

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶ 587278201904901dpegv

Taxpayer's name BALA KISHORE NADELLA	Social security number 730-31-0571
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	142,136.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	25,522.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	28,889.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,367.
5 Amount you owe (Form 1040, line 22; Form 1040NR, 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, 2018, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	0	5	7	1
---	---	---	---	---

 as my signature on my tax year 2018 electronically filed income tax return.
ERO firm name
- I will enter my PIN as my signature on my tax year 2018 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 _____ to enter or generate my PIN

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 as my signature on my tax year 2018 electronically filed income tax return.
ERO firm name
- I will enter my PIN as my signature on my tax year 2018 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.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 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 ▶ _____ Date ▶ _____

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

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS *e-file*.

730-31-0571

Taxpayer name BALA KISHORE NADELLA

Taxpayer address (optional)

1372B PATERSON PLANK RD

SECAUCUS NJ 07094

1. Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/18/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201904901dpegv.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: **BALA KISHORE** Last name: **NADELLA** Your social security number: **730-31-0571**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **1372B, PATERSON PLANK RD** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **SECAUCUS NJ 07094** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature	Date	Your occupation	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 you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018) Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	142,136.
2a	Tax-exempt interest	
3a	Qualified dividends	
4a	IRAs, pensions, and annuities	
5a	Social security benefits	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	142,136.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	142,136.
8	Standard deduction or itemized deductions (from Schedule A)	12,000.
9	Qualified business income deduction (see instructions)	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	130,136.
11	a Tax (see inst.) 25,522. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	25,522.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	25,522.
13	Subtract line 12 from line 11. If zero or less, enter -0-	0.
14	Other taxes. Attach Schedule 4	25,522.
15	Total tax. Add lines 13 and 14	28,889.
16	Federal income tax withheld from Forms W-2 and 1099	
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	
18	Add lines 16 and 17. These are your total payments	28,889.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	3,367.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	3,367.
▶ b	Routing number 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d	Account number 381046567530	
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	
23	Estimated tax penalty (see instructions) ▶ 23	

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

Standard Deduction for—

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

Direct deposit? See instructions.

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

BALA KISHORE NADELLA

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					142,136.
Adjustments to income					
Adjusted gross income					142,136.
Tax expense					8,847.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					130,136.
Tax					25,522.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					28,889.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,367.
Effective tax rate % . .					17.96
**Tax bracket %					24.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (BALA KISHORE NADELLA) and Social Security Number (730-31-0571)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 10571 Spouse's PIN (5 numbers) Date 02/13/2019

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name NADELLA
 First name BALA KISHORE
 Middle initial Suffix
 Social security no. 730-31-0571
 Occupation SOFTWARE ENGINEER
 Date of birth 08/05/1990 (mm/dd/yyyy)
 Age as of 1-1-2019 28
 Date of death
 Legally blind
 E-mail address BALAKISHORE.NADELLA@GMAIL.COM
 Work phone (860) 208-2526 Ext _____
 Cell phone (860) 208-2526
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext _____
 Cell phone

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (860) 208-2526
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 1372B, PATERSON PLANK RD Apt no.
 City SECAUCUS State NJ ZIP code 07094

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

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5 Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the 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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

► Keep for your records

Name(s) Shown on Return BALA KISHORE NADELLA	Social Security Number 730-31-0571
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INCOME	Federal Amount	NY Amount
1 Wages, salaries, tips, etc. T	142,136.	142,136.
S		
2 Taxable interest T		
S		
3 Dividends T		
S		
4 State/local tax refunds T		
S		
5 Alimony received T		
S		
6 Business income or loss T		
S		
7 Capital gain or loss T		
S		
8 Other gains and losses T		
S		
9 Taxable IRA distribution T		
S		
10 Taxable pension and annuities T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts T		
S		
12 Farm income or loss T		
S		
13 Unemployment compensation T		
S		
14 a Taxable social security benefits T		
S		
b Taxable railroad retirement benefits T		
S		
15 Other income T		
S		
16 Total income T	142,136.	142,136.
S		

Nonresident State Allocation Worksheet

BALA KISHORE NADELLA

730-31-0571

ADJUSTMENTS		Federal Amount	NY Amount
17 Educator expenses	T		
	S		
18 Certain business expenses	T		
	S		
19 Health savings account deduction	T		
	S		
20 Moving expenses	T		
	S		
21 Self-employment tax deduction	T		
	S		
22 Self-employed SEP, SIMPLE, and qualified plans	T		
	S		
23 Self-employed health insurance deduction	T		
	S		
24 Penalty on early withdrawal of savings	T		
	S		
25 Alimony paid	T		
	S		
26 IRA deduction	T		
	S		
27 Student loan interest deduction	T		
	S		
28 Tuition/fees deduction	T		
	S		
29 Reserved	T		
	S		
30 Total other adjustments	T		
	S		
31 Total adjustments	T		
	S		
32 Adjusted gross income	T	142,136.	142,136.
	S		

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>BALA KISHORE NADELLA</u>	Social Security Number <u>730-31-0571</u>
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below **or** select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
 Spouse

Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
 Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state NJ
 Identification number N01010710008901
 Issue date 07/03/2018
 Expiration date 09/02/2019
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
 Returning client to same preparer and firm
 Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: BALA KISHORE NADELLA; Social Security Number: 730-31-0571

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; E-mail Address:

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer (checkboxes)

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
Kosovo Operation
Afghanistan/Enduring Freedom
Desert Storm
Haiti
Former Yugoslavia
UN Operation
Joint Guard
Joint Forge
Northern Watch
Operation Allied Force
Northern Forge
Combat Zone
Deployment Date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return
 BALA KISHORE NADELLA
 Social Security Number
 730-31-0571

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INSPIRITY PEO SERVICES, L.P		142,136.	28,889.	288,729.	8,761.
Totals		142,136.	28,889.	288,729.	8,761.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	142,136.		142,136.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	28,889.		28,889.
3 & 7	Total social security wages/tips	128,400.		128,400.
4	Total social security tax withheld	7,961.		7,961.
5	Total Medicare wages and tips	144,943.		144,943.
6	Total Medicare tax withheld	2,102.		2,102.
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	9,943.		9,943.
b	Elective deferrals to qualified plans	2,808.		2,808.
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	7,135.		7,135.
14 a	Total deductible mandatory state tax	86.		86.
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
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	288,729.		288,729.
17	Total state tax withheld	8,761.		8,761.
19	Total local tax withheld.			

Name as shown on return BALA KISHORE NADELLA	Social Security Number 730-31-0571
---	---------------------------------------

Employer EIN 76-0689539
Employer Name INSPERITY PEO SERVICES, L.P
 Name (cont.) APACHETA CORPORATION
Street Address or P. O. Box 19001 CRESCENT SPRINGS DR
City KINGWOOD **State** TX **ZIP** 77339
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 142,136.	2 Federal tax withheld 28,889.
3 Social security wages 128,400.	4 Social sec tax withheld 7,961.
5 Medicare wages and tips 144,943.	6 Medicare tax withheld 2,102.
7 Social security tips	8 Allocated tips

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	2,808.	A: Enter amount attributable to RRTA Tier 2 tax
DD	7,135.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NJ	760-689-539/000	146,593.	
NY	760689539	142,136.	8,761.

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

9 Verification Code	9	
10 Dependent care benefits (Check if employer furnished care at work) . . . ▶ <input type="checkbox"/>	10	
Dependent care benefits - Amount forfeited from flexible spending account . . .		
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
NYFLI	86.	NY Nonoccupational Disability Fund tax

Keep for your records

BALA KISHORE NADELLA

730-31-0571 Page 2

Employer Name INSPERITY PEO SERVICES, L.P

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 730-31-0571
First name M.I. Last name Suff.
BALA KISHORE NADELLA
Address City St ZIP code
1372B, PATERSON PLANK RD SECAUCUS NJ 07094
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return BALA KISHORE NADELLA	Social Security Number 730-31-0571
--	--

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			28,889.	8,761.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-K and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			28,889.	8,761.	
20	Total Tax Payments for 2018			28,889.	8,761.	

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

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return BALA KISHORE NADELLA	Social Security Number 730-31-0571
--	--

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	142,136.		142,136.
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	142,136.		142,136.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	142,136.		142,136.
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	142,136.		142,136.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	142,136.		142,136.
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.	142,136.		142,136.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	142,136.		142,136.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	142,136.		142,136.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return BALA KISHORE NADELLA	Social Security Number 730-31-0571
---	---------------------------------------

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		8,847.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		142,136.
6	Tax liability for Form 2210 or Form 2210-F		25,522.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Tax Summary Report

2018

Name(s) Shown on Return
BALA KISHORE NADELLA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	142,136.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	142,136.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 142,136.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	8,847.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	8,847.
Standard deduction	12,000.

Taxable Income 130,136.

Income tax	25,522.
Alternative minimum tax	_____
Total Taxes before Credits	25,522.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 25,522.

Withholding	28,889.
Estimated tax payments	_____
Other payments	_____
Total Payments	28,889.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,367.

Refund 3,367.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	24.0 %
Effective tax rate	17.96 %

Smart Worksheets from your 2018 Federal Tax Return

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"/>
Refer to Tax Help	

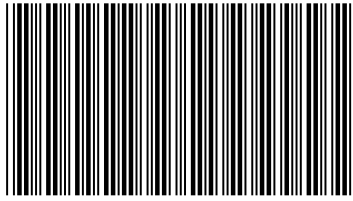
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
730310571

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/ CU partner's last name ONLY if different.)
NADELLA BALA KISHORE

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

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
1372B PATERSON PLANK RD

City, Town, Post Office
SECAUCUS

State ZIP Code
NJ 07094

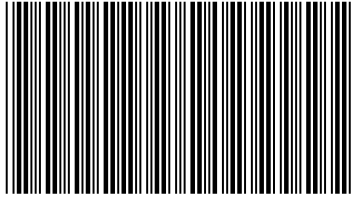
Driver's License Number (Voluntary) (Instructions page 42)
N01010710008901

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021200339
dd5. Account number	dd5.	381046567530





040MP02180

Name(s) as shown on Form NJ-1040
NADELLA BALA KISHORE

Your Social Security Number
730310571

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: To:

Fiscal year filers only:
Enter month of your year end 2019

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2016 2017

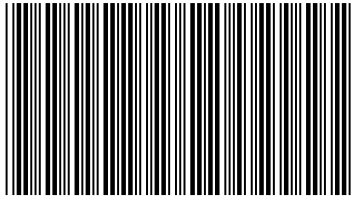
Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



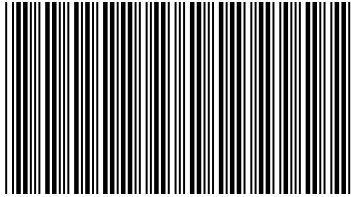
040MP03180

Name(s) as shown on Form NJ-1040
NADELLA BALA KISHORE

Your Social Security Number
730310571

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	142136	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	142136	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	.	.
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	142136	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000	.
31. Medical Expenses (Worksheet F and instructions page 24)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	.	.
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	1000	.
37. Taxable Income (Subtract Line 36 from Line 29)	37.	141136	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2160	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code	.	.	.
Fill in if you completed Worksheet G	.	.	.
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	141136	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	6864	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	6864	.
Enter Code	32	.	.
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	0	.
44. Child and Dependent Care Credit (See instructions)	44.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.	.
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	0	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	0	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.	.
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed	.	.	.
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	0	.



040MP04180

Name(s) as shown on Form NJ-1040
NADELLA BALA KISHORE

Your Social Security Number
730310571

1030

53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	.				
54.	Property Tax Credit (See instructions page 25)	54.	50 .				
55.	New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	.				
56.	New Jersey Earned Income Tax Credit (See instructions)	56.	.				
	Fill in if you had the IRS calculate your federal earned income credit						
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit						
57.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	.				
58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	.				
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.				
60.	Wounded Warrior Caregivers Credit (See instructions)	60.	.				
61.	Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	50 .				
62.	If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	.				
	If you owe tax, you can still make a donation on Lines 65 through 72.						
63.	If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	50 .				
64.	Amount from Line 63 you want to credit to your 2019 tax	64.	.				
65.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other	65.	.	
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other	66.	.	
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other	67.	.	
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other	68.	.	
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other	69.	.	
70.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	70.	.
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	71.	.
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	72.	.
73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	.				
74.	Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	.				
75.	Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	50 .				

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No

If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No

This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.

You Yes No

Spouse/CU Partner Yes No

Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date _____
Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 NADELLA, BALA KISHORE	Social Security Number 730-31-0571
---	---------------------------------------

Schedule NJ-COJ
(Previously Schedule A)

Credit for Income or Wage
Taxes Paid to Other Jurisdiction

2018

1.	Income properly taxed by both New Jersey and other jurisdiction. (Instructions page 33) Jurisdiction Name: <u>New York</u> Do not combine the same income taxed by more than one jurisdiction. (The amount on Line 1 cannot exceed the amount on Line 2.)	1.	142,136.
2.	Income subject to tax by New Jersey (From Line 29, NJ-1040)	2.	142,136.
3.	Maximum allowable credit percentage. Divide Line 1 by Line 2. (Instructions page 35)	3.	100%

See page 26 to determine if you are eligible for a property tax benefit. If you are not eligible, only complete Column B.	Column A	Column B
--	-----------------	-----------------

4.	Taxable Income (From Line 37, Form NJ-1040)	4.	141,136.	4.	141,136.		
5.	Enter in Box 5a the amount from Worksheet H, Line 1. (Instructions page 30) Property Tax Deduction. Enter the amount from Worksheet H, line 2. (Instructions page 30)	5a.	2,160.	5.	2,160.	5.	- 0 -
6.	New Jersey Taxable Income (Subtract Line 5 from Line 4)	6.	138,976.	6.	141,136.		
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	6,727.	7.	6,864.		
8.	Allowable Credit (Multiply Line 7 by Line 3)	8.	6,727.	8.	6,864.		
9.	Credit for Taxes Paid to Other Jurisdiction. Enter in Box 9a the income or wage tax paid to other jurisdiction. (Instructions page 35) Credit Allowed. Enter the lesser of Line 8 or Box 9a. This amount cannot exceed your New Jersey tax on Line 41.	9a.	8,656.	9.	6,727.	9.	6,864.

If you are **not eligible** for a property tax benefit, enter the amount from Line 9, Column B on Line 42 Form NJ-1040. Make no entry on Lines 39 or 54, Form NJ-1040.

If you are **eligible** for a property tax benefit, you must complete Worksheet I on page 34 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Keep a copy of this schedule for your records

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2018

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name NADELLA, BALA KISHORE	Social security number 730-31-0571
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)

1 New Jersey Taxable income	1	141,136.
2 Total tax	2	0.
3 New Jersey income tax withheld	3	
4 Refund	4	50.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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, 2018 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	0	5	7	1
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 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

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN

--	--	--	--	--	--

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2018 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.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name NADELLA
 First Name BALA KISHORE
 Middle Initial _____ Suffix _____
 Social Security No. 730-31-0571
 Date of Birth 08/05/90
 Age as of 12/31/2018 28
 Date of Death _____
 Daytime Phone (860) 208-2526 *
 Home Phone _____ *

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Age as of 12/31/2018 _____
 Date of Death _____
 Daytime Phone _____ *

* Check one of these boxes to designate daytime phone number.

c/o (care of) _____
 Street Address 1372B, PATERSON PLANK RD Apt. No _____
 City SECAUCUS State NJ ZIP Code 07094
 County/Municipality Code (residents only) 1212

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ▶ _____
 Form NJ-1040NR: Nonresident Tax Return ▶ _____
 Enter state of residency _____
 Form NJ-1040: Part-Year Resident Tax Return ▶ _____
 Enter dates of New Jersey residency. From _____ To _____
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ▶ _____

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse/CU partner?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29 _____
 Head of household
 Qualifying widow(er)/Surviving CU Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of qualifying dependent children _____
 Number of other dependents. _____
 Number of dependents attending colleges (must be under age 22) _____

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

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 tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 02/18/2019
 - 4 Date return was accepted by the state. 02/19/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 021200339

Account number 381046567530

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

Balance-due amount paid with this extension _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Total Wages Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>NADELLA, BALA KISHORE</u>	Social Security No. <u>730-31-0571</u>
---	---

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
<u>INSPERITY PEO SERVICES, L.P</u>	<u>_____</u>	<u>142,136.</u>		<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		<u>146,593.</u>	<input type="checkbox"/>
<u>- State Wages</u>	<u>NY</u>		<u>142,136.</u>	<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"/>
Total federal wages from column C		142,136.		
Total state wages from column D			288,729.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			288,729.	

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

Name(s) <u>NADELLA, BALA KISHORE</u>	Social Security No. <u>730-31-0571</u>
---	---

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

1 Property Taxes. Enter the property taxes from line 38a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions)	1	<u>2,160.</u>
2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)?		
<input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence).		
<input checked="" type="checkbox"/> No. Enter the amount from line 1.	2	<u>2,160.</u>

STOP if you are claiming a credit for taxes paid to other jurisdictions.
Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.

		Column A	Column B
3 Taxable Income (from line 37 of Form NJ-1040)	3		
4 Property Tax Deduction (from line 2 above)	4		-0-
5 New Jersey Taxable Income (subtract line 4 from line 3).	5		
6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)	6		
7 Subtract line 6, column A, from line 6, column B	7		

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?
Part-year residents, see instructions before answering "No."

Yes. The Property Tax Deduction is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 4, Column A
Line 40	Line 5, Column A
Line 41	Line 6, Column A
Line 54	Make no entry

No. The Property Tax Credit is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 5, Column B
Line 41	Line 6, Column B
Line 54	\$50 (\$25 if you and your spouse file separate returns but maintained the same principal residents).

Part-year residents must prorate this amount.

Worksheet I Which Property Tax Benefit to Use

2018

▶ Keep for your records

Name NADELLA, BALA KISHORE	Social Security No. 730-31-0571
--------------------------------------	---

	Column A	Column B
1 Tax. Enter amounts from line 7, Schedule NJ-COJ, columns A and B here	6,727.	6,864.
2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule NJ-COJ, Columns A and B. If you completed more than one Schedule NJ-COJ, enter the total of all line 9 amounts (Columns A and B) in the corresponding column.	6,727.	6,864.
3 Balance of tax due. Subtract line 2 from line 1	0.	0.
4 Subtract line 3, Column A from line 3, Column B and enter the result here		0.

5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 5, Column A, Schedule NJ-COJ
Line 40	Line 6, Column A, Schedule NJ-COJ
Line 41	Line 7, Column A, Schedule NJ-COJ
Line 42	Line 2, Column A, Worksheet I
Line 54	Make no entry

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 6, Column B, Schedule NJ-COJ
Line 41	Line 7, Column B, Schedule NJ-COJ
Line 42	Line 2, Column B, Worksheet I
Line 54	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions.

Smart Worksheets from your 2018 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet		
1	Did you live in more than one qualifying New Jersey residence during 2018?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Did you share ownership of a principal residence during 2018 with anyone other than your spouse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Did a principal residence you owned during 2018 consist of multiple units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Were you both a homeowner and a tenant during 2018?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If the answer to any of the above questions is Yes, complete Schedule G. QuickZoom to Schedule G</p>		
A	Total property tax paid in 2018	_____
<p>Part-year residents: Enter the amount while a resident of New Jersey</p>		
B	Total rent paid in 2018	12,000
<p>Part-year residents: Enter the amount while a resident of New Jersey</p>		
C	<p>If your filing status is married filing separate return, did you maintain the same residence as your spouse? Answer this question on NJ Information Wks (if Yes, reduce by 50%).</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
D	<p>You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

SMART WORKSHEET FOR: Sch NJ-COJ: Credit for Income or Wage Taxes Paid to Other Jurisdiction

Other State Income and Tax Smart Worksheet								
<p><i>Use column B only if there is an amount in column A.</i></p> <p>Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.</p>								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Column A Amount</th> <th style="width: 50%;">Column B* Amount if Different</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">142,136.</td> <td style="border: none;"></td> </tr> <tr> <td style="text-align: center;">8,656.</td> <td style="border: none;"></td> </tr> </tbody> </table>	Column A Amount	Column B* Amount if Different	142,136.		8,656.	
Column A Amount	Column B* Amount if Different							
142,136.								
8,656.								
A	Income taxed by New Jersey and the other jurisdiction							
B	Tax paid to other jurisdiction							
<p>*Use this column only to modify an entry made by the program in column A.</p>								



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: BALA KISHORE NADELLA

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 142136.
2 Refund 2. 105.
3 Amount you owe 3.
4 Financial institution routing number 4. 021200339
5 Financial institution account number 5. 381046567530
6 Account type: [X] Personal checking [] Personal savings [] Business checking [] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial BALA KISHORE		Your last name (for a joint return, enter spouse's name on line below) NADELLA		Your date of birth (mmddyyyy) 08051990	Your social security number 730310571
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 1372B PATERSON PLANK RD				Apartment number	New York State county of residence NR
City, village, or post office SECAUCUS		State NJ	ZIP code 07094	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2018

(2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

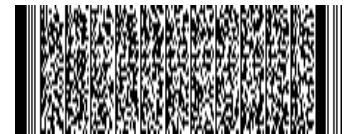
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
730310571

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	142136 .00	1	142136 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	142136 .00	17	142136 .00
18	Total federal adjustments to income (see page 23) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	142136 .00	19	142136 .00

New York additions (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	142136 .00	23	142136 .00

New York subtractions (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	142136 .00	31	142136 .00

32 Enter the amount from line 31, **Federal amount** column **32** 142136 .00

Standard deduction or itemized deduction (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	134136 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	134136 .00

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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	134136.00
38 New York State tax on line 37 amount (see page 29)	38	8656.00
39 New York State household credit (page 29, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	8656.00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	8656.00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	8656.00
45 Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text" value="142136.00"/> ÷ Federal amount from line 31 <input type="text" value="142136.00"/> = Round result to 4 decimal places	45	1.0000
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	8656.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	8656.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	8656.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base <input type="text" value="52b"/> .00	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	8656.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
730310571

59 Enter amount from line 58 59 8656 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021200339 73c Account number 381046567530

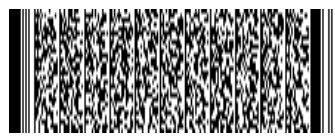
74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name APPANA RUPA VENKATA SATY, Firm's name GLOBAL TAXES LLC, Preparer's PTIN or SSN P02090332, Address 2530 PEBBLE CREEK LN CUMMING GA 30041, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation SOFTWARE ENGINEER, Spouse's signature and occupation (if joint return), Date, Daytime phone number (860)208 2526, E-mail: BALAKISHORE.NADELLA@GMAIL.COM

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

730310571

Box b Employer identification number (EIN)

760689539

Box c Employer's information

Employer's name			
INSPERITY PEO SERVICES, L.P APACHETA CORPORATION			
Employer's address (number and street)			
19001 CRESCENT SPRINGS DR			
City	State	ZIP code	Country (if not United States)
KINGWOOD	TX	77339	

Box 1 Wages, tips, other compensation

142136.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

2808.00

Code

D

Box 12b Amount

7135.00

Code

D D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

86.00

Description

NYFLI

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

142136.00

Box 17a NYS income tax withheld

8761.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

146593.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



► Keep for your records

Part I – Personal Information

Taxpayer:

First Name BALA KISHORE
 Middle Initial _____ Suffix _____
 Last Name NADELLA
 Social Security No. 730-31-0571
 Occupation SOFTWARE ENGINEER
 Date of Birth 08-05-1990
 Age as of 1-1-2019 28
 Date of Death _____
 State Issued ID info _____
 Email Address BALAKISHORE.NADELLA@GMAIL.COM
 Work phone (860) 208-2526
 Extension _____
 Home Phone _____

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____
 Age as of 1-1-2019 _____
 Date of Death _____
 State Issued ID info _____
 Email Address _____
 Work phone _____
 Extension _____

Print phone number on main form Home Taxpayer work Spouse work

Mailing Address

Street Address 1372B PATERSON PLANK RD Apartment No. _____
 City SECAUCUS State NJ ZIP Code 07094
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

Permanent Home Address (if different from mailing address above)

Street Address _____ Apartment No. _____
 City _____ State _____ ZIP Code _____
 (Below should be used by New York nonresidents only)
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

New York County and School District Information

County NR
 School District NR School District Code _____

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If only one spouse has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

New York City Residents:

- Did the taxpayer or spouse maintain living quarters in New York City during 2018?
- If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Filing only IT-214, NYC-208 and/or NYC-210:

- Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners
 and Renters ►
 Form NYC-210, Claim for NYC School Tax Credit ►

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - Taxpayer **did not** live with their spouse at any time during the year
 - If both taxpayer and spouse itemized deductions on their federal tax return:
 - The spouse is itemizing deductions on their New York state tax return
 - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York State Charitable Gifts Trust Fund

Yes No
 Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:
 Health Charitable Account ▶ _____
 Elementary and Secondary Education Account ▶ _____

New York City Accumulation Distribution Credit:

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No
 Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)
 If Yes, enter the amount ▶ _____
 Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No
Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) BANK OF AMERICA
Account Type Checking [X] Savings
Personal or business account Personal [X] Business
Routing number 021200339 Confirm routing number 021200339
Account number 381046567530 Confirm account number 381046567530

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above
State balance-due amount from this return

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.?

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 IT-370

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[] [X] Tax return due date extended?
Extended due date
[] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[] Extension accepted?
Extension filing date
Extension acceptance date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[] Separately, considering only the income/adjustments of the New York City employee
[] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN or SSN NYTPRIN or NY exclusion code
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)

2-digit special condition code number:

[] Code A6 Build America Bond Interest — Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
* Enter total BAB interest included on Form 1040, line 8a
* Enter BAB interest entered above from NY state or local governments

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
 - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2018 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:
 Preparer is the third party designee
 Designee's phone number _____
 Designee's name _____
 Designee's email address _____
 Personal identification number _____

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

 Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

	Taxpayer	Spouse

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation required by Section 457A:

Yes No
 Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

Tax Payments Worksheet

2018

▶ Keep for your records.

Name BALA KISHORE NADELLA	Social Security Number 730-31-0571
-------------------------------------	--

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a _____
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b _____
6 Overpayment from previous year applied to current year				6 _____
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a _____
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b _____
7 Amount paid with current year extension				7 _____
8 Total tax payments				8 _____

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	8,761.
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	_____
12 b State withholding on Forms 1099-G	12 b	_____
12 c State withholding on Forms 1099-K	12 c	_____
13 Other state tax withholding	13	_____
14 Total state income tax withheld	14	8,761.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	_____
16 Total Yonkers withholding	16	_____
17 Section 1127 withholding	17	_____

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	_____
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	_____
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	_____
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	_____
22 Date return will be filed and balance paid	22	_____

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return
BALA KISHORE NADELLA

Your Social Security No.
730-31-0571

Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
Income				
1 Wages, salaries, tips, etc.	142,136.		142,136.	142,136.
2 Federally taxable interest income . .				
3 Dividends				
4 State/local tax refunds				
5 Alimony received				
6 Business income or loss				
7 Capital gain or loss				
8 Other gains and losses				
9 Taxable IRA distribution.				
10 Taxable pension and annuities . . .				
11 Rentals, royalties, p'ship, etc. . . .				
12 Rental real estate included in ln 11 (federal amount)				
13 Farm income or loss.				
14 Unemployment compensation				
15 Taxable social security benefits . . .				
16 Other income				
17 Total income. Add lines 1-11, 13-16	142,136.		142,136.	142,136.

Adjustments to Income				
a Educator expenses				
b Certain business expenses				
c Health savings account				
d Moving expenses				
e Self-employment tax deduction				
f Self-employed SEP, SIMPLE				
g Self-employed health insurance				
h Early withdrawal penalty				
i Alimony paid				
j IRA deduction				
k Student loan interest deduction				
l Reserved				
m Reserved				
n Total other adjustments				
18 Total adjustments				
19 Adjusted gross income	142,136.	*	142,136.	142,136.

* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information

**New York State
Wages/Self-Employment Income Allocation**

2018

▶ Keep for your records

Name as Shown on Return BALA KISHORE NADELLA	Social Security No. 730-31-0571
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**Part I – New York Wage Allocation
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		INSPERITY PEO SERVICES, L.P APACHETA CORPORATION	142,136.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self-Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self-Employment Income

See Tax Help for details.

Tax Computation Worksheet

2018

▶ Keep for your records

Name as Shown on Return BALA KISHORE NADELLA	Social Security No. 730-31-0571
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Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3 Multiply line 2 by 6.33% (.0633). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5 Subtract line 4 from line 3	5	
6 Enter the excess of line 1 over \$107,650	6	
7 Divide line 6 by \$50,000 and round to the fourth decimal place	7	
8 Multiply line 5 by line 7	8	
9 Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

Tax Computation Worksheet 2

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	
3 Multiply line 2 by 6.57% (.0657). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	
5 Subtract line 4 from line 3	5	
6 Enter \$629 on line 6	6	
7 Subtract line 6 from line 5	7	
8 Enter the excess of line 1 over \$161,550	8	
9 Divide line 8 by \$50,000 and round to the fourth decimal place	9	
10 Multiply line 7 by line 9	10	
11 Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$1,017 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$323,200	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$160,500 or less, enter \$629 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,017 on line 6. If line 2 is more than \$323,200, enter \$1,922 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$2,155,350	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	142,136.
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	134,136.
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	8,813.
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	8,307.
5	Subtract line 4 from line 3	5	506.
6	Enter the excess of line 1 over \$107,650	6	34,486.
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	0.6897
8	Multiply line 5 by line 7	8	349.
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	8,656.

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$506 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$215,400	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$215,400 or less, enter \$506 on line 6. If line 2 is more than \$215,400, enter \$1,109 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,077,550	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter the excess of line 1 over \$107,650	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$729 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$269,300	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$269,300 or less, enter \$729 on line 6. If line 2 is more than \$269,300, enter \$1,483 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,616,450	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Smart Worksheets from your 2018 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201 and IT-203

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2018 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree