

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 SHASHIKANTH	Last name MANTRIPRAGADA	Your social security number 397-35-3585
If joint return, spouse's first name and middle initial RADHAKALYANI	Last name MANTRIPRAGADA	Spouse's social security number 782-91-8529
Home address (number and street). If you have a P.O. box, see instructions. 11858 W SAMPLE RD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CORAL SPRINGS, FL 33065		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

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

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) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
HARSHAN	MANTRIPRAGADA	133-11-0665	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAASINI	MANTRIPRAGADA	516-55-3268	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	95,832
2a	Tax-exempt interest	2a	
b	Taxable interest	2b	6
3a	Qualified dividends	3a	
b	Ordinary dividends.	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 . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	21,490
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	117,328
8a	Adjustments to income from Schedule 1, line 22	8a	1,518
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	115,810
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	3,994
11a	Add lines 9 and 10	11a	28,394
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	87,416

Standard Deduction

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

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

1 Form(s) 8814 2 Form 4972 3 12a 10,951

b Add Schedule 2, line 3, and line 12a and enter the total 12b 10,951

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

b Add Schedule 3, line 7, and line 13a and enter the total 13b 4,000

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 6,951

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15 3,036

16 Add lines 14 and 15. This is your total tax 16 9,987

17 Federal income tax withheld from Forms W-2 and 1099 17 15,241

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 15,241

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 5,254

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 5,254

Direct deposit? See instructions.

b Routing number 026012881 c Type: x Checking Savings

d Account number 1789846761

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

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

(Other than paid preparer)

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

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

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

Your signature 78279 Date 04-08-2020 Your occupation IT PROFESSIONAL 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 04-08-2020 Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

63940 Phone no. 845-542-5332

Email address

Paid Preparer Use Only

Preparer's signature NALIN CHAUDHRY Date 03-02-2021 PTIN P00906429 Check if: 3rd Party Designee Preparer's name NALIN CHAUDHRY Phone no. 313-759-5251 Self-employed Firm's name NALIN AND ASSOCIATES PC Firm's address 38345 West 10 Mile Rd Ste 254 Farmington Hills, MI 48335 Firm's EIN 82-3421841

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

Attachment
Sequence No. **01**

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

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

Your social security number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	21,490
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	21,490

Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,518
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	1,518

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Part I Tax			
1	Alternative minimum tax. 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 1040-SR, line 12b	3	0
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	3,036
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
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	3,036

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor SHASHIKANTH MANTRIPRAGADA		Social security number (SSN) 397-35-3585
A Principal business or profession, including product or service (see instructions) HEALTH CARE		B Enter code from instructions ▶
C Business name. If no separate business name, leave blank. RADHAKALYANI MANTRIPRAGADA		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 11858 City, town or post office, state, and ZIP code CORAL SPRINGS, FL 33065		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	30,000
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	30,000
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3.		5	30,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	30,000

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		
9 Car and truck expenses (see instructions)	9	3,480	
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		925
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22		3,240
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a		
b Deductible meals (see instructions)	24b		865
25 Utilities	25		
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.		28	8,510
29 Tentative profit or (loss). Subtract line 28 from line 7		29	21,490
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.		31	21,490
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 , (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a <input type="checkbox"/> 32b <input type="checkbox"/>	All investment is at risk. Some investment is not at risk.

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2019

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
SHASHIKANTH MANTRIPRAGADA

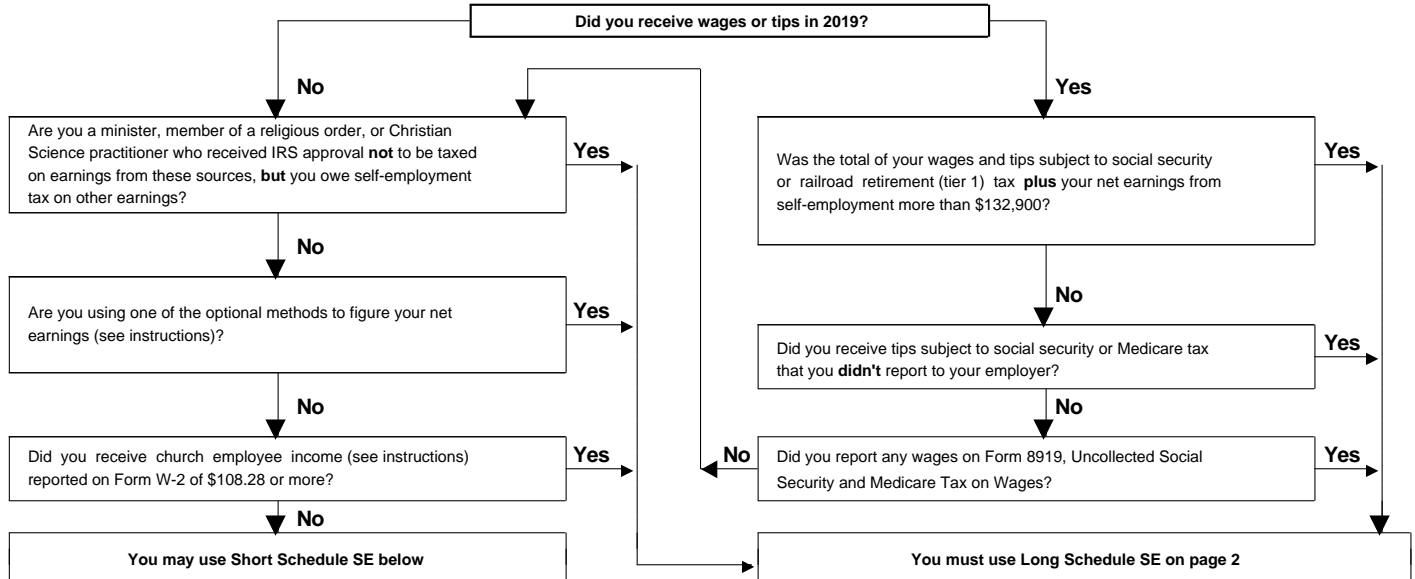
Social security number of person
with self-employment income ►

397-35-3585

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	21,490
3 Combine lines 1a, 1b, and 2	3	21,490
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	19,846
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	3,036
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1,518

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

Schedule SE (Form 1040 or 1040-SR) 2019

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or Form 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2019
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHASHIKANTH & RADHAKALYANI MANTRIP

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **397-35-3585**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3	7,000
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,000
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6	7,000
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	7,000
9	Employer contributions made to your HSAs for 2019	9	5,425
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	5,425
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,575
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13	
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

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

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	1,133
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,133
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,133
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

**Qualified Business Income Deduction
Simplified Computation**

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: RADHAKALYANI MANTRIPRAGDA		19,972
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	19,972
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0-	4	19,972
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	3,994
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	3,994
11	Taxable income before qualified business income deduction	11	91,410
12	Net capital gain (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	91,410
14	Income limitation. Multiply line 13 by 20% (0.20)	14	18,282
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	3,994
16	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... 115,810
Amount from Form 1040, line 9..... 24,400

Line 11 above is the difference between these amounts 91,410

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

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

2019

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return **SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA** Taxpayer identification number **397-35-3585**

Enter preparer's name and PTIN **NALIN CHAUDHRY P00906429**

Part I Due Diligence Requirements

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

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

2019

Submission Identification Number (SID) **4014072020100jh5qufa**

Taxpayer's name SHASHIKANTH MANTRIPRAGADA	Social security number 397-35-3585
Spouse's name RADHAKALYANI MANTRIPRAGADA	Spouse's social security number 782-91-8529

Part I Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only)		
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	115,810
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	9,987
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	15,241
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	5,254
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only Refund will be deposited to: RTN=026012881 Acct=1789846761
 I authorize NALIN AND ASSOCIATES PC to enter or generate my PIN 78279 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only
 I authorize NALIN AND ASSOCIATES PC to enter or generate my PIN 63940 as my
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 401407-22614
Don't enter all zeros

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

ERO's signature ▶ NALIN CHAUDHRY Date ▶ 03-02-2021

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

		a Employee's social security number 397-35-3585		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 13-3924155				1 Wages, tips, other compensation 95,832				2 Federal income tax withheld 15,240			
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS US C 211 QUALITY CIRCLE COLLEGE STATION TX 77845				3 Social security wages 102,482				4 Social security tax withheld 6,354			
				5 Medicare wages and tips 102,482				6 Medicare tax withheld 1,486			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial Last name Suff. SHASHIKANTH MANTRIPRAGADA 16372 SW ESTUARY DR BEAVERTON OR 97006				11 Nonqualified plans				12a See instructions for box 12 C 65			
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				12b 6,650			
				14 Other				12c 5,425			
								12d 8,751			
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2019

Department of the Treasury-Internal Revenue Service

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

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by NALIN AND ASSOCIATES

		a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)				1 Wages, tips, other compensation				2 Federal income tax withheld			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
				5 Medicare wages and tips				6 Medicare tax withheld			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial Last name Suff.				11 Nonqualified plans				12a See instructions for box 12			
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				12b			
				14 Other				12c			
								12d			
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2019

Department of the Treasury-Internal Revenue Service

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

EEA

Computation of Regular Tax

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

STATEMENT FOR LINE 12A OF FORM 1040

TAX PER TAX TABLE \$ 10,951

\$ 10,951 TAX COMPUTED USING ONLY AVAILABLE METHOD

Auto Expense Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Profession/Business
HEALTH CARE \RADHAKALYANI MANTRIPRAGADA

Description _____

Date placed in service 2018-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 6,000

Total Commuting miles driven during the year 2,000

Total Other miles driven during the year 3,000

Total Miles driven during the year 11,000

Business Use percentage 54.55

Expenses:

Total

**Business
Percentage**

Section 179 _____

Bonus Depreciation _____

Depreciation _____

Garage Rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking Fees _____

Rental Fees _____

Interest _____

Personal Property Tax _____

Repairs _____

Tires _____

Tolls _____

Lease Add Back _____

Other Expenses:

_____ _____

_____ _____

_____ _____

Total Expenses _____

Standard Mileage Rate Calculation

Business miles 6,000 X 0.58 3,480 3,480

Parking fees _____

Tolls _____

Interest _____

Personal Property Tax _____

Total Standard Mile Rate deduction 3,480

How it is reported:

Depreciation deduction _____

Auto Expense 3,480

Personal Property Taxes, Schedule A, Line 5c _____

Child Tax Credit and Credit for Other Dependents Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Before you begin:

- Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number:
 _____ 2 _____ x \$2,000. Enter the result 1. _____ 4,000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ x \$500. Enter the result 2. _____

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 3. _____ 4,000

4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35 4. _____ 115,810

5. **1040 and 1040-SR Filers.** Enter the total of any -
 • Exclusion of income from Puerto Rico; and
 • Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15.
1040-NR filers. Enter -0-.

} 5. _____

6. Add lines 4 and 5. Enter the total 6. _____ 115,810

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$400,000
 • All other filing statuses - \$200,000

} 7. _____ 400,000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6 8. _____
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

9. Multiply the amount on line 8 by 5% (0.05). Enter the result 9. _____ 0

10. Is the amount on line 3 more than the amount on line 9?
 No. STOP
 You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.
 Yes. Subtract line 9 from line 3. Enter the result 10. _____ 4,000
 Go to Part 2 on the next page.

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 2

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45 **11.** 10,951

12. Add the following amounts from:

Form 1040 or 1040-SR	or	Form 1040-NR	
Schedule 3, Line 1		Line 46	+ _____
Schedule 3, Line 2		Line 47	+ _____
Schedule 3, Line 3		-----	+ _____
Schedule 3, Line 4		Line 48	+ _____
Form 5695, line 30			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total. **12.** _____

13. Subtract line 12 from line 11 **13.** 10,951

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555, enter -0-.

Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14. 0

15. Subtract line 14 from line 13. Enter the result **15.** 10,951

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15.

See the **TIP** below.

This is your child tax credit and credit for other dependents.

16. 4,000

Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.

TIP You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also, complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Name of business activity Schedule C: RADHAKALYANI MANTRIPRAGADA

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	21,490	21,490
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions		
8. Other deductions		
9. Deduction for half of SE tax		1,518
10. Self-employed health insurance deduction		
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		19,972
13. W-2 wages carried to Form 8995 / 8995-A		
14. UBIA of qualified property carried to Form 8995 / 8995-A		
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
17. QBI allocable to cooperative payments		
18. W-2 wages allocable to cooperative payments		

The income amount from line 12 will show on one of the following lines, depending on circumstances:

- Form 8995, line 1
- Form 8995-A, line 2
- Form 8995-A, Schedule A, line 2
- Form 8995-A, Schedule A, line 16
- Form 8995-A, Schedule B, line 3
- Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet

List of items that will carryover to the 2020 tax return

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

397-35-3585

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2020 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense AMT	Reg. Tax
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss AMT	Reg. Tax
Long-term capital loss AMT	Reg. Tax
Net operating loss AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) AMT	Reg. Tax
Qualified REIT and PTP loss carryover	
QBI loss carryover	
Nonrecaptured net section 1231 losses from WK_1231C AMT	Reg. Tax

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit AMT	Reg. Tax
District of Columbia first time home owner's credit	
Res. energy efficient property credit	

Other

Preparer Fee	120
Overpayment applied to next year's estimates	
Estimated Tax Payment 1 _____	Estimated Tax Payment 2
Estimated Tax Payment 3 _____	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	9,987
State tax liability for state 2210 calculation	
IRA basis Taxpayer _____ Spouse _____	

Passive Activity

At Risk Limitations

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

2019

Name(s) as shown on return SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA		Identifying number 397-35-3585		
	2017	2018	2019	Difference 2018-2019
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Exemptions	4	N/A	N/A	N/A
Number of Dependents	N/A	2	2	
Income				
Wages, salaries, tips, etc.	75,532	102,475	95,832	(6,643)
Taxable interest and dividends		4	6	2
Taxable state and local refunds				
Alimony				
Business income (loss)		11,330	21,490	10,160
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	75,532	113,809	117,328	3,519
Adjusted Gross Income				
Half of self-employment tax		801	1,518	717
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	75,532	113,008	115,810	2,802
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	12,700	24,000	24,400	400
Total Itemized or Standard Ded	12,700	24,000	24,400	400
Exemption Amount	16,200	N/A	N/A	N/A
Qualified Business Income Deduction	N/A	2,106	3,994	1,888
Tax and Credits				
Taxable Income	46,632	86,902	87,416	514
Tax	6,061	11,003	10,951	(52)
Credits	2,000	4,000	4,000	
Self-employment tax		1,601	3,036	1,435
Other taxes				
Total Tax	4,061	8,604	9,987	1,383
Payments				
Withholdings	14,040	17,393	15,241	(2,152)
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment	9,979	8,789	5,254	(3,535)
Overpayment Applied				
Refund	9,979	8,789	5,254	(3,535)
Balance Due				
Marginal tax rate	15.00	22.00	22.00	
Effective tax rate	13.00	13.00	12.53	(0.47)

Account Transaction Summary

2019

Name(s) as shown on return

Your ID Number

SHASHIKANTH & RADHAKALYANI MANTRIPRAGADA

XXX-XX-3585

Account #1
Financial Institution
Routing Transit Number 026012881
Account Number 1789846761
Account Type Checking

Federal Main Form
Federal Deposit 5,254

Net Deposit 5,254

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize NALIN AND ASSOCIATES PC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date