaries, tips, etc . . . . .	72,217.		72,217.
25 Nontaxable combat pay . . . . .			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	72,217.		72,217.

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**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	<b>Total investment interest expense.</b> 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 <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	<b>Total investment income.</b> 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 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**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 <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	<b>Total investment expenses.</b> 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 . . . . .	18	
19	Less amount deducted on other forms and schedules:	19	
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	<b>Investment interest expense.</b> . . . . .	20	

► Keep for your records

Name(s) Shown on Return  
Samba Chaitanya Palepu

Social Security Number  
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- QuickZoom** to Schedule EIC . . . . . ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► \_\_\_\_\_
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<p><b>1</b> Enter the amount from Form 1040 line 1 less amounts considered <b>not</b> earned for EIC purposes . . . . .</p> <p><b>2</b> Adjustments to line 1 amount:</p> <p style="margin-left: 20px;"><b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .</p> <p style="margin-left: 20px;"><b>b</b> Other income entered as wages that is not considered earned income . . . . .</p> <p style="margin-left: 20px;"><b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .</p> <p><b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .</p> <p><b>4 a</b> Taxpayer's nontaxable combat pay election for EIC   <b>4 a</b> _____</p> <p style="margin-left: 20px;"><b>b</b> Spouse's nontaxable combat pay election for EIC   <b>b</b> _____</p> <p style="margin-left: 20px;"><b>c</b> Total nontaxable combat pay election . . . . .</p> <p><b>5</b> If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .</p> <p><b>6</b> <b>Earned income.</b> Add lines 3, 4, and 5. . . . .</p> <p><b>7</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .</p> <p style="margin-left: 20px;">If line 7 is zero, <b>stop</b>. You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.</p> <p><b>8</b> Enter your <b>AGI</b> from Form 1040, line 7 . . . . .</p> <p><b>9</b> If you have:</p> <ul style="list-style-type: none"> <li>● No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?</li> <li>● 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?</li> </ul> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 10 now.</p> <p><input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .</p> <p><b>10</b> <b>Earned income credit.</b></p> <ul style="list-style-type: none"> <li>● If 'Yes' on line 9, enter the amount from line 7</li> <li>● If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li> </ul>	<p><b>1</b></p> <p><b>2 a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>3</b></p> <p><b>4 a</b></p> <p><b>b</b></p> <p><b>4 c</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p>	<p>72,217.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>72,217.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>72,217.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 10 amount on Form 1040, line 17a.

---

**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	<input type="checkbox"/> No

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 Samba Chaitanya Palepu	Social Security Number 714-70-4789
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>D QuickZoom</b> 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"/>
<b>Part I Farm Profit or (Loss)</b> 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 <b>Total for Schedule SE, line 1</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Schedule K-1 (Form 1065), box 20, code AH . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Total CRP payments not subject to SE tax . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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 <b>a</b> Clergy Form W-2 wages . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Clergy housing allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Less clergy business deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d QuickZoom</b> 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 <b>Total for Schedule SE, line 2</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part III Farm Optional Method</b> 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 <b>Total</b> gross income for Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part IV Nonfarm Optional Method</b> 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 <b>Total</b> gross income for Nonfarm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
N/A	Someone else			
Total student loan interest. . . . .				

**Part II Computation of Student Loan Interest Deduction**

1 Enter the total interest you paid in 2018 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	
2 Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	
3 Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	71,777.
4 Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly. . . . .	<b>4</b>	65,000.
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	6,777.
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	0.4518
7 Multiply line 2 by line 6 . . . . .	<b>7</b>	
8 <b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **Modified AGI** is the amount from Form 1040, line 6, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

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

**2018**

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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	1,477.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> 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.



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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	59,777.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	59,777.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	59,777.

**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	
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	

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

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	71,777.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	71,777.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	64,599.
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	<b>Smaller</b> 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	71,777.
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 <b>child's earned income</b> , 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	

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Name(s) Shown on Return Samba Chaitanya Palepu		Social Security Number 714-70-4789
<b>1</b>	Enter amount from Form 6251, line 6 . . . . .	<b>1</b> _____
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b> _____
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b> _____
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b> _____
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b> _____
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>● If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; <b>or</b> you reported qualified dividends on Form 1040, line 3a; <b>or</b> 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.</li> <li>● <b>All Others:</b> 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. . . . .</li> </ul>	<b>4</b> _____
<b>5</b>	<b>Tax on amount on line 2c.</b> 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 . . . . .	<b>5</b> _____
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0 . . . . .	<b>6</b> _____

# Federal Carryover Worksheet

**2018**

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Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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
<b>Totals . .</b>						

**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

**2017 Locality Tax Refund Information**

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

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 <u>2,894.</u>	3 <u>3,274.</u>
4	Check box if required to itemize deductions . . . . .	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Adjusted gross income . . . . .	5 <u>56,182.</u>	5 <u>71,777.</u>
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6 <u>7,183.</u>	6 <u>9,090.</u>
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 _____
		b 2017 . . . . .	b _____
		c 2016 . . . . .	c _____
		d 2015 . . . . .	d _____
		e 2014 . . . . .	e _____
		f 2013 . . . . .	f _____
17	AMT Nonrecap'd net Sec 1231 losses from:	a 2018 . . . . .	17 a _____
		b 2017 . . . . .	b _____
		c 2016 . . . . .	c _____
		d 2015 . . . . .	d _____
		e 2014 . . . . .	e _____
		f 2013 . . . . .	f _____

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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 . . . . . 1,132.

**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

**IRA Information Worksheet**

**2018**

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	<b>Part I Traditional IRA</b>	<b>Taxpayer</b>	<b>Spouse</b>
	<b>Basis and Value</b>		
1	Total basis in traditional IRAs . . . . .	_____	_____
2	Year-end value on 12/31/2018. . . . .	_____	_____
3	Basis carryover as of 12/31/2018 . . . . .	2,716.	_____
	<b>Excess Contributions</b>		
4	Excess contributions as of 12/31/2017 . . . . .	_____	_____
5	Carryover of excess contributions to 2019 . . . . .	_____	_____

	<b>Part II Roth IRA</b>	<b>Taxpayer</b>	<b>Spouse</b>
	<b>Basis (Contribution and Conversion History)</b>		
6	Basis in Roth IRA contributions . . . . .	_____	_____
7	Basis in Roth IRA conversions. . . . .	_____	_____
8	Contribution basis carryover as of 12/31/2018 . . . . .	_____	_____
9	Conversion basis carryover as of 12/31/2018 . . . . .	_____	_____
	<b>Excess Contributions</b>		
10	Excess contributions as of 12/31/2017 . . . . .	_____	_____
11	Carryover of excess contributions to 2019 . . . . .	_____	_____

	<b>Part III Traditional IRA Basis Detail</b>	<b>Taxpayer</b>	<b>Spouse</b>
12	Basis for 2017 and earlier years . . . . .	_____	_____
13	Adjustment due to return of excess contributions . . . . .	_____	_____
14	Rollover of nontaxable portion of a qualified retirement plan . . . . .	_____	_____
15	Basis received from former spouse due to divorce or inherited. . . . .	_____	_____
16	Basis transferred to former spouse due to divorce . . . . .	_____	_____
17	Adjusted total basis in Traditional IRAs. . . . .	_____	_____

	<b>Part IV Traditional IRA Year-end Value Detail</b>	<b>Taxpayer</b>	<b>Spouse</b>
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2018 (See Help) . . . . .	_____	_____
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2018. qualified charitable distributions (QCD) made in Jan. 2019 to be treated as made in December 2018 (See Help).	_____	_____
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2018 . . . . .	_____	_____
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2018 to Roth IRAs in 2018. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**IRA Information Worksheet**

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**2018**

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<b>Part V Roth IRA Contribution and Conversion Balances</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>22</b>	<b>Opened a Roth IRA before 2014</b> . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2017 Balances (Basis - Before 2018 Transactions)</b>			
<b>23</b>	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .	_____	_____
<b>24</b>	Cumulative pre 2014 conversions - taxable and nontaxable . . . . .	_____	_____
<b>25</b>	2014 conversion contributions taxable at conversion . . . . .	_____	_____
<b>26</b>	2014 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>27</b>	2015 conversion contributions taxable at conversion . . . . .	_____	_____
<b>28</b>	2015 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>29</b>	2016 conversion contributions taxable at conversion . . . . .	_____	_____
<b>30</b>	2016 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>31</b>	2017 conversion contributions taxable at conversion . . . . .	_____	_____
<b>32</b>	2017 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>2018 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>33</b>	Regular <b>Roth</b> IRA contributions . . . . .	_____	_____
<b>34</b>	Rollover from Roth 401(k) and Roth 403(b) . . . . .	_____	_____
<b>35</b>	Conversion contributions taxable at conversion . . . . .	_____	_____
<b>36</b>	Conversion contributions not taxable at conversion . . . . .	_____	_____
<b>37</b>	Repayments of qualified Roth reservist distributions . . . . .	_____	_____
<b>2018 Transactions - Distributions</b>			
<b>38</b>	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)	_____	_____
<b>39</b>	Distributions from cumulative pre 2014 conversions	_____	_____
<b>40</b>	Distributions from 2014 conversions taxable at conversion . . . . .	_____	_____
<b>41</b>	Distribs. from 2014 conversions not taxable at conversion . . . . .	_____	_____
<b>42</b>	Distributions from 2015 conversions taxable at conversion . . . . .	_____	_____
<b>43</b>	Distribs. from 2015 conversions not taxable at conversion . . . . .	_____	_____
<b>44</b>	Distributions from 2016 conversions taxable at conversion . . . . .	_____	_____
<b>45</b>	Distribs. from 2016 conversions not taxable at conversion . . . . .	_____	_____
<b>46</b>	Distributions from 2017 conversions taxable at conversion . . . . .	_____	_____
<b>47</b>	Distribs. from 2017 conversions not taxable at conversion . . . . .	_____	_____
<b>48</b>	Distributions from 2018 conversions taxable at conversion . . . . .	_____	_____
<b>49</b>	Distribs. from 2018 conversions not taxable at conversion . . . . .	_____	_____
<b>50</b>	Did you have any open Roth IRA accounts on 12/31/2018? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2019 (Basis - After 2018 Transactions)</b>			
<b>51</b>	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .	_____	_____
<b>52</b>	Cumulative pre 2015 conversions - taxable and nontaxable	_____	_____
<b>53</b>	2015 conversion contributions taxable at conversion . . . . .	_____	_____
<b>54</b>	2015 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>55</b>	2016 conversion contributions taxable at conversion . . . . .	_____	_____
<b>56</b>	2016 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>57</b>	2017 conversion contributions taxable at conversion . . . . .	_____	_____
<b>58</b>	2017 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>59</b>	2018 conversion contributions taxable at conversion . . . . .	_____	_____
<b>60</b>	2018 conversion contributions not taxable at conversion . . . . .	_____	_____



**IRA Information Worksheet**

**2018**

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	<b>Part VI Roth IRA Basis Adjustments</b>	<b>Taxpayer</b>	<b>Spouse</b>
	<b>Received From Former Spouse due to Divorce or Inheritance</b>		
<b>61</b>	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .	_____	_____
<b>62</b>	Cumulative pre 2014 conversions - taxable and nontaxable . . . .	_____	_____
<b>63</b>	2014 conversion contributions taxable at conversion . . . . .	_____	_____
<b>64</b>	2014 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>65</b>	2015 conversion contributions taxable at conversion . . . . .	_____	_____
<b>66</b>	2015 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>67</b>	2016 conversion contributions taxable at conversion . . . . .	_____	_____
<b>68</b>	2016 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>69</b>	2017 conversion contributions taxable at conversion . . . . .	_____	_____
<b>70</b>	2017 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>71</b>	2018 conversion contributions taxable at conversion . . . . .	_____	_____
<b>72</b>	2018 conversion contributions not taxable at conversion . . . . .	_____	_____
	<b>Transferred To Former Spouse due to Divorce</b>		
<b>73</b>	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .	_____	_____
<b>74</b>	Cumulative pre 2014 conversions - taxable and nontaxable . . . .	_____	_____
<b>75</b>	2014 conversion contributions taxable at conversion . . . . .	_____	_____
<b>76</b>	2014 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>77</b>	2015 conversion contributions taxable at conversion . . . . .	_____	_____
<b>78</b>	2015 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>79</b>	2016 conversion contributions taxable at conversion . . . . .	_____	_____
<b>80</b>	2016 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>81</b>	2017 conversion contributions taxable at conversion . . . . .	_____	_____
<b>82</b>	2017 conversion contributions not taxable at conversion . . . . .	_____	_____
<b>83</b>	2018 conversion contributions taxable at conversion . . . . .	_____	_____
<b>84</b>	2018 conversion contributions not taxable at conversion . . . . .	_____	_____

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Description	Amount
<b>Income</b>	
Wages . . . . .	72,217.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	
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 . . . . .	
<b>Total income</b> . . . . .	<b>72,217.</b>
<b>Adjustments</b>	
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 . . . . .	
<b>Total adjustments</b> . . . . .	
<b>Modified adjusted gross income</b> . . . . .	<b>72,217.</b>

**Two-Year Comparison**

**2018**

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number
---	------------------------

Income	2017	2018	Difference	%
Wages, salaries, tips, etc . . . . .	60,982.	72,217.	11,235.	18.42
Interest and dividend income . . . . .				
State tax refund . . . . .				
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 . . . . .				
<b>Total Income</b> . . . . .	60,982.	72,217.	11,235.	18.42
<b>Adjustments to Income</b> . . . . .	4,800.	440.	-4,360.	-90.83
<b>Adjusted Gross Income</b> . . . . .	56,182.	71,777.	15,595.	27.76
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	2,594.	3,274.	680.	26.21
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .	300.		-300.	-100.00
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .		0.	0.	
<b>Total Itemized Deductions</b> . . . . .	2,894.	3,274.	380.	13.13
<b>Standard or Itemized Deduction</b> . . . . .	6,350.	12,000.	5,650.	88.98
<b>Exemption Amount</b> . . . . .	4,050.	0.	-4,050.	-100.00
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .	45,782.	59,777.	13,995.	30.57
Income tax . . . . .	7,183.	9,090.	1,907.	26.55
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	7,183.	9,090.	1,907.	26.55
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .	0.	0.	0.	
<b>Total Tax After Credits</b> . . . . .	7,183.	9,090.	1,907.	26.55
Withholding . . . . .	8,315.	10,448.	2,133.	25.65
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	8,315.	10,448.	2,133.	25.65
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,132.	1,358.	226.	19.96
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 12.66 %

**Tax Summary**  
▶ Keep for your records

**2018**

Name (s)  
Samba Chaitanya Palepu

<b>Total income</b> .....	72,217.
<b>Adjustments to income</b> .....	440.
<b>Adjusted gross income</b> .....	71,777.
<b>Itemized/standard deduction</b> .....	12,000.
<b>Qualified business income deduction</b> .....	
<b>Taxable income</b> .....	59,777.
<b>Tentative tax</b> .....	9,090.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	9,090.
<b>Total payments</b> .....	10,448.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	1,358.
<b>Refund</b> .....	1,358.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

## Compare to U. S. Averages

▶ Keep for your records

**2018**

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security No 714-70-4789
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Your 2018 adjusted gross income (AGI) . . . . . 71,777.  
 National adjusted gross income range used below . . . . . from 50,000. to 99,999.

**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 . . . . .	72,217.	64,724.
Taxable interest . . . . .		919.
Tax-exempt interest . . . . .		6,266.
Dividends . . . . .		4,023.
Business net income . . . . .		17,765.
Business net loss . . . . .		6,965.
Net capital gain . . . . .		6,477.
Net capital loss . . . . .		2,228.
Taxable IRA . . . . .		16,272.
Taxable pensions and annuities . . . . .		28,457.
Rent and royalty net income . . . . .		8,480.
Rent and royalty net loss . . . . .		8,669.
Partnership and S corporation net income . . . . .		23,184.
Partnership and S corporation net loss . . . . .		10,890.
Taxable social security benefits . . . . .		17,931.
Medical and dental expenses deduction . . . . .		9,818.
Taxes paid deduction . . . . .	3,274.	6,762.
Interest paid deduction . . . . .		7,715.
Charitable contributions deduction . . . . .		3,452.
Total itemized deductions . . . . .	3,274.	20,056.
Child care credit . . . . .		603.
Education tax credits . . . . .		1,345.
Child tax credit . . . . .		1,674.
Retirement savings contributions credit . . . . .		176.
Earned income credit . . . . .		334.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	71,777.	74,674.
Taxable income . . . . .	59,777.	50,607.
Income tax . . . . .	9,090.	6,951.
Alternative minimum tax . . . . .		1,540.
Total tax liability . . . . .	9,090.	7,337.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Samba Chaitanya Palepu  
**Primary SSN:** 714-70-4789

**Federal Return Submitted:** February 28, 2019 05:22 PM PST  
**Federal Return Acceptance Date:** 02/28/2019

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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

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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](mailto:complaints@tigta.treas.gov).

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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.

<hr/> <hr/> <hr/> <hr/>
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First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001



## Read and accept this Disclosure Consent

This is an IRS requirement

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### 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](mailto:complaints@tigta.treas.gov).

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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.

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.

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### 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](mailto:complaints@tigta.treas.gov).

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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](http://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](http://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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You 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.

<sup>2</sup>The 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.

<sup>3</sup>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.

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: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 3 Smart Worksheet</b>						
<b>A</b> Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare.						
1	January . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
2	February . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
3	March . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
4	April . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
5	May . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
6	June . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
7	July . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
8	August . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
9	September . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
10	October . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
11	November . . . . .	▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
12	December . . . . .	▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,450.
<b>B</b> Maximum allowable contribution. . . . .						3,450.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>						

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 9 Employer Contribution Smart Worksheet</b>	
<b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W)	2,582.
<b>B</b> Enter employer contributions made in 2018 for the tax year 2017 . . . . .	_____
<b>C</b> Subtract line B from line A . . . . .	2,582.
<b>D</b> Enter employer contributions made in 2019 for the tax year 2018 . . . . .	_____
<b>E</b> Other employer contributions for 2018 not reported above . . . . .	_____
<b>F</b> Employer contributions for 2018. Add lines C, D and E. Enter on line 9 . . . . .	2,582.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2018 was due to death or disability

**A** 1 Total HSA contribution in 2017 ..... 710.  
 2 Excess contribution in 2017 ..... \_\_\_\_\_  
 3 Net HSA contribution in 2017 ..... 710.

**B** Check the box below to indicate the type of coverage you had for each month of 2017. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
2	February	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
3	March	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
4	April	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
5	May	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
6	June	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
7	July	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
8	August	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
9	September	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
10	October	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
11	November	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____
12	December	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	_____

**C** 1 Total maximum allowable contribution for 2017 ..... \_\_\_\_\_  
 2 Amount allocated to spouse in 2017 ..... \_\_\_\_\_  
 3 Net maximum allowable contribution for 2017 ..... \_\_\_\_\_

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

**Tax Smart Worksheet**

**A** Tax ..... 9,090.  
 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. .... 9,090.



SMART WORKSHEET FOR: Federal Information Worksheet

**2017 Tax Cuts & Jobs Act**  
**Apply 15-year recovery period to qualified improvement property**  
**(asset types J2, J3, J4 and J5)**  
**placed in service after December 31, 2017?**  
 Yes  No   
 Refer to Tax Help

**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.**  
 Refer to Tax Help

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 1,358. 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 M-8453 Individual Income Tax Declaration for Electronic Filing

**2018**  
**Massachusetts**  
**Department of**  
**Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2018.**

Your first name and initial <b>SAMBA CHAITANYA PALEPU</b>	Last name	Your Social Security number <b>714704789</b>
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) <b>10 FAXON AVE APT NO 916</b>		
City/Town/Post Office <b>QUINCY</b>	State <b>MA</b>	Zip <b>02169</b>
Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household		

**Part 1. Tax Return Information for Electronic Filing**

<b>1</b> Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	<b>1</b>	72217
<b>2</b> Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	<b>2</b>	3171
<b>3</b> Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	<b>3</b>	0
<b>4</b> Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	<b>4</b>	3274
<b>5</b> Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53) . . . . .	<b>5</b>	103
<b>6</b> Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .	<b>6</b>	

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date
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**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

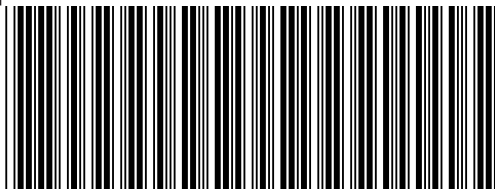
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.)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

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip <input type="checkbox"/> Check if also paid preparer

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

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

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip



**2018 Form 1**

MA18001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2018 or other taxable

Year beginning

Ending

SAMBA CHAITANYA

PALEPU

714704789

10 FAXON AVE

QUINCY

MA 02169

10 FAXON AVE APT 916

QUINCY

MA 02169

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

Apt. no. 916

**State Election Campaign Fund:**

\$1 You \$1 Spouse TOTAL 1

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

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Name/address changed since 2017

a. Total federal income

72217

b. Federal adjusted gross income

71777

Fill in if noncustodial parent

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

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

**2. Exemptions**

a. Personal exemptions

2a

4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

× \$1,000 = 2b

0

c. Age 65 or over before 2019 You + Spouse =

× \$700 = 2c

0

d. Blindness You + Spouse =

× \$2,200 = 2d

0

e. Medical/dental

2e

0

f. Adoption

2f

0

g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18

2g

4400

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

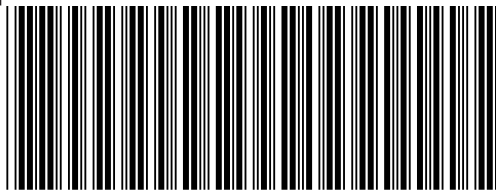
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 2018 Form 1, pg. 2

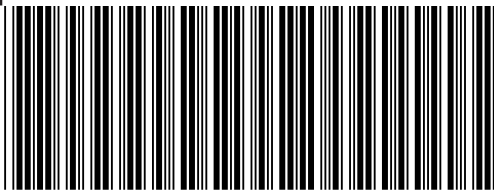
MA18001021555

Massachusetts Resident Income Tax Return

714704789

3.	Wages, salaries, tips		3	72217
4.	Taxable pensions and annuities		4	0
5.	Mass. bank interest: a.	0 - b. exemption 0	= 5	0
6a.	Business/profession income/loss		6a	0
6b.	Farming income/loss		6b	0
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss		7	0
8a.	Unemployment		8a	0
8b.	Mass. lottery winnings		8b	0
9.	Other income from Schedule X, line 5		9	0
10.	<b>TOTAL 5.1% INCOME</b>		10	72217
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses		12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s)			
	<b>Not more than two. a.</b>		× \$3,600 = 13	0
14.	Rental deduction. a. 15000		+ 2 = 14	3000
15.	Other deductions from Schedule Y, line 19		15	650
16.	<b>Total deductions.</b> Add lines 11 through 15		16	5650
17.	<b>5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. <b>Not less than "0"</b>		17	66567
18.	Exemption amount		18	4400
19.	<b>5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. <b>Not less than "0"</b>		19	62167
20.	<b>INTEREST AND DIVIDEND INCOME</b>		20	0
21.	<b>TOTAL TAXABLE 5.1% INCOME.</b> Add lines 19 and 20		21	62167

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



**2018 Form 1, pg. 3**

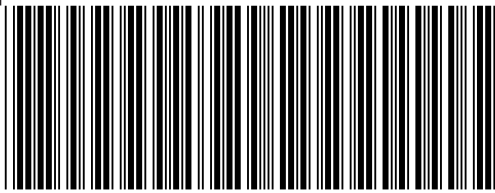
MA18001031555

Massachusetts Resident Income Tax Return

714704789

<b>22. TAX ON 5.1% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	<b>22</b>	3171
<b>23. 12% INCOME.</b> Not less than "0." a. <span style="margin-left: 100px;">0</span>	<b>23</b>	0
	<b>24</b>	0
<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
<b>25.</b> Credit recapture amount (from Credit Recapture Schedule)	<b>25</b>	0
<b>26.</b> Additional tax on installment sale	<b>26</b>	0
<b>27.</b> If you qualify for No Tax Status, fill in and enter "0" on line 28		
<b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26	<b>28</b>	3171
<b>29.</b> Limited Income Credit	<b>29</b>	0
<b>30.</b> Income tax due to another state or jurisdiction	<b>30</b>	0
<b>31.</b> Other credits from Credit Manager Schedule	<b>31</b>	0
<b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. <b>Not less than "0"</b>	<b>32</b>	3171
<b>33. Voluntary Contributions</b>		
a. Endangered Wildlife Conservation	<b>33a</b>	0
b. Organ Transplant Fund	<b>33b</b>	0
c. Massachusetts AIDS Fund	<b>33c</b>	0
d. Massachusetts U.S. Olympic Fund	<b>33d</b>	0
e. Massachusetts Military Family Relief Fund	<b>33e</b>	0
f. Homeless Animal Prevention and Care	<b>33f</b>	0
Total. Add lines 33a through 33f	<b>33</b>	0
<b>34.</b> Use tax due on Internet, mail order and other out-of-state purchases	<b>34</b>	0
<b>35.</b> Health care penalty a. You <span style="margin-left: 20px;">0</span> + b. Spouse <span style="margin-left: 20px;">0</span> - c. Fed. health care penalty <span style="margin-left: 20px;">0</span>	<b>35</b>	0
<b>36. Amended return only.</b> Overpayment from original return	<b>36</b>	0
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36	<b>37</b>	3171





# 2018 Schedules X & Y

MA18SXY011555

SAMBA CHAITANYA

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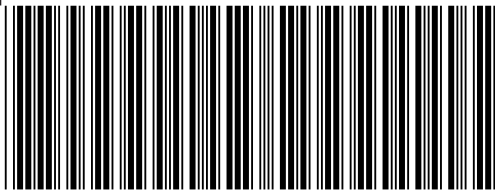
## Schedule X. Other Income

1. Alimony received	1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	0
3. Other gambling winnings. <b>Not less than "0."</b> Certain gambling losses are deductible under Massachusetts law	3	0
4. Fees and other 5.1% income. <b>Not less than "0"</b>	4	0
5. Total other 5.1% income. Add lines 1 through 4. <b>Not less than "0"</b>	5	0

## Schedule Y. Other Deductions

1. [RESERVED]	1	0
2. Penalty on early savings withdrawal	2	0
3. Alimony paid	3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	0
5. Moving expenses	5	0
6. Medical savings account deduction	6	0
7. Self-employed health insurance deduction	7	0
8. Health care accounts deduction	8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	9	0
10. Student loan interest	10	0
11. College Tuition Deduction (full-year residents only)	11	0
12. Undergraduate student loan interest deduction	12	0
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	0
14. Claim of right deduction	14	0
15. Commuter deduction	15	650
16. Human organ donation deduction (full-year residents only)	16	0
17. Certain gambling losses	17	0
18. Prepaid tuition or college savings program deduction	18	0
19. Total other deductions. Add lines 1 through 18	19	650





**2018 Schedule INC**

MA18INC011555

SAMBA CHAITANYA

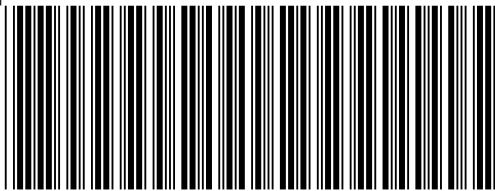
PALEPU

714704789

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
042806344	878	20354	1608	0	W2
041653090	2396	51863	4094	0	W2

TOTALS	3274	72217	5702	0	
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# 2018 Schedule HC

MA18029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

SAMBA CHAITANYA PALEPU

714704789

- 1a. Date of birth 07111991    1b. Spouse's date of birth    1c. Family size 1
- 2. Federal adjusted gross income 2    71777
- 3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2018, you turned 18, you were a part-year resident or a taxpayer was deceased. If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

<b>3a</b> You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
<b>3b</b> Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

- 4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

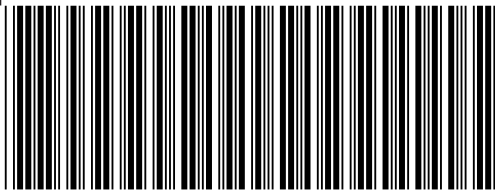
<b>4a.</b> Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/>	You	Spouse
<b>4b.</b> MassHealth. Fill in and go to line 5		You	Spouse
<b>4c.</b> Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
<b>4d.</b> U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
<b>4e.</b> Other government program (enter the program name(s) only in lines 4f and/or 4g below). <b>Note:</b> Health Safety Net is not considered insurance or minimum creditable coverage.		You	Spouse

**4f. Your Health Insurance.** Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.  
 HPHC INSURANCE CO    043149694    09063150151707226351

**4g. Spouse's Health Insurance.** Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2018, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2018 Schedule HC, pg. 2

714704789 MA18029021555

Uninsured for All or Part of 2018

6. Was your income in 2018 at or below 150% of the federal poverty level? 6 Yes No

If you answer Yes, you are not subject to a penalty in 2018. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2018, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2018, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Table with 13 columns for months (Jan-Dec) and rows for You and Spouse.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2018. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No Spouse Yes No

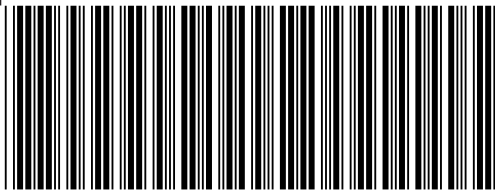
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year? 8b You Yes No Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year? 9 You Yes No Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2018 Schedule HC, pg. 3

MA18029031555

SAMBA CHAITANYA

PALEPU

714704789

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2018 tax year.

- 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? 10 You Yes No Spouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? 11 You Yes No Spouse Yes No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? 12 You Yes No Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2018 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

**Schedule HC Samba Chaitanya's Schedule HC Worksheet**  
 ▶ Keep for your records

**2018**

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
---	---------------------------------------

**3** Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. (See the special section on MCC requirements in the instructions.)  
 Full-year MCC     Part-year MCC     No MCC/None

**4** Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2018, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, check line(s) 4f and/or 4g and see instructions. Check if you were enrolled in private insurance and MassHealth, and enter your private insurance information in Your Health Insurance Smartworksheets.

- a** Private Insurance (including connector care) . . . . . You
  - b** MassHealth. . . . . You
  - c** Medicare . . . . . You
  - d** U.S. Military (including Veterans Administration and Tri-Care). . . . . You
  - e** Other government program (enter the program name(s) only below . . . . . You
- Name of Insurance Carrier or Program

**4 f** Check if you were not issued Form MA 1099-HC . . . . .

**Your Health Insurance Smart Worksheet**

Name of Insurance Company or Administrator (from Form MA 1099-HC)	Federal Identification No. of Insurance Company (from Form MA 1099-HC)	Subscriber No. (from Form MA 1099-HC)
HPHC INSURANCE CO	04-3149694	09063150151707226351
_____	_____	_____
_____	_____	_____

**7** Complete this section **only** if you and/or your spouse if MFJ, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2018. Check the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, check the months you were covered by a plan that met the MCC requirements at least **15 days or more**. See instructions if, during 2018, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

**Special Circumstance Instructions**

<input type="checkbox"/> Indicates special circumstances						
Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2018						
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	

**Months Covered By Health Insurance That Met Minimum Creditable Coverage**

You should only check the month(s) you had health insurance that met MCC requirements.						
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	

---

**Religious Exemption and Certificate of Exemption**

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**8 a Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? . . . . . ▶ Yes  No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

**8 b** If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2018 tax year? . . . . . ▶ Yes  No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

**9 Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2018 tax year? . . . . . ▶ Yes  No

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.  
Certificate No.  
\_\_\_\_\_

---

Schedule HC Worksheet for Line 10

Did your employer (or your spouse's employer if married filing jointly) offer you health insurance? . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered "Yes" above, was this insurance free?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2018. Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2018 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self employed or you were unemployed, check the No box on line 10 and complete the Schedule HC Worksheet for line 11.

**Note:** If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the federal poverty level or you had three or fewer blanks in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. If an employer offered you free health insurance coverage in 2018 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Check the Yes box in line 10 and go to the Health Care Penalty Worksheet.

1 Enter your federal adjusted gross income (from U.S. Form 1040, 7) . . . . .	1	_____
---	---	-------

**If line 1 is less than or equal to:**

- ▶ \$18,090 if single or married filing a separate with no dependents;
- ▶ \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents,

you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribuition. Check the No box in line 10. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11.

**If line 1 is more than:**

- ▶ \$18,090 if single or married filing separately with no dependents;
- ▶ \$24,360 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$30,630 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2 Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2018 through an employer. The employer's Human Resources Department should be able to provide this amount to you. . . . .	2	_____
--	---	-------

**Note:** If you declined employer-sponsored health insurance that met the Minimum Creditable Coverage, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

3 Enter the monthly premium that as a percentage of income that corresponds with your income range (from line 1 of worksheet and filing status from Table 3: Affordability from the instructions . . . . .	3	_____
4 Multiply 1 by line 3 . . . . .	4	_____
5 Divide line 4 by 12 to calculate the monthly premium considered affordable to you . . . . .	5	_____

**If line 2 is less than or equal to line 5:**

you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page HC-11.

**If line 2 is greater than line 5:**

you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page HC-8.

**Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance**

**Line 11: Eligibility for Government-Subsidized Health Insurance Smart Worksheet**

**A** In 2018, were any of these statements true?

- ▶ I was not a citizen or a non-citizen legally residing in the U.S.,
- ▶ An employer offered an individual plan that cost less than 9.56% of your household income and met minimum value standards (the employer’s Human Resource Department should be able to provide this information to you),
- ▶ I applied for Mass Health or subsidized coverage through the Health Connector and were denied because I was ineligible for services

Are any of the statements in A true? . . . . .  No  Yes

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2018. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

**Note:** If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

If married filing separately **and** living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 7) . . . . .	1	
2	Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from Table 2 in the instructions . . . . .	2	

**If line 1 is greater than line 2:**  
 you were ineligible for government-subsidized health insurance in 2018 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

**If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured:**

- ▶ you were not a citizen or a non-citizen legally residing in the U.S., **or**
- ▶ an employer offered an individual plan that cost less than 9.69% of your household income (the employer’s Human Resources Department should be able to provide this information to you) **or**
- ▶ you applied for Mass Health or subsidized coverage through the Health Connector and were denied because you were ineligible for services,

**you are deemed ineligible for government-subsidized health insurance in 2018 .**  
 Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

**If line 1 is less than or equal to line 2 and none of the conditions above apply, then**

- ▶ you would have been deemed eligible for government-subsidized health insurance in 2018 which you did not obtain and you are subject to a penalty. You must
- ▶ check the Yes box in line 11, **and** go to the Health Care Penalty Worksheet.

**Note:** If you believe that during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Check the Yes box in line 11 and go to the instructions for the Appeals section on schedule HC.



**Schedule HC Worksheet for Line 12: Ability to Purchase Affordable Private Health Insurance That Met Minimum Creditable Coverage**

The following worksheet will determine if you could have purchased affordable private health insurance that met Minimum Creditable Coverage in 2018. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 11.

**Note:** If line 6 of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blanks in a row on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Schedule HC must be attached to your return.

<b>1</b>	Enter your federal adjusted gross income (from U.S. Form 1040, line 7) . . . . .	<b>1</b>	_____
<b>2</b>	Enter the monthly premium that corresponds with your county of residency (see the printed government instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page HC-10 from the instructions . . .	<b>2</b>	_____
<b>3</b>	Enter the affordable premium as a percentage of income that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page HC-10 from the instructions. . . . .	<b>3</b>	_____
<b>4</b>	Multiply 1 by line 3. . . . .	<b>4</b>	_____
<b>5</b>	Divide line 4 by 12 to calculate the monthly premium considered affordable to you . . . . .	<b>5</b>	_____

**If line 2 is greater than line 5:**  
 you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return.

**If line 2 is less than or equal to line 5:**  
 you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page HC-11.

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

**Note:** If line 6 is checked of the Schedule HC is checked Yes indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return.

1	Enter your federal adjusted gross income from line 2 of Schedule HC . . . . .	1	_____
3	Based on Family Size, federal AGI and your age calculated penalty . . . . .	3	_____
4	How many gap(s) in coverage of four or more consecutive months do you have in Schedule HC, line 7? If you were uninsured for all of 2018 enter "0" . . . . .	4	_____ 0
	▶ <b>Turning 18, Part-Year Residents or a Taxpayer was deceased</b> . When completing line 4, do not include the number of unfilled checkboxes for months that the mandate did not apply, as determined in Schedule HC, line 7.		
5	Enter the total number of months for the gap(s) in coverage as identified in line 4. Enter "12" if you were uninsured for all of 2018. . . . .	5	_____
	▶ <b>ATTENTION: Taxpayer, or Spouse if married filing jointly, was deceased or Turned 18 or a Part-Year Resident. See Government Instructions Sch. HC.</b>		
6	Multiply line 4 by "3" . . . . .	6	_____ 0
7	Subtract line 6 from line 5 . . . . .	7	_____ 0
8	Multiply line 3 by line 7. This is the penalty amount for you . . . . .	8	_____ 0

If you are subject to a penalty because you are deemed able to afford insurance in 2018 but did not obtain it, you may appeal the application of the penalty to you. Go to the Filing an Appeal section on the Schedule HC and follow these instructions. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a and line 39b. If you are **not** appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or 34b or Form 1-NR/PY, line 39a and line 39b.

**Complete Only If You Are Filing An Appeal**

You:

I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.



**Massachusetts Interest Income Worksheet**

**2018**

Keep for your records — Do not file

**Statement**

Name(s) shown on return Samba Chaitanya Palepu	Social Security Number 714-70-4789
---	---------------------------------------

Payer Name	T S J	Regular Interest	Reg Type	U.S. Govt Interest	Tax exempt Interest	St ID	Adjustment Amount (Enter as positive)	Adj Type	Massachusetts Bank Interest
		Bond Premium on regular interest		Bond Premium on U.S. Govt Interest	Bond Premium on exempt interest				

**Type**  
 (blank) Regular Taxable Interest  
 M Bank Interest  
 S Seller Financed

**Type of Adjustment**  
 N Nominee Distribution  
 O OID Adjustment  
 A Accrued Interest  
 H Other Adjustment  
 U U.S. Savings Bond Prev Reported

## Section 179 Worksheet

**2018**

Name as Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
---	---------------------------------------

### Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation . . . . .	1	
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	2	
3 Section 1231 gain adjustment . . . . .	3	
4 Other additions or subtractions to taxable income . . . . .	4	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	5	
6 Total Section 179 before limitation . . . . .	6	
7 Section 179 allowable, if different . . . . .	7	
8 Federal Section 179 allowed . . . . .	8	
9 <b>State Section 179 adjustment</b> . . . . .	9	
10 Carryover to next year . . . . .	10	

**QuickZoom** to Activity Worksheet . . . . . ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) . . . . . \_\_\_\_\_

### Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) . . . . . \_\_\_\_\_

# Massachusetts Information Worksheet

**2018**

▶ Keep for your personal records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . Samba Chaitanya  
 Middle Initial . . . . .                      Suffix . . . . .                       
 Last Name . . . . . Palepu  
 Social Security No. . . 714-70-4789  
 Occupation Data Analyst  
 Date of Birth . . . . . 07/11/1991  
 Date of Death . . . . .                       
 Daytime Phone . . . .                      (813) 476-3796  
 Home Phone . . . . .                       
 Print phone number on vouchers  TP work  TP home  Spouse work  Spouse home

### Spouse:

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

Address . . . . . 10 Faxon Ave Apt . . . . . 916  
 City . . . . . Quincy State . . MA ZIP Code . . 02169  
 In care of Address . 10 Faxon Ave, APT 916  
 City . . . . . Quincy State . . MA ZIP Code . . 02169  
 Foreign state . .                      Foreign country .                      Foreign Postal Code                     

## Part II – Main Form

- Form 1: Resident Tax Return . . . . . ▶
- Form 1-NR/PY: Nonresident Return . . . . . ▶
- Form 1-NR/PY: Nonresident and Part-Year Resident Return (**Sch R/NR**) . . . . . ▶
- Form 1-NR/PY: Part-year Resident Return . . . . . ▶

Residency dates . . . . . From                      To                     

## Part III – Filing Status

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

## Part IV – Dependent Information

Full Name	Relationship	Age	Disabled?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

## Part V – Electronic Filing Information

**Yes No**  
  Planning to pay balance due on or before April 17, 2019?

Part VI – Direct Deposit Information or Direct Debit Information

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

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

Name of Financial Institution (optional) . . . . . ▶ bank of america

Check the appropriate box:

Checking . . . . . ▶       Routing number . . . . . ▶ 063100277  
Savings . . . . . ▶       Account number . . . . . ▶ 229055542459

International ACH Transactions

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

Additional information for electronic funds withdrawal:

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

Part VII – Additional Return Information

- 1 State Election Campaign Fund:**  
 TP wants \$1 to go to Massachusetts Election Campaign Fund  
 Spouse wants \$1 to go to Massachusetts Election Campaign Fund
- 2 Non-Custodial Parent:**  
 Non-custodial parent
- 3 Schedule TDS:**  
 Filing Schedule TDS
- 4 First Time Filer:**  
 First time filer with Massachusetts Department of Revenue
- 5 Address/Name Change:**  
 Name or address changed since 2017
- 6 Farmer and Fisherman Status:**  
 Farmer and fisherman
- 7 Rental Deduction/Circuit Breaker Credit:**  
Rent paid in Massachusetts during 2018 . . . . . 15000  
**a Senior Circuit Breaker Credit:**  
 Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2018:

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

Taxpayer	Spouse
5702	
5702	

- 9 Wages Taxed by More Than One State (Massachusetts Resident)**  
 Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)

- 10 Form EFO:**  
 Print Massachusetts Form EFO  
 Not required to file Massachusetts Form EFO

**Part VIII – Extension Status**

**Yes No**

Tax return due date extended?

Extended due date . . . \_\_\_\_\_

**Filing and Acceptance Information (Electronic Filing Only):**

Extension filing date . . . . . \_\_\_\_\_

Extension acceptance date . . . . . \_\_\_\_\_

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

**Part IX – Amended Return**

Filing a Massachusetts amended return

Check if this is due to a change on your federal return

Enter the tax year you are amending . . . . . \_\_\_\_\_

Previous Massachusetts payment made . . . . . \_\_\_\_\_

Previous Massachusetts refund received. . . . . \_\_\_\_\_

**QuickZoom** Form 1: **Calculating the Overpayment or Amount Due - Amended Return**. . . . . ▶ \_\_\_\_\_

**QuickZoom** Form 1-NR/PY: **Calculating the Overpayment or Amount Due - Amended Return** . . . . . \_\_\_\_\_



# Tax Payments Worksheet

**2018**

► Keep for your records

Name Samba Chaitanya Palepu	Social Security Number 714-70-4789
--------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,274.
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	<b>Total income tax withheld</b> . . . . .	14	3,274.
15	Date return will be filed and balance paid . . . . .	15	

Sch B Line 36  
or  
Sch D Line 20

**Exemptions from Interest and Dividend Income,  
12% Income and Long-Term Capital Gain Income**  
(Only if Single, Head of Household, or Married Filing Jointly)

**2018**

► Keep for your records

Name as Shown on Return Samba Chaitanya Palepu	Social Security No. 714-70-4789
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If your total exemptions in Form 1, line 18 (or Form 1-NR/PY, line 22) are more than the amount of your 5.1% income after deductions in Form 1, line 17 (or Form 1-NR/PY, line 21), the excess may be applied against any interest and dividend income and income taxed at 12%. Any remaining excess amount may then be applied against any long-term capital gain income. Complete the following worksheet only if Form 1, line 17 is less than line 18 (or Form 1-NR/PY, line 21 is less than line 22) to determine if you qualify for the excess exemption. Enter all losses as '0.'

<b>1</b>	Enter amount from Schedule B, line 35. Not less than '0' . . . . .	<b>1</b>	
<b>2</b>	Enter amount from Form 1, line 18 (or Form 1-NR/PY, line 22) . . . . .	<b>2</b>	4,400.
<b>3</b>	Enter amount from Form 1, line 17 (or Form 1-NR/PY, line 21) . . . . .	<b>3</b>	66,567.
<b>4</b>	Subtract line 3 from line 2. If '0' or less, you do not qualify for this exemption. Omit the remainder of worksheet . . . . .	<b>4</b>	-62,167.
<b>5</b>	Excess exemptions applied against interest and dividend income and 12% income. If line 1 is larger than line 4, enter line 4 here and in Schedule B, line 36 and omit remainder of worksheet. If line 4 is equal to or larger than line 1, enter line 1 here and in Schedule B, line 36. Complete line 6 through 8.	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. If '0', Omit the remainder of worksheet	<b>6</b>	
<b>7</b>	Enter Schedule D, line 19. Not less than '0' . . . . .	<b>7</b>	
<b>8</b>	Excess exemptions applied against long-term capital gain income. If line 7 is larger than line 6, enter line 6 here and in Schedule D, line 20. If line 6 is equal to or larger than line 7, enter line 7 here and in Schedule D, line 20 . . . . .	<b>8</b>	

► Keep for your personal records

Name as Shown on Return  
Samba Chaitanya Palepu

Social Security No.  
714-70-4789

**Sale or Exchange of Property**

Description of Property	N o n - M A	T y p e	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis plus Expenses	Gain/Loss
	<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"/>						

**Type**

- A = Federal Schedule D
- C = Federal 6252, 4684 and 8824
- D = Federal Schedule K-1

- E = Federal Form 4797
- F = Federal Form 2439
- I = Federal Form 4797, Part II  
(not including above)

**Capital Gain Distributions**

Description of Property	Non-MA	Gain
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<b>Total</b> . . . . .		

	Type	Summary of Massachusetts Schedule B Sources	Gains	Losses
1	A	Federal Schedule D . . . . .	_____	_____
1 a		Federal Schedule D, line 1a, column h . . . . .	_____	_____
2	C	Federal Forms 6252, 4684 and 8824 . . . . .	_____	_____
2 a		Federal Form 6781 . . . . .	_____	_____
3	D	Federal Schedule K-1 . . . . .	_____	_____
4		Subtotal of short-term capital gains/losses . . . . .	_____	_____
5	E	Federal Form 4797 . . . . .	_____	_____
6	I	Federal Form 4797, Part II . . . . .	_____	_____
7		Subtotal of short-term Form 4797 . . . . .	_____	_____

	Summary of Massachusetts Schedule B Adjustments	Gains	Losses
8	Subtotal of Non-Massachusetts short-term capital gains/losses . . . . .	_____	_____
9	Subtotal of Non-Massachusetts short-term Form 4797 . . . . .	_____	_____
10	Subtotal of Form 4797 adjustments due to fed/state depreciation . . . . .	_____	_____
11	Subtotal of cap gain/loss adjustments due to fed/state depreciation . . . . .	_____	_____

	Summary of Federal Schedule D - Long Term Transactions	Long-term transactions
12	Federal Schedule D, line 8, col.h. . . . .	_____
12 a	Federal Schedule D, line 8a, col.h. . . . .	_____
13	Federal Schedule D, line 9, col.h. . . . .	_____
14	Federal Schedule D, line 10, col.h. . . . .	_____
15	Federal Schedule D, line 11, col.h. . . . .	_____
16	Federal Schedule D, line 12, col.h. . . . .	_____
17	Federal Schedule D, line 13, col.h. . . . .	_____

	Type	Summary of Massachusetts Schedule D	Long-term transactions
18	A	Federal Schedule D . . . . .	_____
19	C	Federal Forms 6252, 4684, 6781, and 8824 . . . . .	_____
20	D	Federal Schedule K-1 . . . . .	_____
21	E	Federal Form 4797 . . . . .	_____
22	F	Federal Form 2439 (Enter col A, B, C, D, E or F) . . . . .	_____
23	I	Federal Form 4797, Part II (not included above) . . . . .	_____
24	J	Cap Gain Distributions . . . . .	_____
25		Non-Massachusetts capital gains/losses . . . . .	_____
26		Adjustment due to federal/state depreciation difference . . . . .	_____

► Keep for your personal records

Name as Shown on Return Samba Chaitanya Palepu	Social Security No. 714-70-4789
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Use the following worksheet to calculate your Commuter Deduction.

		Taxpayer	Spouse
1	Enter amount paid for tolls through an E-Z Pass account . . . .		
2	Enter amount paid for weekly or monthly transit commuter passes for MBTA transit or commuter rail. (do not include amounts reimbursed or otherwise deductible) . . . . .	800	
3	Add lines 1 and 2. If \$150 or less, you do not qualify for this deduction. Omit remainder of this worksheet. Otherwise, complete lines 4 through 6 . . . . .	800	
4	Enter \$150 . . . . .	<b>150</b>	<b>150</b>
5	Subtract line 4 from line 3 . . . . .	650.	
6	Enter the lesser of line 5 or \$750 here and on Schedule Y, line 15. . . . .	650.	
7	<b>Part-year residents</b> , multiply line 6 by Form 1-NR/PY, line 2. Enter the result here and on Schedule Y, line 15. <b>Nonresidents</b> , multiply line 6 by Form 1-NR/PY, line 14g. Enter the result here and on Schedule Y, line 15.		

Name(s) Shown on Return  
Samba Chaitanya Palepu

Your Social Security Number  
714-70-4789

**Part I 2019 Estimated Tax Amount Options**

**1 Select One of Six Ways to Calculate the Required Annual Payment for 2019 Estimates:**

- a 100% of **2018** taxes (default, see Tax Help) . . . . .  3,171.
- b 100% of tax on **2019** estimated taxable income . . . . .  3,139.
- c 80% of tax on **2019** estimated taxable income . . . . .  2,512.
- d 66-2/3% of tax on **2019** estimated taxable income (farmers and fishermen) . . . . .  2,093.
- e Equal to 100% of overpayment (no vouchers) . . . . .  103.
- f Enter total amount you want to use for estimates and check box . . . . .

**2 Selected estimated tax amount:**

- a 2019 Required Annual Payment based on your choice above . . . . . 3,171.
- b Estimated amount of 2019 state income tax withholding . . . . . 3,274.
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$400 or more (default) . . . . .
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

- 1 Amount of overpayment available (Form 1, line 46 or Form 1-NR/PY, line 50 less interest, penalty and M-2210 amount) . . . . . 103.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . .
- d Apply to extent of first quarter amount and refund excess . . . . .
- e Enter amount you want to apply . . . . .
- f Amount applied to 2019 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 103.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**

- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	1 Apr 16, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If you have already made payments, enter amounts . . . . .					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2019, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment . . . . .					
4 Overpayment applied . . . . .					
5 Net payment due . . . . .					
6 Voucher amounts (from Part VI, line 11) . . . . .					
7 Estimated quarterly tax on 12% Income (from Part VI, line 2). . . . .					
8 Estimated quarterly tax on long-term capital gain Income (from Part VI, line 3). . . . .					

**Part V Changes to Income, Deductions and Withholding for 2019**

2018 income and deductions are shown in the '2018 Actual' column below.

\*\*For each line in the '2019 Estimated' column, enter estimated 2019 amount if different from 2018. Otherwise, the '2018 Actual' amount will be used for that line. If zero, you must enter zero.

	2018 Actual	**2019 Estimated
Taxable 5.05% income* (after deductions and exemptions) . . . . .	62,167.	
<b>B</b> Taxable 12% income (after exemptions, if any). 12% income includes any income associated with short-term capital gains and long-term gains on collectibles or pre-1996 Installment sales . . .		
<b>C</b> Taxable long-term capital gain income (after deductions and exemptions, if any). Long-term capital gain income includes any income associated with long-term capital gains excluding collectibles or pre-1996 Installment sales . . . . .	0.	
<b>D</b> Other credits . . . . .		
<b>E</b> Limited income credit (if any) . . . . .		
<b>F</b> Amount of tax expected to be withheld . . . . .	3,274.	

**NOTE:** Beginning January 1, 2019 the 5.1% tax rate of taxable income has dropped to 5.05%.  
 \* 5.05% income includes: wages, salaries, tips, business income, partnership and S corporation income, trust income, rental income, unemployment compensation, alimony, pensions and annuity income, IRA/Keogh distributions, winnings, fees, long-term capital gain income not taxed at the 12% rate, interest and dividend income and other taxable income not taxed at the 12% rate.

**Part VI 2019 Estimated Taxable Income and Tax**

Detailed explanations of your deductions, exemptions and credits appear in the instructions for the income tax form you file.	Taxable Income	Tax Rate	Amount
<b>1</b> Taxable 5.05% income* (after deductions and exemptions) . . . . .	62,167.	x .0505	3,139.
<b>2</b> Taxable 12% income (after exemptions, if any) . . . . .		x .12	
<b>3</b> Taxable long-term capital gain income (after deductions and exemptions, if any) . . . . .	0.	x .0505	0.
<b>4</b> Total tax. <i>Add lines 1 through 3.</i> . . . . .			<b>4</b> 3,139.
<b>5</b> Limited income credit (if any) . . . . .	<b>5</b>		
<b>6</b> Other credits . . . . .	<b>6</b>		
<b>7</b> Total credits. <i>Add lines 5 and 6.</i> . . . . .			<b>7</b>
<b>8</b> Your estimate of 2019 income tax. <i>Subtract line 7 from line 4.</i> . . . . .			<b>8</b> 3,139.
<b>9</b> Amount of this tax expected to be withheld during 2019 . . . . .			<b>9</b> 3,274.
<b>10</b> 2018 overpayment applied to 2019 estimated tax. . . . .			<b>10</b>
<b>11</b> <b>Estimated tax</b> for 2019. <i>Subtract the total of lines 9 and 10 from line 8</i> . . . . . (Note: if less than \$400 you are not required to make estimated tax payments)			<b>11</b> -135.
<b>12</b> <b>Amount of Payment.</b> If first voucher is due to be filed on: April 16, 2019 enter 25% June 17, 2019 enter 33% September 16, 2019 enter 50% January 15, 2020 enter 100% of line 11 here and on line 3 of your payment vouchers . . . . .			<b>12</b>

**Form 1, Line 34  
Form 1-NR/PY,  
Line 38**

**Use Tax Due on Out of State Purchases**

**2018**

► Keep for your personal records

Name as Shown on Return Samba Chaitanya Palepu	Social Security No. 714-70-4789
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Use the following worksheet to calculate your Use Tax Due while a Massachusetts resident or part-year resident.

**Note:** To apply the "safe-harbor" for individual purchases of less than \$1,000, leave the purchase price blank and check the use "safe-harbor" table checkbox on line 1. Single purchases of \$1,000 or more are taxed at 6.25 percent (.0625) and added to this "safe-harbor" tax.

Description of Item Purchased	Date of Purchase	Purchase Price

1	<input type="checkbox"/> Itemized purchases under \$1,000 x 6.25 percent (.0625) <b>OR</b> <input type="checkbox"/> Use "safe-harbor" table . . . . .	1	_____
2	Total of single purchases of \$1,000 or more @ 6.25% (.0625) . . . . .	2	_____
3 a	Total of itemized purchases listed on lines 1 and 2 . . . . .	3a	_____
3 b	Credit for sales/use tax paid to another state or jurisdiction. Add the amount of any sales/use tax paid to another state or jurisdiction, or 6.25% of the sales price, whichever is less on each itemized purchase on line 3a	3b	_____
4	6.25% Sub-Total. Line 1 plus line 2 minus line 3b . Not less than "0" . . . . .	4	_____ 0
5	Total amount due. Enter the result here and on Form 1, line 34 or Form 1-NR/PY, line 38 . . . . .	5	_____ 0



**Tax Summary**  
 ► Keep for your records

**2018**

Name	
Samba Chaitanya Palepu	
<b>Total 5.1% income</b> . . . . .	72,217.
<b>Total 5.1% deductions</b> . . . . .	5,650.
<b>Total 5.1% exemptions</b> . . . . .	4,400.
<b>Interest and Dividends</b> . . . . .	
<b>Taxable 5.1% income</b> . . . . .	62,167.
<b>Tax on 5.1% income</b> . . . . .	3,171.
<b>Taxable 12% income</b> . . . . .	
<b>Tax on 12% income</b> . . . . .	
<b>Taxable long-term capital gain income</b> . . . . .	0.
<b>Tax on long-term capital gain income</b> . . . . .	
<b>Total tax</b> . . . . .	3,171.
<b>Credits</b> . . . . .	
<b>Amounts paid and withheld</b> . . . . .	3,274.
<b>Penalties and interest</b> . . . . .	
<b>Balance due</b> . . . . .	
<b>Refund</b> . . . . .	103.

## Smart Worksheets from your 2018 Massachusetts Tax Return

SMART WORKSHEET FOR: Form 1: Resident Tax Return

Calculation of overpayment or balance due including interest, penalty and underpayment penalty	
Net refund including interest, penalty and underpayment penalty, if any . . . . .	▶ <u>103</u>
Total balance due including interest, penalty and underpayment penalty, if any. . . . .	▶ <u>0</u>

SMART WORKSHEET FOR: Schedule X and Y: Other Income and Other Deductions

<b>Massachusetts Moving Expenses Smart Worksheet</b> (Note: Massachusetts did not adopt changes under TCJA)		
	Total Amount	MA Amount (if different)
<b>A</b> Transportation and storage of household goods and personal effects in 2018 . . . . .		
<b>B</b> Travel (including lodging) from your old home to your new home. Do not include cost of meals . . . . .		
<b>C</b> Line A plus Line B . . . . .		
<b>D</b> Total amount employer paid for expenses on Lines A and B that is not included in Form W-2 wages. This amount may be in box 12 of Form W-2, code P . . . . .		
<b>E</b> Subtract Line D from Line C. <b>Not less than '0'</b> . . . . .	0	0

SMART WORKSHEET FOR: Schedule HC: Health Care Information

<b>Family Size Smart Worksheet</b>	
<b>A</b> Taxpayer . . . . .	<u>1</u>
<b>B</b> Spouse . . . . .	<u>          </u>
<b>C</b> Dependents. . . . .	<u>          </u>
<b>D</b> Spouse federal AGI( <i>If MFS and lived together</i> ) . . . . .	<u>          </u>

SMART WORKSHEET FOR: Taxpayer's Health Insurance Worksheet

<b>Table 2: Line 3 Premiums Smart Worksheet</b>	
<b>A</b> Age (if married filing a joint return, age of older spouse) . . . . .	<u>          </u>
<b>B</b> County of residence . . . . .	<u>Norfolk</u>