

Review your print out for checklist items.

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

Your first name and middle initial Samba Chaitanya	Last name Palepu	Your social security number 714-70-4789
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 10 Faxon Ave	Apt. no. 916	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Quincy MA 02169-4688		
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	85,851.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				6	
7a Other income from Schedule 1, line 9				7a	0.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b	85,851.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	85,851.
9 Standard deduction or itemized deductions (from Schedule A)			9 12,200.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10		
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	73,651.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	12,067.	
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	12,067.	
13a	Child tax credit or credit for other dependents ▶	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	12,067.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10 ▶	15	0.	
16	Add lines 14 and 15. This is your total tax ▶	16	12,067.	
17	Federal income tax withheld from Forms W-2 and 1099 ▶	17	13,910.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO ▶	18a		
b	Additional child tax credit. Attach Schedule 8812 ▶	18b		
c	American opportunity credit from Form 8863, line 8 ▶	18c		
d	Schedule 3, line 14 ▶	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e		
19	Add lines 17 and 18e. These are your total payments ▶	19	13,910.	

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid ▶	20	1,843.	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,843.	
b	Routing number 063100277 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number 229055542459			
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22		

Direct deposit?
See instructions.

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.		Firm's EIN ▶	
Firm's address ▶				

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019
Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service (99)

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

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 Forms 1040 and 1040-SR, line 2b.)

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

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

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

Table with columns for Amount and rows for interest entries 1-4.

Part II
Ordinary Dividends

5 List name of payer

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

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

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

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

Table with columns for Amount and rows for ordinary dividends entries 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.

Foreign Accounts and Trusts

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes/No columns for Part III questions 7a, b, and 8.

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

Tax History Report

2019

▶ Keep for your records

Name(s) Shown on Return

Samba Chaitanya Palepu

Five Year Tax History:					
	2015	2016	2017	2018	2019
Filing status		Single	Single	Single	Single
Total income		21,157.	60,982.	72,217.	85,851.
Adjustments to income		2,500.	4,800.	440.	
Adjusted gross income		18,657.	56,182.	71,777.	85,851.
Tax expense			2,594.	3,274.	4,004.
Interest expense . . .					
Contributions			300.		
Misc. deductions . . .					
Other itemized ded'n's					
Total itemized/ standard deduction . .		6,300.	6,350.	12,000.	12,200.
Exemption amount . .		4,050.	4,050.	0.	0.
QBI deduction					
Taxable income		8,307.	45,782.	59,777.	73,651.
Tax		833.	7,183.	9,090.	12,067.
Alternative min tax . .					
Total credits		833.			
Other taxes		0.	0.	0.	
Payments		3,192.	8,315.	10,448.	13,910.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund		3,192.	1,132.	1,358.	1,843.
Effective tax rate % . .		-5.33	12.79	12.66	14.06
**Tax bracket %		10.0	25.0	22.0	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, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), 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 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, 2020.

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

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

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

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

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

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

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

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
 beginning _____, 2019, ending _____, 20 ____.

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
Samba Chaitanya _____ Palepu _____ 714-70-4789 _____
 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. _____
10 Faxon Ave _____ 916 _____
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code _____
Quincy _____ MA 02169-4688 _____
 Foreign country name Foreign province/state/county Foreign postal code _____

QuickZoom to explanation statement for overseas extension ▶

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 . . ▶

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifies for (see instr):	
				under age 17 qualifying for 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"/>

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

<input type="checkbox"/>	Someone can claim you as a dependent		
<input type="checkbox"/>	Someone can claim your spouse as a dependent		
a	Check if:	<input type="checkbox"/> You were born before January 2, 1955,	<input type="checkbox"/> Blind.
		<input type="checkbox"/> Spouse was born before January 2, 1955,	<input type="checkbox"/> Blind.
		Total boxes checked	▶ a <input type="checkbox"/>
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		▶ b <input type="checkbox"/>

Form 1040 or Form 1040-SR, Lines 1 - 6

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<u>85,851.</u>
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends (see instructions) 3a		
b	Ordinary dividends. Attach Schedule B if required	3b	
4	IRA distributions 4a		
	Taxable amount (see instructions)	4b	
	Pensions and annuities 4c		
	Taxable amount (see instructions)	4d	
5 a	Social security benefits 5a		
b	Taxable amount (see instructions)	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶			

Form 1040 or Form 1040-SR, Lines 7 and 8

7 a	Other income from Schedule 1, line 9	7a	<u>0.</u>
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income	7b	<u>85,851.</u>
8 a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income . AGI including excludable Puerto Rico Income.	8b	<u>85,851.</u>

Form 1040 or Form 1040-SR, Line 9 – Standard or Itemized Deduction

9	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <ul style="list-style-type: none"> ● Single or Married filing separately: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount	9	<u>12,200.</u> <u>73,651.</u>
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Form 1040 or Form 1040-SR, Lines 10 - 12			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11 a	Add lines 9 and 10	11a	12,200.
b	Taxable Income. Subtract line 11a from line 8b	11b	73,651.

12 a	Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
b	Add Schedule 2, line 3 and line 12a and enter total	12b	12,067.
QuickZoom to Schedule 2 - Additional Tax section			

Form 1040 or Form 1040-SR, Line 13 - 16			
13 a	Child tax credit/credit for other dependents	13a	
b	Add Schedule 3, line 7 and line 13a and enter the total.	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	12,067.
15	Other taxes, including self-employment tax, from Schedule 2, line 10.	15	0.
16	Add lines 14 and 15. This is your total tax	16	12,067.
QuickZoom to Schedule 3 — Additional Credits and Payments			

Form 1040 or Form 1040-SR, Lines 17 - 19			
17	Federal income tax withheld from Forms W-2 and 1099	17	13,910.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No		
	Nontaxable combat pay election		
b	Add'l child tax credit. Attach Schedule 8812		
c	American opportunity credit from Form 8863, line 8.		
d	Schedule 3, line 14.		
e	Add lines 18a through 18d. These are your other payments and refundable credits	18e	
19	Add Lines 17 and 18e. These are your total payments	19	13,910.
QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated			
QuickZoom to "due diligence checklist" substitute for Form 8867			
QuickZoom to Schedule 3 — Additional Credits and Payments			

Form 1040 or Form 1040-SR, Lines 20 - 22			
Refund:			
20	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	20	1,843.
21 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	1,843.
b	Routing number		063100277
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		229055542459
22	Amount of overpayment on line 20 you want applied to your 2020 estimated tax		

Form 1040 or Form 1040SR, Lines 23 - 24			
Amount You Owe:			
23	Subtract line total payments from total tax	23	
24	Estimated tax penalty (see instructions)	24	
QuickZoom to Late Penalties and Interest Worksheet			QuickZoom.

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return) Yes No

Part I Additional Income

Table with 2 columns: Description and Amount. Row 1: Taxable refunds, credits, or offsets of state and local income taxes (see instr.) 1 0.

Alimony Received Smart Worksheet

Table with 4 columns: Taxpayer, Spouse, Date of divorce/sep, and a checkbox. Rows A and B for input.

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

Main table for Part I with rows 2a through 9. Includes 'Total Income' section with a value of 85,851 and a 'QuickZoom' link.

Part II Adjustments to Income

Table with 2 columns: Description and Amount. Rows 10 through 17 for various adjustments.

Alimony Paid Smart Worksheet

Table with 5 columns: Recipient's name, Recipient's SSN, Date of divorce/sep, a checkbox, and Alimony paid. Rows A and B for input.

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

Main table for Part II with rows 18a through 22. Includes 'adjustments to income' section.

Schedule 2 - Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	_____
2	Excess advance premium tax credit repayment. Attach Form 8962	2	_____
3	Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b ▶	3	_____

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	_____
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	_____
6	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	6	_____
7 a	Household employment taxes from Schedule H	7 a	_____
b	First-time homebuyer credit repayment. Attach Form 5405 if required	b	_____
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____	8	_____
9	Section 965 net tax liability installment from Form 965-A. 9 _____		_____
10	Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶	10	_____
	Total tax (add line 10 and Schedule 3, line 7b)		_____
			0.
			12,067.

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit, Education credits, Retirement savings contributions credit, Residential Energy Credit, and Total non-refundable credits.

Part II Other Payments and Refundable Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for 2019 estimated tax payments, Net premium tax credit, Excess social security and tier 1 RRTA tax withheld, and Total Payments (Part II, lines 8-13) and Withholding.

Third Party Designee

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

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.

Your Signature Date Your Occupation
Spouse's Signature. If joint, both 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 Date [] 3rd Party Designee [] Self-employed
Firm's Address (or yours if self-employed) Firm's EIN. Phone No.
Self-Prepared State ZIP Code

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

Name(s) Shown on Return Samba Chaitanya Palepu	Your SSN 714-70-4789
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Line 4b - Adjustment for trade or business income or loss

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

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2018 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 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

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

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

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

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

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		

3		3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

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

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

Total additional modifications to Form 8960, line 10		

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

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2018	(c) Suspended 12/31/2019	(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)		
	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		
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	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		

23	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8 or Form 1040NR, line 21 . .		

Charitable Organization Worksheet

2019

▶ 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 . . . _____

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
Total:				
Prior Year Total:				

ItsDeductible Item Donations Worksheet

Note: 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				
Note: 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		2019 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 Digital Analytics Manager
 Date of birth 07/11/1991 (mm/dd/yyyy)
 Age as of 1-1-2020 28
 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 1-1-2020
 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 02169-4688

Foreign Address: Check this box to use foreign address . . ▶

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country 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

Print Form 1040-SR instead of Form 1040 Yes No

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 2017 ▶ 2018 ▶
 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)			E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2019						

* "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 2019? ... 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 2019 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2019 or if you are ineligible to claim the EIC in 2019 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 ...

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended 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 (Form 8863)

For 2019, 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, 2019 ▶ 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, 2019 ▶ _____

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

2019

► 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
Suffix

Social security no. . . 714-70-4789 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 07/11/1991 (mm/dd/yyyy) age as of 1-1-2020 28

Occupation . . . Digital Analytics Manager Daytime phone . . . (813) 476-3796 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2019 ► 2019 . ► 2018 . ► 2017 . ► Before 2017 . ►

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 1-1-2020 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 2019? ► 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, 2019? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 MA

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 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Full-time student for 5 calendar months during 2019? ► 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

► 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
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	85,851.		85,851.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	13,910.		13,910.
3 & 7	Total social security wages/tips	88,588.		88,588.
4	Total social security tax withheld	5,492.		5,492.
5	Total Medicare wages and tips	88,588.		88,588.
6	Total Medicare tax withheld	1,285.		1,285.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	13,035.		13,035.
b	Elective deferrals to qualified plans	2,738.		2,738.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	10,297.		10,297.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	85,851.		85,851.
17	Total state tax withheld	4,004.		4,004.
19	Total local tax withheld.			

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.

<p>a Employee's social security no. . . <u>714-70-4789</u></p> <p>b Employer ID number (EIN) . . . <u>04-1653090</u></p> <p>c Employer's name, address, and ZIP code <u>National Fire Protection Associa</u> Street <u>1 Batterymarch Park</u> City <u>Quincy</u> State <u>MA</u> ZIP Code <u>02169-7471</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Samba Chaitanya</u> M.I. _____ Last <u>Palepu</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>10 Faxon Ave</u> City <u>Quincy</u> State <u>MA</u> ZIP Code <u>02169</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>85,850.68</u></p> <p>3 Social security wages <u>88,588.33</u></p> <p>5 Medicare wages and tips <u>88,588.33</u></p> <p>7 Social security tips _____ ▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans <u>0.00</u></p> <p>12 Enter box 12 below</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>13,909.63</u></p> <p>4 Social security tax withheld <u>5,492.48</u></p> <p>6 Medicare tax withheld <u>1,284.53</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
--	---	---

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>28.66</u>	A: Enter amount attributable to RRTA Tier 2 tax _____
<u>E</u>	<u>2,737.65</u>	M: Enter amount attributable to RRTA Tier 2 tax _____
<u>DD</u>	<u>10,268.44</u>	P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____ Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____ Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MA</u>	<u>04165309004</u>	<u>85,850.68</u>	<u>4,003.73</u>

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

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

Wages, Salaries, & Tips Worksheet

2019

▶ Keep for your records

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

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

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	85,851.		85,851.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2019			
b _____			

10 Subtotal. Add lines 1 through 9	85,851.		85,851.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	85,851.		85,851.

Name(s) Shown on Return
Samba Chaitanya Palepu

Social Security Number
714-70-4789

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	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 smaller 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		
		Regular	AMT
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total	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 28% Rate Gain Worksheet . 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	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Samba Chaitanya Palepu

Social Security Number
714-70-4789

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

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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1 a Enter your taxable income from Form 1040, line 11b **1 a** 73,651.
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** 73,651.

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** 73,651.

15 Enter:
• \$39,375 if single or married filing separately,
• \$78,750 if married filing jointly or qualifying widow(er), or
• \$52,750 if head of household. **15** 39,375.

16 Enter the **smaller** of line 1c or line 15 **16** 39,375.

17 Enter the **smaller** of line 14 or line 16 **17** 39,375.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 73,651.

19 Enter the **smaller** of line 1c or:
• \$160,725 if single or married filing sep,
• \$321,450 if MFJ or qual widow(er), or
• \$160,700 if head of household. **19** 73,651.

20 Enter the **smaller** of line 14 or line 19 **20** 73,651.

21 Enter the **larger** of line 18 or line 20 **21** 73,651.

22 Subtract line 17 from line 16. This amount is taxed at 0% **22** 0.

If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 **23** 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) **24** 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- **25** 0.

26 Enter:
• \$434,550 if single,
• \$244,425 if married filing separately,
• \$488,850 if married filing jointly or qualifying widow(er), or
• \$461,700 if head of household. **26** 434,550.

27 Enter the smaller of line 1c or line 26 **27** 73,651.

28 Add lines 21 and 22 **28** 73,651.

29 Subtract line 28 from line 27. If zero or less, enter -0- **29** 0.

30 Enter the **smaller** of line 25 or line 29 **30** 0.

31 Multiply line 30 by 15% (0.15) **31** 0.

32 Add lines 24 and 30 **32** 0.

If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23. **33** 0.

34 Multiply line 33 by 20% (0.20) **34** 0.

If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 **35** _____

36 Add lines 10 and 21 **36** _____

37 Enter the amount from line 1c above **37** _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>12,067.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>12,067.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>12,067.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a	47	<u>12,067.</u>

Form 1040
Line 12a

Qualified Dividends and Capital Gain Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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1	Enter the amount from Form 1040 or 1040-SR, line 11b	1	
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	
3	Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4	Add lines 2 and 3	4	
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	
8	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	} 8	
9	Enter the smaller of line 1 or line 8	9	
10	Enter the smaller of line 7 or line 9	10	
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	
12	Enter the smaller of line 1 or line 6	12	
13	Enter the amount from line 11	13	
14	Subtract line 13 from line 12.	14	
15	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	} 15	
16	Enter the smaller of line 1 or line 15	16	
17	Add lines 7 and 11	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the smaller of line 14 or line 18	19	
20	Multiply line 19 by 15% (0.15)	20	
21	Add lines 11 and 19	21	
22	Subtract line 21 from line 12	22	
23	Multiply line 22 by 20% (0.20)	23	
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	
25	Add lines 20, 23, and 24	25	
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a.	27	

IRA Contributions Worksheet

2019

▶ 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

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, 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		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	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"/>
11	Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year	—	—
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet		
14	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2019

▶ Keep for your records

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, 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.	_____	_____
21	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
22	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
23	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions	_____	_____
25	Roth IRA contributions. Combine lines 20 through 24	_____	_____
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
27	Excess Roth IRA contribution credit	_____	_____
28	Total Roth IRA contributions	_____	_____
29	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation	_____	_____
31	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <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

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

Schedule A
Line 1

Medical Expenses Worksheet

2019

► Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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1 Prescription medications		1 _____
2 Health insurance premiums:		
a Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	_____
b From Form(s) 1095-A - net of adjustments	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 _____		
c Medicare premiums	c	_____
d From Form(s) 1099-R	d	_____
NOTE: 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, not on lines 2e - 2j below.		
e Taxpayer's gross long-term care premiums	2 e	_____
f Taxpayer's allowable long-term care premiums	f	_____
g Spouse's gross long-term care premiums	g	_____
h Spouse's allowable long-term care premiums	h	_____
i Dep or child under 27 gross long-term care premiums	i	_____
j Dep or child under 27 allowable long-term care prem.	j	_____
k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	_____
l Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	_____
m Spouse's long-term care premiums not deducted as an adjustment to income. . . .	m	_____
n Dependent's long-term care premiums not deducted as an adj to income	n	_____
o Other self-employed health insurance not deducted as an adj to income	o	_____
3 Fees for doctors, dentists, etc	3	_____
4 Fees for hospitals, clinics, etc.	4	_____
5 Lab and x-ray fees	5	_____
6 Expenses for qualified long-term care	6	_____
7 Eyeglasses and contact lenses	7	_____
8 Medical equipment and supplies	8	_____
9 Medical transportation expenses:		
a Medical miles driven	9 a	_____
b Multiply the number of miles on line 9a by 20 cents per mile	b	_____
c Other medical transportation costs not included above for example: ambulance fees	c	_____
d Total medical transportation expenses (add lines 9b and 9c)	9 d	_____
10 Lodging for medical purposes (up to \$50 per night per person)	10	_____
11 Other medical and dental expenses:		
a _____	11 a	_____
b _____	b	_____
c _____	c	_____
d _____	d	_____
e _____	e	_____
f _____	f	_____
g _____	g	_____
h _____	h	_____
i _____	i	_____
j _____	j	_____
12 Total of medical and dental expenses (add lines 1 through 11j)	12	_____
13 a Less: insurance reimbursement for any expenses listed	13 a	_____
b Less: medical savings account (MSA) or health savings account (HSA) distributions	b	_____
14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	_____ 0 .

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/19		04/15/19			04/15/19		
2	06/17/19		06/17/19			06/17/19		
3	09/16/19		09/16/19			09/16/19		
4	01/15/20		01/15/20			01/15/20		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2019					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2019 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	13,910.	4,004.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	13,910.	4,004.	
20 Total Tax Payments for 2019	13,910.	4,004.	

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2018 extensions				
22 2018 estimated tax paid after 12/31/2018				
23 Balance due paid with 2018 return				
24 Other (amended returns, installment payments, etc)				

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

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	85,851.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2018 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	85,851.

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 4,004.00

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). 4,004.00

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.
 2018 Amount Enter 2019 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.
 2018 Amount Enter 2019 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
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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 4,004.
2	2019 state estimated taxes paid in 2019	2
3	2018 state estimated taxes paid in 2019	3
4	Amount paid with 2018 state application for extension	4
5	Amount paid with 2018 state income tax return	5
6	Overpayment on 2018 state income tax return applied to 2019 tax	6
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2019 local estimated taxes paid in 2019	10
11	2018 local estimated taxes paid in 2019	11
12	Amount paid with 2018 local application for extension	12
13	Amount paid with 2018 local income tax return	13
14	Overpayment on 2018 local income tax return applied to 2019 tax	14
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 4,004.
19	State and local refund allocated to 2019	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 4,004.

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

2019

► Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	85,851.
--	---	---------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	0.
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	0.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	85,851.
	Percentage of line 8	Used in Current Year
a 60% AGI limit to line 9	51,511.	Less 0.
b 50% AGI limit to line 12	42,926.	Less 0.
c 30% AGI limit, Section C to line 19	25,755.	Less 0.
d 30% AGI limit, Section D to line 26	25,755.	Less 0.
e 20% AGI limit to line 35	17,170.	Less 0.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2.	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1.	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2019

▶ 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 2020

	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 2019 contributions							
2 2019 contributions allowed							
3 Carryovers from:							
a 2018 tax year	0.	N/A	0.	0.			
b 2017 tax year		N/A					
c 2016 tax year		N/A					
d 2015 tax year		N/A					
e 2014 tax year		N/A					
4 Carryovers allowed in 2019		N/A					
5 Carryovers disallowed in 2019		N/A					
6 Carryovers to 2020:							
a From 2019.							
b From 2018.		N/A					
c From 2017.		N/A					
d From 2016.		N/A					
e From 2015.		N/A					
f From 2014.		N/A					

Part IV Special Situations in Your Return for Current Year Donations

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

Name(s) Shown on Return
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 2019	<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

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

<p>1 Is your earned income* more than \$750?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,100</p>	<p>—▶ . . .</p>	<p>1</p>	
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,200 • Married filing jointly — \$24,400 • Head of household — \$18,350 	<p>—▶ . . .</p>	<p>2</p>	<p>12,200.</p>
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1955, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b</p>		<p>3 a</p>	
<p>3 b If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)</p>		<p>3 b</p>	
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9</p>		<p>3 c</p>	

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2019

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	85,851.		85,851.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	85,851.		85,851.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	85,851.		85,851.
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	85,851.		85,851.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	85,851.		85,851.
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.	85,851.		85,851.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	85,851.		85,851.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	85,851.		85,851.

► Keep for your records

Name(s) Shown on Return
Samba Chaitanya Palepu

Social Security Number
714-70-4789

Investment Interest Expense (Form 4952, line 1)

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

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

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

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

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	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	Net capital gains from property held for investment.	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 nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

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

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	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	Investment interest expense.	20	

► Keep for your records

Name(s) Shown on Return
Samba Chaitanya Palepu

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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>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="padding-left: 40px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p>9 Enter your AGI from Form 1040, line 8b</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>85,851.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>85,851.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>85,851.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Enter line 11 amount on Form 1040, line 18a.

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:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,600.
(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 2019.
(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 2019?

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 2019?

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 2019.

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

2019

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

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total student loan interest				_____
Less total student loan interest used for QTP (Section 529 plan)				_____
Total adjusted student loan interest				_____

Part II Computation of Student Loan Interest Deduction

1 Enter the total interest you paid in 2019 on qualified student loans (see Form 1040 instructions).	1	_____
2 Enter the smaller of line 1 or \$2,500.	2	_____
3 Modified AGI Note: If line 3 is \$85,000 or more if single, head of household, or qualifying widow(er) or \$170,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	85,851.
4 Enter: \$70,000 if single, head of household, or qualifying widow(er); \$140,000 if married filing jointly.	4	_____
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	5	_____
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)	6	_____
7 Multiply line 2 by line 6	7	_____
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 20. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	_____

* **Modified AGI** is the amount from Form 1040, line 8b, 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 10 through 19 and any write-in amount next to line 22, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Use a separate worksheet for each casualty or theft event.

Keep for your records

Name(s) shown on return
Samba Chaitanya Palepu

Social Security No.
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Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster.
i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

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

2019

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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	14,151.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

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

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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	73,651.
2	Additions to income	2	
3	Add lines 1 and 2	3	73,651.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	73,651.

Taxes – Line 2a

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

Refund of Taxes – Line 2b

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

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

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	85,851.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	85,851.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	77,266.
6	Enter ATNOL carried to 2018 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 \$733,700:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$55,850	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately	1	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	85,851.
3	Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately	3	510,300.
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-. Enter on 6251, line 5	6	71,700.

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Name(s) Shown on Return Samba Chaitanya Palepu		Social Security Number 714-70-4789
1	Enter the amount from Form 6251, line 6	1 _____
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a _____
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b _____
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c _____
3	Add line 1 and line 2c	3 _____
4	Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), 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 <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. 	4 _____
5	Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result	5 _____
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6 _____

Federal Carryover Worksheet

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Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
MA			3,274.		103.	
Totals . .			3,274.		103.	

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

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

2018 Locality Estimates Information

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

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
MA	3,274.	103.

2018 Locality Tax Refund Information

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

Other Tax and Income Information		2018	2019
1	Filing status	1 <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>3,274.</u>	<u>4,004.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>71,777.</u>	<u>85,851.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>9,090.</u>	<u>12,067.</u>
7	Alternative minimum tax.	7 _____	_____
8	Federal overpayment applied to next year estimated tax.	8 _____	_____

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Credit Carryovers			2018	2019
18	General business credit		18	
19	Adoption credit from:	a 2019	19 a	
		b 2018	b	
		c 2017	c	
		d 2016	d	
		e 2015	e	
		f 2014	f	
20	Mortgage interest credit from:	a 2019	20 a	
		b 2018	b	
		c 2017	c	
		d 2016	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			2018	2019
24	Section 179 expense deduction disallowed		24	
25	Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25 a	
		b Taxpayer (Form 2555, line 48)	b	
		c Spouse (Form 2555, line 46)	c	
		d Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2018	0.					0.
b	2017						
c	2016						
d	2015						
e	2014						

27	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
a	2019						
b	2018						
c	2017						
d	2016						
e	2015						

28 Amount overpaid less earned income credit 1,358.

Qualified Business Income Deduction (Section 199A) carryovers			2018	2019
29	Qualified business loss carryforward		29	
30	Qualified PTP loss carryforward		30	

2018 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

2019

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Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs	2,716.	
2	Year-end value on 12/31/2019.		
3	Basis carryover as of 12/31/2019	2,716.	
Excess Contributions			
4	Excess contributions as of 12/31/2018		
5	Carryover of excess contributions to 2020		

Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		
8	Contribution basis carryover as of 12/31/2019		
9	Conversion basis carryover as of 12/31/2019		
Excess Contributions			
10	Excess contributions as of 12/31/2018		
11	Carryover of excess contributions to 2020		

Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2018 and earlier years	2,716.	
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.	2,716.	

Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2019 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2019. qualified charitable distributions (QCD) made in Jan. 2020 to be treated as made in December 2019 (<i>See Help</i>).		
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 12/31/2019		
21	Check this box if you converted all of the traditional IRAs you had in 2019 to Roth IRAs in 2019.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

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Name(s) Shown on Return
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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2015	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2018 Balances (Basis - Before 2019 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
24	Cumulative pre 2015 conversions - taxable and nontaxable	_____	_____
25	2015 conversion contributions taxable at conversion	_____	_____
26	2015 conversion contributions not taxable at conversion	_____	_____
27	2016 conversion contributions taxable at conversion	_____	_____
28	2016 conversion contributions not taxable at conversion	_____	_____
29	2017 conversion contributions taxable at conversion	_____	_____
30	2017 conversion contributions not taxable at conversion	_____	_____
31	2018 conversion contributions taxable at conversion	_____	_____
32	2018 conversion contributions not taxable at conversion	_____	_____
2019 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions	_____	_____
34	Rollover from Roth 401(k) and Roth 403(b)	_____	_____
35	Conversion contributions taxable at conversion	_____	_____
36	Conversion contributions not taxable at conversion	_____	_____
37	Repayments of qualified Roth reservist distributions	_____	_____
2019 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)	_____	_____
39	Distributions from cumulative pre 2015 conversions	_____	_____
40	Distributions from 2015 conversions taxable at conversion	_____	_____
41	Distribs. from 2015 conversions not taxable at conversion	_____	_____
42	Distributions from 2016 conversions taxable at conversion	_____	_____
43	Distribs. from 2016 conversions not taxable at conversion	_____	_____
44	Distributions from 2017 conversions taxable at conversion	_____	_____
45	Distribs. from 2017 conversions not taxable at conversion	_____	_____
46	Distributions from 2018 conversions taxable at conversion	_____	_____
47	Distribs. from 2018 conversions not taxable at conversion	_____	_____
48	Distributions from 2019 conversions taxable at conversion	_____	_____
49	Distribs. from 2019 conversions not taxable at conversion	_____	_____
50	Did you have any open Roth IRA accounts on 12/31/2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2020 (Basis - After 2019 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
52	Cumulative pre 2016 conversions - taxable and nontaxable	_____	_____
53	2016 conversion contributions taxable at conversion	_____	_____
54	2016 conversion contributions not taxable at conversion	_____	_____
55	2017 conversion contributions taxable at conversion	_____	_____
56	2017 conversion contributions not taxable at conversion	_____	_____
57	2018 conversion contributions taxable at conversion	_____	_____
58	2018 conversion contributions not taxable at conversion	_____	_____
59	2019 conversion contributions taxable at conversion	_____	_____
60	2019 conversion contributions not taxable at conversion	_____	_____

IRA Information Worksheet

2019

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	Part VI Roth IRA Basis Adjustments	Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
61	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
62	Cumulative pre 2015 conversions - taxable and nontaxable	_____	_____
63	2015 conversion contributions taxable at conversion	_____	_____
64	2015 conversion contributions not taxable at conversion	_____	_____
65	2016 conversion contributions taxable at conversion	_____	_____
66	2016 conversion contributions not taxable at conversion	_____	_____
67	2017 conversion contributions taxable at conversion	_____	_____
68	2017 conversion contributions not taxable at conversion	_____	_____
69	2018 conversion contributions taxable at conversion	_____	_____
70	2018 conversion contributions not taxable at conversion	_____	_____
71	2019 conversion contributions taxable at conversion	_____	_____
72	2019 conversion contributions not taxable at conversion	_____	_____
	Transferred To Former Spouse due to Divorce		
73	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
74	Cumulative pre 2015 conversions - taxable and nontaxable	_____	_____
75	2015 conversion contributions taxable at conversion	_____	_____
76	2015 conversion contributions not taxable at conversion	_____	_____
77	2016 conversion contributions taxable at conversion	_____	_____
78	2016 conversion contributions not taxable at conversion	_____	_____
79	2017 conversion contributions taxable at conversion	_____	_____
80	2017 conversion contributions not taxable at conversion	_____	_____
81	2018 conversion contributions taxable at conversion	_____	_____
82	2018 conversion contributions not taxable at conversion	_____	_____
83	2019 conversion contributions taxable at conversion	_____	_____
84	2019 conversion contributions not taxable at conversion	_____	_____

► Keep for your records

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

Description	Amount
Income	
Wages	85,851.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	85,851.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	85,851.

Two-Year Comparison

2019

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

Income	2018	2019	Difference	%
Wages, salaries, tips, etc	72,217.	85,851.	13,634.	18.88
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	72,217.	85,851.	13,634.	18.88
Adjustments to Income	440.		-440.	-100.00
Adjusted Gross Income	71,777.	85,851.	14,074.	19.61
Itemized Deductions				
Medical and dental				
Income or sales tax	3,274.	4,004.	730.	22.30
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	3,274.	4,004.	730.	22.30
Standard or Itemized Deduction	12,000.	12,200.	200.	1.67
Qualified Business Income Deduction				
Taxable Income	59,777.	73,651.	13,874.	23.21
Income tax	9,090.	12,067.	2,977.	32.75
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	9,090.	12,067.	2,977.	32.75
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.		0.	
Total Tax After Credits	9,090.	12,067.	2,977.	32.75
Withholding	10,448.	13,910.	3,462.	33.14
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	10,448.	13,910.	3,462.	33.14
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,358.	1,843.	485.	35.71
Balance Due				

Current year effective tax rate 14.06 %

Tax Summary
▶ Keep for your records

2019

Name (s)
Samba Chaitanya Palepu

Total income	85,851.
Adjustments to income	
Adjusted gross income	85,851.
Itemized/standard deduction	12,200.
Qualified business income deduction	
Taxable income	73,651.
Tentative tax	12,067.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	12,067.
Total payments	13,910.
Estimated tax penalty	
Amount Overpaid	1,843.
Refund	1,843.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2019

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

Your 2019 adjusted gross income (AGI) 85,851.
 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	85,851.	66,668.
Taxable interest		880.
Tax-exempt interest		4,791.
Dividends		3,982.
Business net income		18,584.
Business net loss		7,064.
Net capital gain		7,535.
Net capital loss		2,314.
Taxable IRA		16,542.
Taxable pensions and annuities		28,668.
Rent and royalty net income		8,962.
Rent and royalty net loss		9,333.
Partnership and S corporation net income		25,826.
Partnership and S corporation net loss		12,207.
Taxable social security benefits		18,067.
Medical and dental expenses deduction		9,883.
Taxes paid deduction	4,004.	6,874.
Interest paid deduction		7,461.
Charitable contributions deduction		3,620.
Total itemized deductions	4,004.	20,554.
Child care credit		620.
Education tax credits		1,325.
Child tax credit		1,673.
Retirement savings contributions credit		177.
Earned income credit		350.
Other Information	Actual Per Return	National Average
Adjusted gross income	85,851.	74,704.
Taxable income	73,651.	50,725.
Income tax	12,067.	6,980.
Alternative minimum tax		1,592.
Total tax liability	12,067.	7,384.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Samba Chaitanya Palepu

Primary SSN: 714-70-4789

Federal Return Submitted: February 10, 2020 07:39 PM PST

Federal Return Acceptance Date: 02/10/2020

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 July 15, 2020. 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 July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 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 July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, 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, 2020. 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, 2020, and the corrected return is submitted and accepted by October 20, 2020.

2. THE ACCEPTANCE DATE.

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

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

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

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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

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

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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 a 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 IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

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

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

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, 2020.

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

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

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

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in section 10.

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

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

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

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

²This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services or TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2020.

Questions? Call 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

Original Returns:

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

Select state returns to file electronically:

State(s)

Amended Returns:

- File **federal** amended return(s) electronically
 - File **state** amended return(s) electronically
- Select state amended return(s) 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 2019 Federal Tax Return

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax <u>12,067.</u>
	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	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. <u>12,067.</u>

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit <u>0.</u>

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act	
Apply 15-year recovery period to qualified improvement property	
(asset types J2, J3, J4 and J5)	
placed in service after December 31, 2017?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 2018 _____

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 2018 _____

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 _____ 1,843 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet
Election to use 2018 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.

A Elect to use 2018 earned income for EIC and Additional Child Tax Credit. Yes No

B Taxpayer is eligible to elect to use 2018 earned income
(see Publication 4492 for details) Yes No

C Earned income for EIC from your 2018 return 72,217.

D Current year earned income for EIC 85,851.

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.

E You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B

Overpayment 1,843. 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 _____

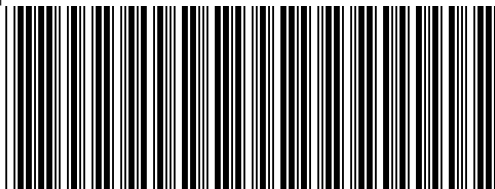
G Adjustments _____

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

Is line H, **total investment income** over \$3,600?

No. You may take the credit.

Yes. Stop. You cannot take the credit.



2019 Form 1

MA19001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

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

Year beginning

Ending

SAMBA CHAITANYA

PALEPU

714704789

10 FAXON AVE

QUINCY

MA 021694688

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 0

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

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

a. Total federal income 85851

b. Federal adjusted gross income 85851

Name/address changed since 2018

Fill in if noncustodial parent

Fill in if filing Schedule TDS

1. Filing status (select one only):

Single

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 2020 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

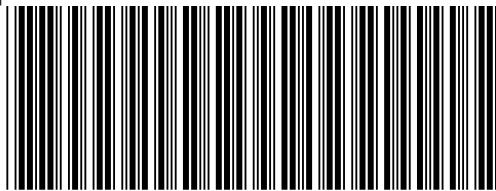
Date

Spouse's signature

Date

813-476-3796

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2019 Form 1, pg. 2

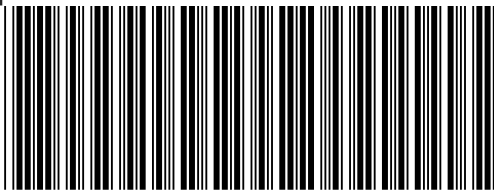
MA19001021555

Massachusetts Resident Income Tax Return

714704789

3. Wages, salaries, tips		3	85851
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. TOTAL 5.05% INCOME		10	85851
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 12/31/19, or disabled dependent(s)			
Not more than two. a.		$\times \$3,600 = 13$	0
14. Rental deduction. a. 15000		$\div 2 = 14$	3000
15. Other deductions from Schedule Y, line 19		15	750
16. Total deductions. Add lines 11 through 15		16	5750
17. 5.05% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"		17	80101
18. Exemption amount		18	4400
19. 5.05% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"		19	75701
20. INTEREST AND DIVIDEND INCOME		20	0
21. TOTAL TAXABLE 5.05% INCOME. Add lines 19 and 20		21	75701

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



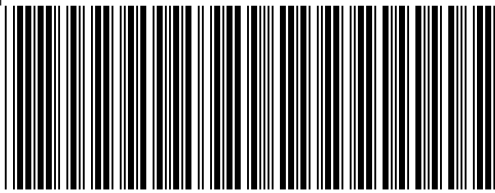
2019 Form 1, pg. 3

MA19001031555

Massachusetts Resident Income Tax Return

714704789

22. TAX ON 5.05% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	3823
23. 12% INCOME. Not less than "0." a. 0	23	0
	$\times .12 =$	24
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	24	0
25. Credit recapture amount (from Credit Recapture Schedule)	25	0
26. Additional tax on installment sale	26	0
27. If you qualify for No Tax Status, fill in and enter "0" on line 28		
28. TOTAL INCOME TAX. Add lines 22 through 26	28	3823
29. Limited Income Credit	29	0
30. Income tax due to another state or jurisdiction	30	0
31. Other credits from Credit Manager Schedule	31	0
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	3823
33. Voluntary Contributions		
a. Endangered Wildlife Conservation	33a	0
b. Organ Transplant Fund	33b	0
c. Massachusetts Public Health HIV and Hepatitis Fund	33c	0
d. Massachusetts U.S. Olympic Fund	33d	0
e. Massachusetts Military Family Relief Fund	33e	0
f. Homeless Animal Prevention and Care	33f	0
Total. Add lines 33a through 33f	33	0
34. Use tax due on Internet, mail order and other out-of-state purchases	34	0
35. Health care penalty a. You 0 + b. Spouse 0	35	0
36. Amended return only. Overpayment from original return	36	0
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	3823



2019 Schedules X & Y

MA19SXY011555

SAMBA CHAITANYA

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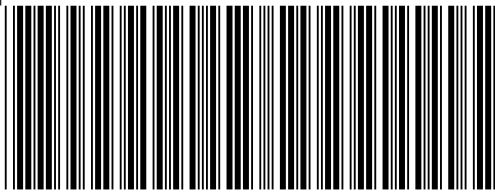
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Schedule X. Other Income

1. Alimony received	1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	0
3. Other gambling winnings. Not less than "0." Certain gambling losses are deductible under Massachusetts law	3	0
4. Fees and other 5.05% income. Not less than "0"	4	0
5. Total other 5.05% income. Add lines 1 through 4. Not less than "0"	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	750
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	750



2019 Schedule INC

MA19INC011555

SAMBA CHAITANYA

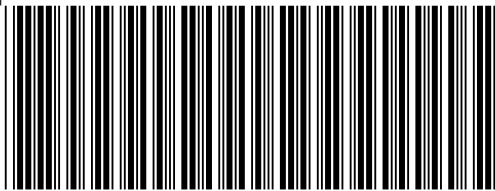
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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
041653090	4004	85851	6777	0	W2

TOTALS	4004	85851	6777	0	
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2019 Schedule HC

MA19029011555

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

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- 1a. Date of birth 07111991 1b. Spouse's date of birth 1c. Family size 1
- 2. Federal adjusted gross income 2 85851
- 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 2019, 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.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3b 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 2019, 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.

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

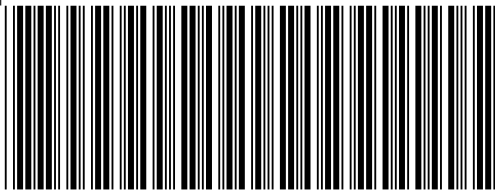
4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

HPHC INSURANCE CO	043149694	09063150151707226351
UNITED HEALTHCARE		

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 2019, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



2019 Schedule HC, pg. 2
 714704789 MA19029021555

Uninsured for All or Part of 2019

6. Was your income in 2019 at or below 150% of the federal poverty level? **6** Yes No
 If you answer Yes, you are not subject to a penalty in 2019. 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 2019, 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 2019. 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 2019, 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

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

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 2019. 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

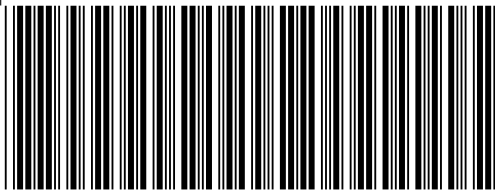
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2019 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 2019 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.



2019 Schedule HC, pg. 3

MA19029031555

SAMBA CHAITANYA

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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 2019 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 2019 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
 Worksheet ▶ Keep for your records

2019

Name(s) Shown on Return Samba Chaitanya Palepu	Social Security Number 714-70-4789
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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 2019, 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 Smartworksheet.

- 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 program (enter the program name(s) only below You

Name of Insurance Carrier or Program
UNITED HEALTHCARE

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)
<u>HPHC INSURANCE CO</u>	<u>04-3149694</u>	<u>09063150151707226351</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 2019. 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 2019, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**.

Special Circumstance Instructions

Indicates special circumstances
 Check the month(s) you were alive, age 18, or a resident of Massachusetts for 2019

<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

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 2019 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 2019 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 2019. 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 2019 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 2019 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, 8b).	1	_____
---	---	-------

If line 1 is less than or equal to:

- ▶ \$18,210 if single or married filing a separate with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 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 contribuion. 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:

- ▶ \$18,210 if single or married filing separately with no dependents;
- ▶ \$24,690 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or
- ▶ \$31,170 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 2019 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 2019, 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 9.86% 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 2019. 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 8b)	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 2019 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 9.86% 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 2019 .
 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 2019 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 2019. 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.

1	Enter your federal adjusted gross income (from U.S. Form 1040, line 8b)	1	
2	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	2	
3	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.	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 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 2019 enter "0"	4	_____ 0
	▶ Turning 18, Part-Year Residents or a Taxpayer was deceased . 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 2019.	5	_____
	▶ ATTENTION: Taxpayer, or Spouse if married filing jointly, was deceased or Turned 18 or a Part-Year Resident. See Government Instructions Sch. HC.		
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 2019 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.

Section 179 Worksheet

2019

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	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income 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 State Section 179 adjustment	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) _____

► 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 Digital Analytics Manager
 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 . 02169-4688
 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?
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>

Part V – Electronic Filing Information

Yes No
 Planning to pay balance due on or before July 15, 2020?

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)?
[X] [] 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 ▶ [X] Routing number ▶ 063100277
Savings ▶ [] Account number . ▶ 229055542459

International ACH Transactions

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

Additional information for electronic funds withdrawal:

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

Part VII – Additional Return Information

- 1 State Election Campaign Fund:
[] TP wants \$1 to go to Massachusetts Election Campaign Fund
[] Spouse wants \$1 to go to Massachusetts Election Campaign Fund
2 Non-Custodial Parent:
[] Non-custodial parent
3 Schedule TDS:
[] Filing Schedule TDS
4 First Time Filer:
[] First time filer with Massachusetts Department of Revenue
5 Address/Name Change:
[] Name or address changed since 2018
6 Farmer and Fisherman Status:
[] Farmer and fisherman
7 Rental Deduction/Circuit Breaker Credit:
Rent paid in Massachusetts during 2019 15000
a Senior Circuit Breaker Credit:
[] Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2019:

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

Table with 2 columns: Taxpayer, Spouse. Row 1: 6777, [blank]. Row 2: [blank], [blank]. Row 3: [blank], [blank]. Row 4: [blank], [blank]. Row 5: 6777, [blank].

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

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

10 Form EFO:

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

11 Optional 5.85% tax rate election:

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

Part VIII – 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

2019

▶ 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		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,004.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	4,004.
15	Date return will be filed and balance paid	15	

Sch B Line 36 **Exemptions from Interest and Dividend Income,**
or **12% Income and Long-Term Capital Gain Income**
Sch D Line 20 **(Only if Single, Head of Household, or Married Filing Jointly)**

2019

► 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 5.05% 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.'

1	Enter amount from Schedule B, line 35. Not less than '0'	1	
2	Enter amount from Form 1, line 18 (or Form 1-NR/PY, line 22)	2	4,400.
3	Enter amount from Form 1, line 17 (or Form 1-NR/PY, line 21)	3	80,101.
4	Subtract line 3 from line 2. If '0' or less, you do not qualify for this exemption. Omit the remainder of worksheet	4	-75,701.
5	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.	5	
6	Subtract line 5 from line 4. If '0', Omit the remainder of worksheet	6	
7	Enter Schedule D, line 19. Not less than '0'	7	
8	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	8	

► 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"/>	
Total		

	Type	Summary of Massachusetts Schedule B Sources	Gains	Losses
1	A	Federal Schedule D	_____	_____
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 8b, 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	0	
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)	1000	
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	1000	
4	Enter \$150	150	150
5	Subtract line 4 from line 3	850.	
6	Enter the lesser of line 5 or \$750 here and on Schedule Y, line 15.	750.	
7	Part-year residents , multiply line 6 by Form 1-NR/PY, line 2. Enter the result here and on Schedule Y, line 15. Nonresidents , 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 2020 Estimated Tax Amount Options

- 1 Select One of Six Ways to Calculate the Required Annual Payment for 2020 Estimates:**
- a 100% of **2019** taxes (default, see Tax Help) 3,823.
 - b 100% of tax on **2020** estimated taxable income 3,785.
 - c 80% of tax on **2020** estimated taxable income 3,028.
 - d 66-2/3% of tax on **2020** estimated taxable income (farmers and fishermen) 2,524.
 - e Equal to 100% of overpayment (no vouchers) 181.
 - f Enter total amount you want to use for estimates and check box
- 2 Selected estimated tax amount:**
- a 2020 Required Annual Payment based on your choice above 3,823.
 - b Estimated amount of 2020 state income tax withholding 4,004.
 - c **Total of estimated tax payments required for 2020** (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 48 or Form 1-NR/PY, line 52 less interest, penalty and M-2210 amount) 181.
- 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 2020 estimated tax 0.
 - g Overpayment to be refunded (line 1 less line 2f) 181.
- 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 Jul 15, 2020	2 Jul 15, 2020	3 Sep 15, 2020	4 Jan 15, 2021	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now Jul 25, 2020, check col. 1) . . .	<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 2020

2019 income and deductions are shown in the '2019 Actual' column below.

**For each line in the '2020 Estimated' column, enter estimated 2020 amount if different from 2019. Otherwise, the '2019 Actual' amount will be used for that line. If zero, you must enter zero.

	2019 Actual	**2020 Estimated
A Taxable 5% income* (after deductions and exemptions)	75,701.	
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 . . .		
C 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.	
D Other credits		
E Limited income credit (if any)		
F Amount of tax expected to be withheld	4,004.	

NOTE: Beginning January 1, 2020 the 5.05% tax rate of taxable income has dropped to 5%
 * 5% 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 2020 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
1 Taxable 5% income* (after deductions and exemptions)	75,701.	x .05	3,785.
2 Taxable 12% income (after exemptions, if any)		x .12	
3 Taxable long-term capital gain income (after deductions and exemptions, if any)	0.	x .05	0.
4 Total tax. Add lines 1 through 3.			4 3,785.
5 Limited income credit (if any)	5		
6 Other credits	6		
7 Total credits. Add lines 5 and 6.			7
8 Your estimate of 2020 income tax. Subtract line 7 from line 4.			8 3,785.
9 Amount of this tax expected to be withheld during 2020			9 4,004.
10 2019 overpayment applied to 2020 estimated tax.			10
11 Estimated tax for 2020. Subtract the total of lines 9 and 10 from line 8 (Note: if less than \$400 you are not required to make estimated tax payments)			11 -219.
12 Amount of Payment. If first voucher is due to be filed on: July 15, 2020 enter 25% June 15, 2020 enter 33% September 15, 2020 enter 50% January 15, 2021 enter 100% of line 11 here and on line 1 of your payment vouchers			12

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

Use Tax Due on Out of State Purchases

2019

► 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) OR <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

2019

Name Samba Chaitanya Palepu	
Total 5.05% income	85,851.
Total 5.05% deductions	5,750.
Total 5.05% exemptions	4,400.
Interest and Dividends	
Taxable 5.05% income	75,701.
Tax on 5.05% income	3,823.
Taxable 12% income	
Tax on 12% income	
Taxable long-term capital gain income	0.
Tax on long-term capital gain income	
Total tax	3,823.
Credits	
Amounts paid and withheld	4,004.
Penalties and interest	
Balance due	
Refund	181.

Smart Worksheets from your 2019 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>181</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

Massachusetts Moving Expenses Smart Worksheet (Note: Massachusetts did not adopt changes under TCJA)		
	Total Amount	MA Amount (if different)
A Transportation and storage of household goods and personal effects in 2019		
B Travel (including lodging) from your old home to your new home. Do not include cost of meals		
C Line A plus Line B		
D 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		
E Subtract Line D from Line C. Not less than '0'	0	0

SMART WORKSHEET FOR: Schedule HC: Health Care Information

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

SMART WORKSHEET FOR: Taxpayer's Health Insurance Worksheet

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