

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SHASHIKANTH ADEPU FNU		Social security number 867-06-1276
Spouse's name		Spouse's social security number

<b>Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)</b>		
<b>1</b>	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b> 59,827.
<b>2</b>	Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b> 6,461.
<b>3</b>	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b> 7,641.
<b>4</b>	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b> 1,180.
<b>5</b>	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>

**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 

6	1	2	7	6
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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but don't enter all zeros**

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  
**Enter five digits, but don't enter all zeros**

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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
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**

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

Your first name and initial: SHASHIKANTH ADEPU Last name: FNU Your social security number: 867-06-1276

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. 30 PARK LN Apt. no. 7 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. ALBANY NY 12204 If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> 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 SOFTWARE DEVELOPER	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703	Firm's EIN 30-1017196	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (212) 920-4151		

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.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	65,827.
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
		<b>b</b> Taxable interest . . . . .	<b>2b</b>
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
		<b>b</b> Ordinary dividends . . . . .	<b>3b</b>
<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	
		<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
		<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>-6,000</u> . . . . .	<b>6</b>	59,827.
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .	<b>7</b>	59,827.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>8</b>	12,000.
<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	47,827.
<b>11</b>	<b>a</b> Tax (see inst.) <u>6,461</u> . (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	6,461.
	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <input type="checkbox"/> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	6,461.
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>	0.
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>	6,461.
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	7,641.
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <u>No</u> <b>b</b> Sch. 8812 <input type="checkbox"/> <b>c</b> Form 8863 <input type="checkbox"/>	<b>17</b>	
	<b>Add</b> any amount from Schedule 5 . . . . .	<b>18</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>18</b>	7,641.
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .	<b>19</b>	1,180.
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	1,180.
<b>b</b>	Routing number <input type="text"/>	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number <input type="text"/>		
<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .	<b>21</b>	
<b>22</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .	<b>22</b>	
<b>23</b>	Estimated tax penalty (see instructions) . . . . .	<b>23</b>	

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe**



**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

SHASHIKANTH ADEPU FNU

Your social security number

867-06-1276

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	-5,000.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	-5,000.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

DO NOT

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

SHASHIKANTH ADEPU FNU

Your social security number

867-06-1276

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	HYDERABAD HYDERABAD TELANGANA IN 500031				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		6,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,500.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-6,000.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-6,000.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,500.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	6,000.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>		NPA		-6,000.

# Tax History Report

▶ Keep for your records

**2018**

Name(s) Shown on Return

SHASHIKANTH ADEPU FNU

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .					Single
Total income . . . . .					59,827.
Adjustments to income					
Adjusted gross income					59,827.
Tax expense . . . . .					3,217.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions					
Other itemized ded'ns					
Total itemized/ standard deduction . .					
Exemption amount . .					12,000.
QBI deduction					0.
Taxable income . . . .					47,827.
Tax . . . . .					6,461.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					7,641.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax . .					
Refund . . . . .					1,180.
Effective tax rate % . .					10.80
**Tax bracket % . . . .					22.0
Preparation fee . . . .					

\*\*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 (SHASHIKANTH ADEPU FNU) and Social Security Number (867-06-1276)

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

Form with checkboxes for Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN (checked), ERO entered Secondary Taxpayer's PIN, and ERO entered PIN(s) on behalf of taxpayer(s)

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) . . . . . EFIN 587278 Self-Select PIN 61989

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.

Form with fields for QuickZoom to the Federal Information Worksheet to enter PIN numbers, Taxpayer's PIN (5 numbers) 61276, Spouse's PIN (5 numbers), and Date 01/04/2019

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) and Date

**Form 1040 Worksheet Navigation Quickzooms**

Use these QuickZooms to navigate to the correct section on the 1040 Worksheet:

- QuickZoom to Form 1040 Postcard, page 1 entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 1040 Postcard, page 2 entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 1 - Additional Income and Adjustments entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 2 - Tax section entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 3 - Nonrefundable credits entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 4 - Other Taxes entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 5 - Other Payments and Refundable Credits entry section below . . . . . ▶ \_\_\_\_\_
- QuickZoom to Schedule 6 - Foreign Address and Third Party Designee entry section below . . . . . ▶ \_\_\_\_\_

**1040 Postcard - Personal Info, Filing Status, Dependent Info QuickZoom. . . ▶ \_\_\_\_\_**

For the year January 1 - December 31, 2018, or other tax year  
beginning \_\_\_\_\_, 2018, ending \_\_\_\_\_, 20 \_\_\_\_.

Your First Name MI Last Name Your Social Security No.  
SHASHIKANTH ADEPU MI FNU 867-06-1276  
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.  
 \_\_\_\_\_  
 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.  
30 PARK LN 7  
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code  
ALBANY NY 12204

**Schedule 6 - Foreign Address and Third Party Designee QuickZoom. . . ▶ \_\_\_\_\_**

Foreign country name Foreign province/state/county Foreign postal code  
 \_\_\_\_\_

QuickZoom to explanation statement for overseas extension . . . . . ▶ \_\_\_\_\_

**1040 Postcard - Personal Info, Filing Status, Dependent Info (cont'd)**

**Presidential Election Campaign**

Checking a box below will not change your tax or refund.  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . . ▶  You  Spouse

**Filing Status**

Check only one box.  
 All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
- Married filing jointly (even if only one had income)
- Married filing separately. Enter spouse's SSN above and full name here.
- Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. . . . . ▶ \_\_\_\_\_
- Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . . ▶

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

QuickZoom to the Federal Information Worksheet . . . . .



<b>1040 Postcard, Identifying Information (cont'd)</b>		<b>QuickZoom.</b> . . ▶ _____
<input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> Someone can claim your spouse as a dependent		
<b>a</b> Check if: <input type="checkbox"/> <b>You</b> were born before January 2, 1954, <input type="checkbox"/> Blind. <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1954, <input type="checkbox"/> Blind. <b>Total boxes checked</b> . . . . . ▶ <b>a</b> _____		
<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . . . ▶ <b>b</b> <input type="checkbox"/>		
<b>1040 Postcard, Lines 1-3</b>		<b>QuickZoom.</b> . . ▶ _____
Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		65,827.
Taxable interest. Attach Schedule B if required. . . . .		_____
Tax-exempt interest. <b>Do not</b> include on line 8a . . . . .		_____
Ordinary dividends. Attach Schedule B if required . . . . .		_____
Qualified dividends (see instructions) . . . . .		_____
<b>1040 Postcard, Line 4</b>		<b>QuickZoom.</b> . . ▶ _____
IRA distributions . . . . .	_____	_____
Taxable amount (see instructions) . . . . .	_____	_____
Pensions and annuities . . . . .	_____	_____
Taxable amount (see instructions) . . . . .	_____	_____
<b>1040 Postcard, Line 5</b>		<b>QuickZoom.</b> . . ▶ _____
Social security benefits . . . . .	_____	_____
Taxable amount (see instructions) . . . . .	_____	_____
<b>1040 Postcard, Line 6</b>		<b>QuickZoom.</b> . . ▶ _____
<b>Total income.</b> Add lines 1 through 5a and line 22 . . . . .		59,827.
<b>1040 Postcard, Line 7 - Adjusted Gross Income</b>		<b>QuickZoom.</b> . . ▶ _____
Subtract Schedule 1, line 36 from line 6. This is your <b>Adjusted Gross Income</b> . . . . ▶		59,827.
Amount from line above (adjusted gross income) . . . . .		59,827.
<b>1040 Postcard, Line 8</b>		<b>QuickZoom.</b> . . ▶ _____
<b>Standard Deduction for -</b>		
<ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others:                             <ul style="list-style-type: none"> <li>Single or Married filing separately: \$12,000</li> <li>Married filing jointly or Qualifying widow(er): \$24,000</li> <li>Head of household: \$18,000</li> </ul> </li> </ul>		
<b>QuickZoom</b> to the Standard Deduction Worksheet . . . . . _____		
<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> , see above . . . . .		
		12,000.
Subtract itemized or standard deduction from adjusted gross income amount . . . .		47,827.

<b>1040 Postcard, Lines 9-11</b>		<b>QuickZoom.</b> . . ▶ _____
Qualified business income deduction (see instructions) . . . . .		
<b>Taxable income.</b> Subtract line standard or itemized deduction from AGI. If less than zero, enter -0- . . . . .		47,827.

<b>a Tax.</b> (see instructions). Check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972		6,461.
<b>b Total tax.</b> Add any amount from Schedule 2 and check here . . . . . ▶ <input type="checkbox"/>		6,461.

<b>1040 Postcard, Line 12a</b>		<b>QuickZoom.</b> . . ▶ _____
Child tax credit/credit for other dependents . . . . .		

<b>1040 Postcard, Lines 16-17</b>		<b>QuickZoom.</b> . . ▶ _____
Federal income tax withheld from Forms W-2 and 1099 . . . . .	7,641.	
<b>Earned income credit (EIC)</b> . . . . .		No
Nontaxable combat pay election . . . . .		
Additional child tax credit. Attach Schedule 8812 . . . . .		
American opportunity credit from Form 8863, line 8 . . . . .		
<b>QuickZoom</b> to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . . .	<b>QuickZoom.</b> . . ▶	_____
<b>QuickZoom</b> to "due diligence" substitute for Form 8867 (Due Diligence Checklist) . . . . .	<b>QuickZoom.</b> . . ▶	_____

<b>1040 Postcard, Lines 19-21</b>		<b>QuickZoom.</b> . . ▶ _____
<b>Refund:</b>		
If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b>		
This is the amount you <b>overpaid</b> . . . . .		1,180.
<b>a</b> Amount of overpayment you want <b>refunded to you</b> .		
If Form 8888 is attached, check here . . . . . ▶ <input type="checkbox"/>		1,180.
<b>b</b> Routing number . . . . . ▶ _____		
<b>c</b> Type:		
▶ <input type="checkbox"/> Checking		
▶ <input type="checkbox"/> Savings		
<b>d</b> Account number . . . . . ▶ _____		
Amount of overpayment you want <b>applied to</b> <b>your 2019 estimated tax</b> . . . . . ▶		_____

<b>1040 Postcard, Lines 22-23</b>		<b>QuickZoom.</b> . . ▶ _____
<b>Amount You Owe:</b>		
Subtract line total payments from total tax . . . . . ▶		_____
Estimated tax penalty (see instructions) . . . . .		_____

<b>QuickZoom</b> to Late Penalties and Interest Worksheet . . . . . ▶ <b>QuickZoom.</b> . . ▶ _____	
---	--

**Schedule 1 - Additional Income and Adjustments**

QuickZoom. . . ▶ \_\_\_\_\_

<b>1-9b</b> Reserved . . . . .		
<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	<b>10</b>	
<b>11</b> Alimony received. . . . Taxpayer _____ Spouse _____	<b>11</b>	
<b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
<b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>13</b>	
<b>14</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	-6,000.
<b>18</b> Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
<b>19</b> Unemployment compensation (see instr.) . . . . .	<b>19</b>	
<b>21</b> Other income. List type and amount (see instructions). _____	<b>21</b>	
<b>22</b> Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6. This is <b>Total Additional Income</b> . . . ▶	<b>22</b>	-6,000.
<b>Total Income</b> . Combine line 6 and line 22 . . . . . ▶		59,827.

**Schedule 1 (continued) - Adjustments to Income**

QuickZoom. . . ▶ \_\_\_\_\_

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

**Alimony Paid Smart Worksheet**

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

<b>31 a</b> Alimony paid . . . . .	<b>31 a</b>	
<b>b</b> Recipient's SSN ▶ _____	<b>31 b</b>	
<b>32</b> IRA deduction . . . . .	<b>32</b>	
<b>33</b> Student loan interest deduction . . . . .	<b>33</b>	
<b>34</b> Reserved . . . . .	<b>34</b>	
<b>35</b> Reserved . . . . .	<b>35</b>	
<b>36</b> Add lines 23 through 35 . . . . .		<b>36</b>

**Schedule 2 - Tax**

QuickZoom. . . ▶ \_\_\_\_\_

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

**Schedule 3 - Nonrefundable Credits**

QuickZoom. . . ▶ \_\_\_\_\_

<b>48</b> Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>		
<b>49</b> Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>		
<b>50</b> Education credits from Form 8863, line 19 . . . . .	<b>50</b>		
<b>51</b> Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>		
<b>52</b> Reserved . . . . .	<b>52</b>		
<b>53</b> Residential Energy Credit. Attach Form 5695 . . . . .	<b>53</b>		
<b>54</b> Other credits from Form:	<b>54</b>		
<b>a</b> <input type="checkbox"/> 3800			
<b>b</b> <input type="checkbox"/> 8801			
<b>c</b> _____			
<b>55</b> Add lines 12a, and 48 through 54. These are your <b>total credits</b> . . . . .	<b>55</b>		
<b>a</b> If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/>			
<b>b</b> Total non-refundable credits . . . . .			
<b>c</b> Subtract total credits on line 55 from total tax above . . . . .		6,461.	

**Schedule 4 - Other Taxes**

QuickZoom. . . ▶ \_\_\_\_\_

<b>57</b> Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>		
<b>58</b> Unreported social security and Medicare tax from Form:			
<b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919			
Explain underreported tips . . . . .	<b>58</b>		
<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>59</b>		
<b>60 a</b> Household employment taxes from Schedule H . . . . .	<b>60 a</b>		
<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>b</b>		
<b>61</b> Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/> . . . . .	<b>61</b>		
<b>62</b> Taxes from:	<b>62</b>		
<b>a</b> <input type="checkbox"/> Form 8959			
<b>b</b> <input type="checkbox"/> Form 8960			
<b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____			
<b>63</b> Section 965 net tax liability installment from Form 965-A. . . . .	<b>63</b>		
<b>64</b> Add lines 57 through 63. <b>Total Other taxes amount</b> . . . . . ▶	<b>64</b>		0.
Tax after credits: Add lines 11b and 64, subtract line 55 . . . . .			6,461.

Schedule 5 - Other Payments and Refundable Credits

QuickZoom . . ▶

65	Reserved for future use . . . . .	65		
66	2018 estimated tax payments and amount applied from 2017 return . . . . .	66		
67	Reserved for future use . . . . .	67		
68	Reserved for future use . . . . .	68		
69	Reserved for future use . . . . .	69		
70	Net premium tax credit. Attach Form 8962 . . . . .	70		
71	Amount paid with request for extension to file . . . . .	71		
72	Excess social security and tier 1 RRTA tax withheld . . . . .	72		
73	Credit for federal tax on fuels. Attach Form 4136 . . . . .	73		
74	Credits from Form:	74		
a	<input type="checkbox"/> 2439			
b	<input type="checkbox"/> <b>Reserved</b>			
c	<input type="checkbox"/> 8885			
d	<input type="checkbox"/>			
75	Add lines 66, and 70 through 74. These are your <b>total payments</b> . . . . . ▶	75		7,641.
	Amount included above on line 75 from Schedule 5 . . . . . ▶			
	Amount included above on line 75 from Form 1040, line 17 . . . . . ▶			

Schedule 6 - Foreign Address and Third Party Designee (continued)

QuickZoom . . ▶

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

Designee's Name . . . . . ▶ \_\_\_\_\_

Phone No. . . . . ▶ \_\_\_\_\_ Personal Identification Number (PIN) . . . ▶ \_\_\_\_\_

1040 Postcard page 1 (continued) Signature and Paid Preparer

QuickZoom . . ▶

Sign Here

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
_____	_____	SOFTWARE DEVELOPER	▶ _____
Spouse's Signature. If joint, both must sign.	Date	Spouse's Occupation	
_____	_____	_____	▶ _____

Paid Preparer's Use Only

Print/Type Preparer's name  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM  
 Preparer's Signature  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM  
 Firm's Name  
 GLOBAL TAXES LLC  
 2530 Pebble Creek Ln  
 Cumming

Preparer's PTIN  
 P02082703

Check if:  
 3rd Party Designee  
 Self-employed

30-1017196 (212) 920-4151  
 State ZIP Code  
 GA 30041

Filing Address Information

Send Form 1040 to: Electronically Filed - See EF Filing Instructions.

Date 01/06/2019

**Part I – Personal Information**

**Taxpayer:**

Last name . . . . . FNU  
 First name . . . . . SHASHIKANTH ADEPU  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 867-06-1276  
 Occupation . . . . . SOFTWARE DEVELOPER  
 Date of birth . . . . . 04/24/1989 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 29  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . SHASHIKANTH9030@GMAIL.COM  
 Work phone . . . . . (603) 264-0044 Ext \_\_\_\_\_  
 Cell phone . . . . . (603) 264-0044  
 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 (603) 264-0044  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

**US Address:**

Address . . . . . 30 PARK LN Apt no. . . . . 7  
 City . . . . . ALBANY State . . . . . NY ZIP code . . . . . 12204

**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 (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  
 If the 'qualifying person' is your child but **not** your dependent:  
 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

must be filed or the state listed in Part I has changed since 12/31/2018.

State of residence as of 12/31/2018 . ▶ NY

- Full-year resident
- Part-year resident

If **part-year resident**, date residence established . . . \_\_\_\_\_  
 Former state of residence . . . . . \_\_\_\_\_

**Nonresident State Filers:** Taxpayer needs to file nonresident state return(s) in **2018**  
 Enter nonresident state(s) ID below:

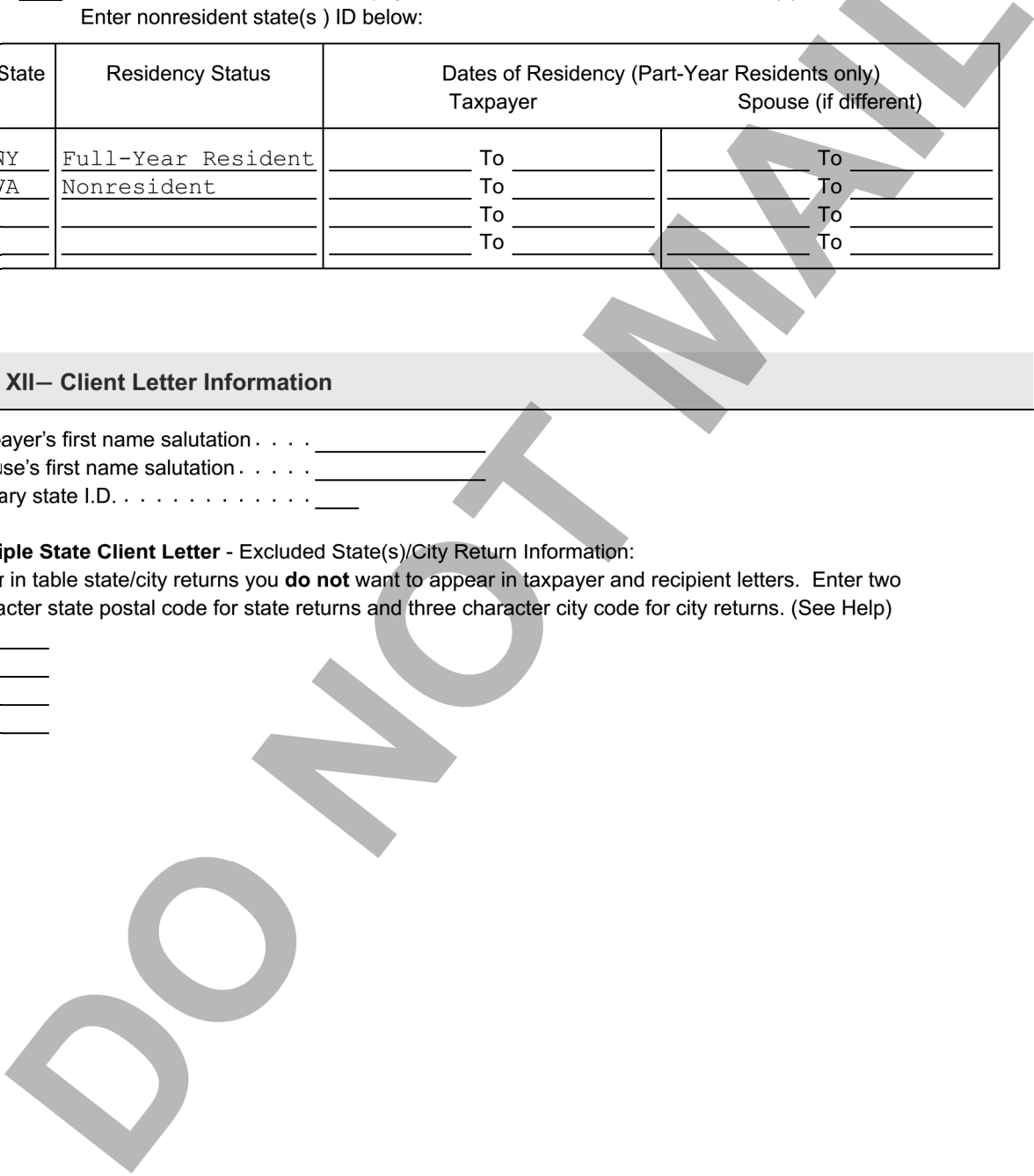
State	Residency Status	Dates of Residency (Part-Year Residents only)	
		Taxpayer	Spouse (if different)
NY	Full-Year Resident	_____ To _____	_____ To _____
VA	Nonresident	_____ To _____	_____ To _____
_____	_____	_____ To _____	_____ To _____
_____	_____	_____ To _____	_____ To _____

**Part XII – Client Letter Information**

Taxpayer's first name salutation . . . . . \_\_\_\_\_  
 Spouse's first name salutation . . . . . \_\_\_\_\_  
 Primary state I.D. . . . . \_\_\_\_\_

**Multiple State Client Letter** - Excluded State(s)/City Return Information:  
 Enter in table state/city returns you **do not** want to appear in taxpayer and recipient letters. Enter two character state postal code for state returns and three character city code for city returns. (See Help)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

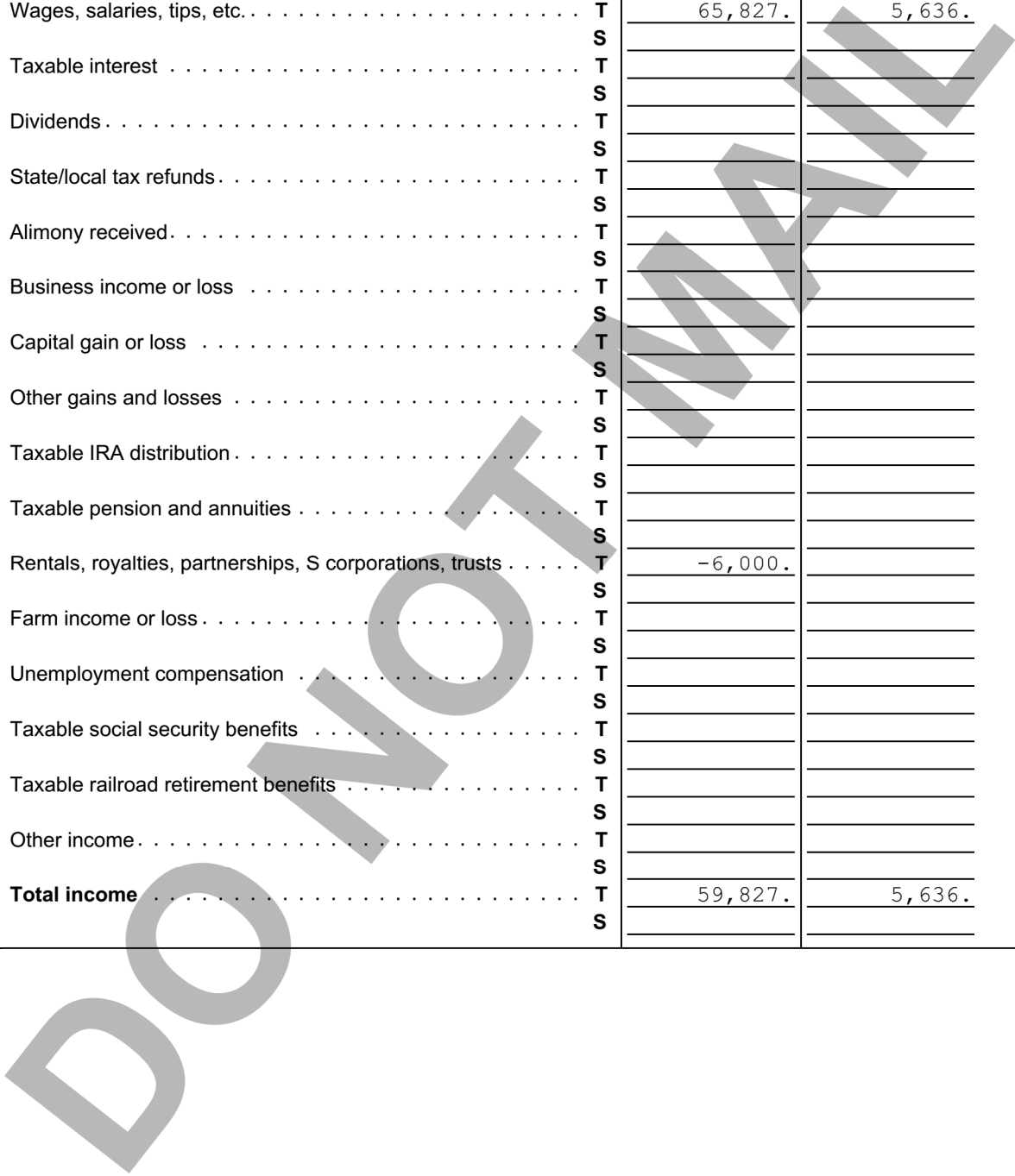


► Keep for your records

Name(s) Shown on Return  
SHASHIKANTH ADEPU FNU

Social Security Number  
867-06-1276

INCOME		Federal Amount	VA Amount
1	Wages, salaries, tips, etc. . . . . T	65,827.	5,636.
	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	-6,000.	
	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	<b>Total income</b> . . . . . T	59,827.	5,636.
	S		





## Nonresident State Allocation Worksheet

SHASHIKANTH ADEPU FNU

867-06-1276

	<b>ADJUSTMENTS</b>		Federal Amount	VA 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	<b>Total adjustments</b> . . . . . T			
		S		
32	<b>Adjusted gross income</b> . . . . . T		59,827.	5,636.
		S		

DO NOT

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SHASHIKANTH ADEPU FNU) and Social Security Number (867-06-1276)

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

- X Taxpayer
Spouse

Note: Alabama does not allow this option

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

- Spouse

Note: Alabama, New Mexico, New York and Ohio do not allow this option

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, Identification number, Issue date, Expiration date, 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)

DO NOT MAIL

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return
SHASHIKANTH ADEPU FNU

Social Security Number
867-06-1276

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.
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Name: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Social Security Number or PTIN: P02082703
Employer Identification Number: 30-1017196
Phone Number: (212) 920-4151
E-mail Address: syam@gtaxfile.com

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

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.

Table with columns for State/City selection and list of states: 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".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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
Form 5713, International Boycott Report . . . . .	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return  
SHASHIKANTH ADEPU FNU

Social Security Number  
867-06-1276

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
VJ TECHNOSOFT INC		65,827.	7,641.	71,463.	3,217.
<b>Totals</b>		65,827.	7,641.	71,463.	3,217.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	65,827.		65,827.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	7,641.		7,641.
3 & 7	Total social security wages/tips . . . . .	65,827.		65,827.
4	Total social security tax withheld . . . . .	4,081.		4,081.
5	Total Medicare wages and tips . . . . .	65,827.		65,827.
6	Total Medicare tax withheld . . . . .	954.		954.
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 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
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 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
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 . . . . .	71,463.		71,463.
17	Total state tax withheld . . . . .	3,217.		3,217.
19	Total local tax withheld. . . . .			

Name as shown on return
SHASHIKANTH ADEPU FNU

Social Security Number
867-06-1276

Employer EIN . . . . . 46-4031093
Employer Name . . . . . VJ TECHNOSOFT INC
Name (cont.)
Street Address or P. O. Box 44330 MERCURE CIR SUITE 100 P
City .STERLING State VA ZIP 20166
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 . . . . . 65,827. 2 Federal tax withheld . . . . . 7,641.
3 Social security wages . . . . . 65,827. 4 Social sec tax withheld . . . . . 4,081.
5 Medicare wages and tips . . . . . 65,827. 6 Medicare tax withheld . . . . . 954.
7 Social security tips . . . . . 8 Allocated tips . . . . .

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

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G.

Table with 4 columns: Box 15 State, Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

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

Table with 4 columns: 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) . . . 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

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SHASHIKANTH ADEPU FNU

867-06-1276 Page 2

Employer Name . . . VJ TECHNOSOFT INC

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

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

- Clergy only:
D Designated housing or parsonage allowance
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
Non-Clergy only:
G If no FICA was withheld, check the applicable box below

Part III Unreported Tip Income

- H1 Tips \$20 or more in a month which were not reported to employer
H2 Tips less than \$20 in a month which were not required to be reported
H3 Value of non-cash tips, such as tickets or passes, not reported
H4 Actual amount of allocated tips if different than the amount in box 8
H5 Tips paid out through a tip-sharing arrangement
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. 867-06-1276
First name SHASHIKANTH ADEPU M.I. Last name FNU Suff.
Address 30 PARK LN , Apt. 7 City ALBANY St NY ZIP code 12204
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  
SHASHIKANTH ADEPU FNU

Social Security Number  
867-06-1276

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

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			7,641.	3,217.	
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	<b>Total Withholding</b> Lines 10 through 18d . . . . .			7,641.	3,217.	
20	<b>Total Tax Payments for 2018</b> . . . . .			7,641.	3,217.	

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 SHASHIKANTH ADEPU FNU	Social Security Number 867-06-1276
--	---------------------------------------

## Part I – Earned Income Credit Worksheet Computation

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

## Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	65,827.		65,827.
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	65,827.		65,827.
9 <b>a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	65,827.		65,827.
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 . . . . .	65,827.		65,827.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .			
16 Wages, salaries, tips, etc . . . . .	65,827.		65,827.
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. . . . .	65,827.		65,827.

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

23 Self-employed, church and statutory employees . . . . .			
24 Wages, salaries, tips, etc . . . . .	65,827.		65,827.
25 Nontaxable combat pay . . . . .			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	65,827.		65,827.

Keep for your records

Name(s) shown on return
SHASHIKANTH ADEPU FNU

Social Security No.
867-06-1276

General Information:

Property description . . . . . BUILDING
Property type . . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . HYDERABAD
City . . . . . HYDERABAD State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 500031 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes No X
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes No

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse
B Owned jointly
C Active participation
D Material participation
E Qualified joint venture
F Some investment is not at risk.
G Other passive exceptions
H Complete taxable disposition - See Help
I Treat all MACRS assets for this activity as qualified Indian reservation property?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
M Check this box if filing this Schedule E as an LLC in CA or TX

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage
O Enter ownership percentage 100.000000 %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method
S Number of days property owned if less than the entire year

HYDERABAD, HYDERABAD, TELANGANA, 500031, India

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . . .	500.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . . .			
Total rents received . . . . .	500.	100.000000	500.
<b>4 Enter</b> royalties received (not reported elsewhere) . . . . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . . . . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import . . . . .					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import . . . . .					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import . . . . .					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	6,500.		6,500.		
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import . . . . .					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	6,500.		6,500.		
<b>21</b> Income or (loss) . . . . .			-6,000.		
<b>22</b> Deductible rental real estate loss . . . . .			-6,000.		

# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return SHASHIKANTH ADEPU FNU	Social Security Number 867-06-1276
--	---------------------------------------

**2017 State and Local Income Tax Information**

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

**2017 State Extension Information**

(a) State	(b) Paid With Extension

**2017 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2017 State Estimates Information**

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

**2017 Locality Estimates Information**

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

**2017 State Taxes Due Information**

(a) State	(e) Paid With Return

**2017 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2017 State Refund Applied Information**

(a) State	(g) Applied Amount

**2017 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2017 State Tax Refund Information**

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

**2017 Locality Tax Refund Information**

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

Other Tax and Income Information		2017	2018
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		3,217.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		59,827.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		6,461.
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  
SHASHIKANTH ADEPU FNU

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	65,827.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	-6,000.
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>59,827.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 59,827.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	3,217.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>3,217.</b>
Standard deduction . . . . .	12,000.

**Taxable Income** . . . . . 47,827.

Income tax . . . . .	6,461.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>6,461.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 6,461.

Withholding . . . . .	7,641.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>7,641.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 1,180.

**Refund** . . . . . 1,180.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	22.0 %
Effective tax rate . . . . .	10.80 %



## Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . <span style="float: right;">6,461.</span>
Check if from:	
1	Tax table . . . . . <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . <span style="float: right;">6,461.</span>

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Nonresident State Allocation Wks (VA)

Schedule E Income Allocation Smart Worksheet		
<b>A</b>	Rentals and royalties . . . . .	T S -6,000.
<b>B</b>	K-1 Partnerships . . . . .	T S
<b>C</b>	K-1 S Corporations . . . . .	T S
<b>D</b>	K-1 Estates and trusts . . . . .	T S
<b>E</b>	Farm rentals . . . . .	T S
<b>F</b>	Income or loss from REMICs . . . . .	T S

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

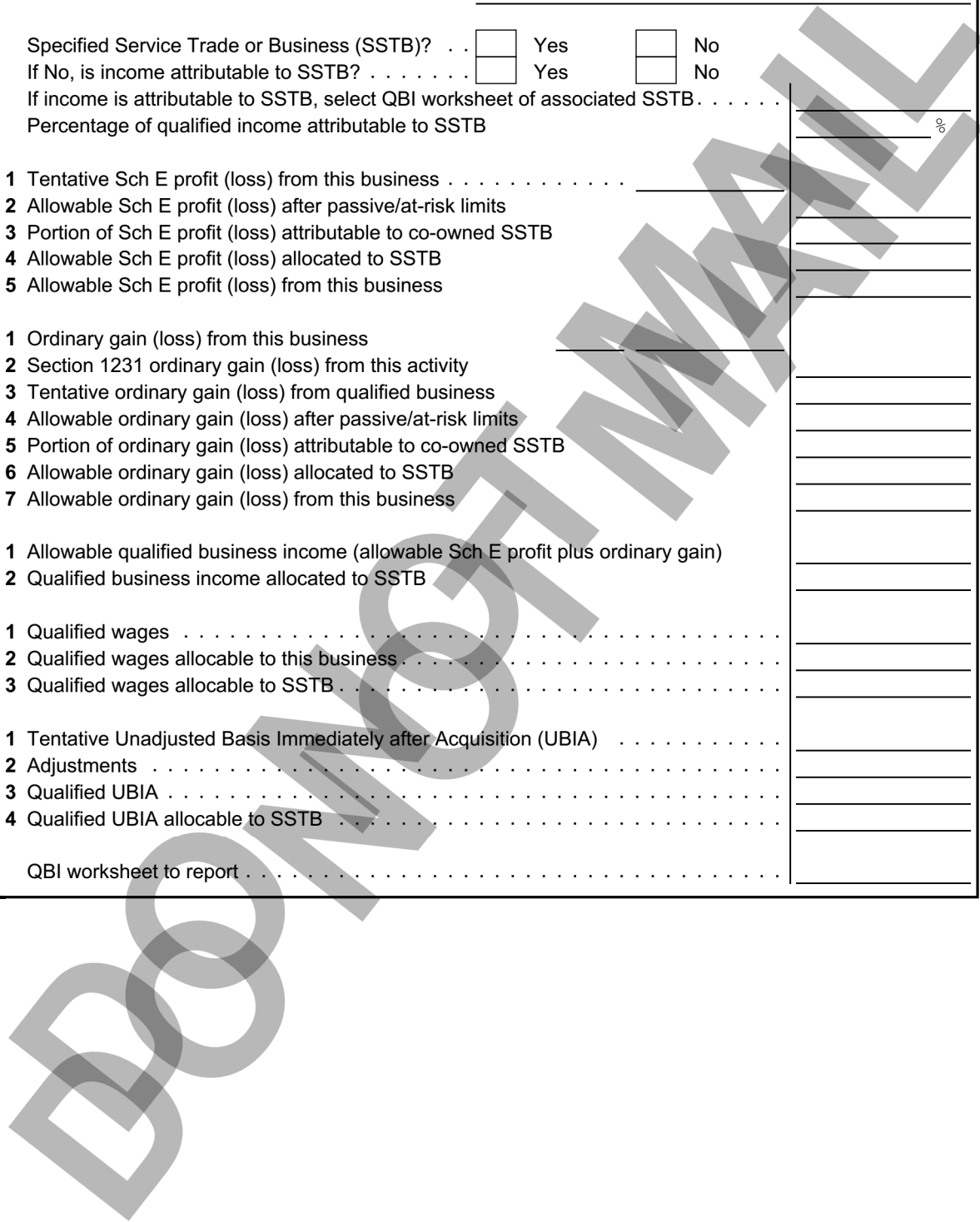
SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet			
Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Disposition		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-6,000.		-6,000.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-6,000.		-6,000.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			



SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Qualified Business Income Deduction Info	
<b>A</b>	Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b>	Trade or Business Name . . . . . _____
<b>C</b>	Trade or Business ID Number . . . . . _____
<b>D</b>	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. . . . . _____ Percentage of qualified income attributable to SSTB _____ %
<b>E</b>	1 Tentative Sch E profit (loss) from this business . . . . . _____ 2 Allowable Sch E profit (loss) after passive/at-risk limits _____ 3 Portion of Sch E profit (loss) attributable to co-owned SSTB _____ 4 Allowable Sch E profit (loss) allocated to SSTB _____ 5 Allowable Sch E profit (loss) from this business _____
<b>F</b>	1 Ordinary gain (loss) from this business _____ 2 Section 1231 ordinary gain (loss) from this activity _____ 3 Tentative ordinary gain (loss) from qualified business _____ 4 Allowable ordinary gain (loss) after passive/at-risk limits _____ 5 Portion of ordinary gain (loss) attributable to co-owned SSTB _____ 6 Allowable ordinary gain (loss) allocated to SSTB _____ 7 Allowable ordinary gain (loss) from this business _____
<b>G</b>	1 Allowable qualified business income (allowable Sch E profit plus ordinary gain) _____ 2 Qualified business income allocated to SSTB _____
<b>H</b>	1 Qualified wages . . . . . _____ 2 Qualified wages allocable to this business . . . . . _____ 3 Qualified wages allocable to SSTB . . . . . _____
<b>J</b>	1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA) . . . . . _____ 2 Adjustments . . . . . _____ 3 Qualified UBIA . . . . . _____ 4 Qualified UBIA allocable to SSTB . . . . . _____
<b>K</b>	QBI worksheet to report . . . . . _____





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: SHASHIKANTH ADEPU FNU

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. 59827.
2 Refund 2. 103.
3 Amount you owe 3.
4 Financial institution routing number 4.
5 Financial institution account number 5.
6 Account type: 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: SYAM PRIYA RAM SAGAR GUPTA TALLAM



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... 18

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name SHASHIKANTH ADE		MI	Your last name (for a joint return, enter spouse's name on line below) FNU		Your date of birth (mmddyyyy) 04241989	Your social security number 867061276
Spouse's first name		MI	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) 30 PARK LN					Apartment number 7	New York State county of residence ALBANY
City, village, or post office ALBANY			State NY	ZIP code 12204	Country (if not United States)	School district name MENANDS
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number ..... 388
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- A Filing status**  
(mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number 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 residents and Yonkers part-year residents only:**

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

(2) Enter the amount ... .00

**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** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes  No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....  

**F NYC residents and NYC part-year residents only** (see page 15):

(1) Number of months **you** lived in NYC in 2018 .....  

(2) Number of months **your spouse** lived in NYC in 2018 .....  

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

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
867061276

**Federal income and adjustments** (see page 16)

Whole dollars only

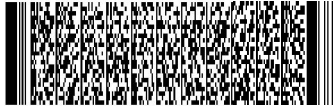
1	Wages, salaries, tips, etc. ....	1	65827 .00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	-5000 .00
12	Rental real estate included in line 11 .....	12	-6000 .00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	59827 .00
18	Total federal adjustments to income (see page 16) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	59827 .00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	59827 .00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27	Taxable amount of social security benefits (from line 15) ....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	59827 .00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	51827 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	<b>000.00</b>
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	51827 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
SHASHIKANTH ADEPU FNU

Your social security number  
867061276

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	51827 .00
<b>39</b> NYS tax on line 38 amount (see page 22) .....	<b>39</b>	2968 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 23) .....	<b>41</b>	133 .00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	133 .00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	2835 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	2835 .00

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

<b>47</b> NYC taxable income (see instructions) .....	<b>47</b>	.00
<b>47a</b> NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	.00
<b>48</b> NYC household credit (page 23) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base ... <b>54a</b> .....		.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 26) .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....	<b>59</b>	0 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 28)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>	.00	<b>60o</b> Veterans' Homes	<b>60o</b>	.00
<b>60b</b> Missing/Exploited Children	<b>60b</b>	.00	<b>60p</b> Love Your Library Fund	<b>60p</b>	.00
<b>60c</b> Breast Cancer Research	<b>60c</b>	.00	<b>60q</b> Lupus Fund	<b>60q</b>	.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>	.00	<b>60r</b> Military Family Fund	<b>60r</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4)	<b>60e</b>	.00	<b>60s</b> CUNY Fund	<b>60s</b>	.00
<b>60f</b> Prostate Cancer	<b>60f</b>	.00			
<b>60g</b> 9/11 Memorial	<b>60g</b>	.00			
<b>60h</b> Volunteer Firefighting	<b>60h</b>	.00			
<b>60i</b> Teen Health Education	<b>60i</b>	.00			
<b>60j</b> Veterans Remembrance	<b>60j</b>	.00			
<b>60k</b> Homeless Veterans	<b>60k</b>	.00			
<b>60l</b> Mental Illness Anti-Stigma	<b>60l</b>	.00			
<b>60m</b> Women's Cancers Fund	<b>60m</b>	.00			
<b>60n</b> Autism Fund	<b>60n</b>	.00			
<b>60</b> Total voluntary contributions (add lines 60a through 60s) .....	<b>60</b>	.00			
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	2835 .00			

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number  
867061276

62 Enter amount from line 61 ..... **62** 2835 .00

**Payments and refundable credits** (see pages 29 through 32)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	2938 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



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.**

76 Total payments (add lines 63 through 75) ..... **76** 2938 .00

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	103 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	103 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	103 .00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

See page 37 for the proper assembly of your return.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) ..... **79** .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** .00

82 Other penalties and interest (see page 34) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). 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. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number  83c Account number

84 Electronic funds withdrawal (see page 35) ..... Date  Amount  .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number 301017196	Date 01062019
E-mail: SYAM@GTAXFILE.COM			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE DEVELOPER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (603)264 0044
E-mail: SHASHIKANTH9030@GMAIL.COM	

See instructions for where to mail your return.

201004183555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





# New York State Resident Credit

# IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return SHASHIKANTH ADEPU FNU	Identifying number as shown on return 867061276
---	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	65827.00	1	5636.00
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.....	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss.....	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses .....	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities .....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	-6000.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of social security benefits.....	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15 .....	16	59827.00	16	5636.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18	59827.00	18	5636.00
19 New York adjustments (see instructions) .....	19	.00	19	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions) .....	20	59827.00	20	5636.00
21 Capital gain portion of lump-sum distributions (see instr.)..	21	.00	21	.00
22 Add lines 20 and 21.....	22	59827.00	22	5636.00

(continued on page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

DO NOT WRITE IN THESE SPACES



**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** VA

Also enter the locality name, if applicable *Locality name:* \_\_\_\_\_

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions) ..... **24** \_\_\_\_\_ 133.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN \_\_\_\_\_

25 New York State tax payable (see instructions) ..... **25** \_\_\_\_\_ 2968.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) .... **26** \_\_\_\_\_ 0.0942

27 Multiply line 25 by line 26 ..... **27** \_\_\_\_\_ 280.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions) ..... **28** \_\_\_\_\_ 133.00

29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) ..... **29** \_\_\_\_\_ .00

30 Add lines 28 and 29 ..... **30** \_\_\_\_\_ 133.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions) ..... **31** \_\_\_\_\_ 2968.00

32 Other credits that you applied before this credit (see instructions) ..... **32** \_\_\_\_\_ .00

33 Subtract line 32 from line 31 ..... **33** \_\_\_\_\_ 2968.00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) ..... **34** \_\_\_\_\_ 133.00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** \_\_\_\_\_ .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** \_\_\_\_\_ .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** \_\_\_\_\_ .00

NO HANDWRITTEN ENTRIES ON THIS FORM

112002183555





Summary of W-2 Statements

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

867061276

Box b Employer identification number (EIN)

464031093

Box c Employer's information

Employer's name: VJ TECHNOFT INC
Employer's address: 44330 MERCURE CIR SUITE 100 P
City: STERLING State: VA ZIP code: 20166 Country: (if not United States)

Box 1 Wages, tips, other compensation: 65827.00

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.: 65827.00

Box 17a NYS income tax withheld: 2938.00

Other state information:

Box 15b other state: V A

Box 16b Other state wages, tips, etc.: 5636.00

Box 17b Other state income tax withheld: 279.00

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

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:
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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



**Other Tax Credits and Taxes Worksheet**

**2018**

▶ Keep for your records

Name as Shown on Return SHASHIKANTH ADEPU FNU	Social Security No. 867-06-1276
--	------------------------------------

**Part I – New York Credits**

**Section A – New York State Nonrefundable/Non-Carryover Credits**

**Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3**

1 Form IT-112-R – Resident Credit . . . . .	1	133.
2 Form IT-112-C – Resident Credit for Taxes Paid to a Province of Canada . . . . .	2	
3 Form IT-250 – Defibrillator Credit . . . . .	3	
4 Form IT-604 – Qualified Economic Zone Employment Tax Reduction Credit . . . . .	4	
5 New York State Accumulation Distribution Credit ( <i>attach computation</i> ) . . . . .	5	

**Section B – New York State Nonrefundable/Carryover Credits**

**Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8**

1 Form IT-212 – Investment Credit . . . . .	1	
2 Form IT-236 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011) . . . . .	2	
3 Form IT-237 – Historic homeownership rehabilitation credit . . . . .	3	
4 Form IT-239 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011) . . . . .	4	
5 Form IT-246 – Empire State commercial production credit . . . . .	5	
6 Form IT-249 – Long-Term Care Insurance Credit . . . . .	6	
7 Form IT-251 – Employment of Persons with Disabilities Credit . . . . .	7	

Carryover information for Form IT-252 . . . . ▶

Year Carryover Credit Earned	Carryover Amount
_____	_____
_____	_____
_____	_____

8 Form IT-252 – Financial Services Industry Investment Tax Credit carryover . . . . .	8	
9 Form IT-253 – Alternative Fuels Credit carryover . . . . .	9	
10 Form IT-255 – Solar Energy System Equipment Credit . . . . .	10	
11 Form IT-256 – Claim for Special Additional Mortgage Recording Tax Credit . . . . .	11	
12 Form IT-261 – Empire State film post-production credit carryover . . . . .	12	
13 Form IT-501 – Temporary nonrefundable credit deferral payout . . . . .	13	
14 Form IT-601 – Empire Zone (EZ) Wage Tax Credit . . . . .	14	
15 Form IT-602 – Empire Zone (EZ) Capital Tax Credit . . . . .	15	
16 Form IT-603 – Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr . . . . .	16	
17 Form IT-605 – Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit . . . . .	17	
18 Form IT-637 – Alternative Fuels and Electric Vehicle Recharging Property Cr . . . . .	18	
19 Form IT-643 – Hire a Veteran Credit . . . . .	19	
20 Form IT-644 – Workers with Disabilities Tax Credit . . . . .	20	
21 Form DTF-622 – Qualified Emerging Technology Co. (QETC) Capital Tax Credit . . . . .	21	
22 Form DTF-624 – Low-Income Housing Credit . . . . .	22	
23 Form DTF-630 – Green Building Credit . . . . .	23	
24 Residential Fuel Oil Storage Tank Credit carryover ( <i>attach computation</i> ) . . . . .	24	
25 Solar and Wind Energy Credit carryover ( <i>attach computation</i> ) . . . . .	25	

\* New for 2018

**Resident Tax Credit**  
**Worksheet for Figuring Your New York State Tax Payable**

**2018**

▶ Keep for your records

Name as Shown on Return FNU SHASHIKANTH ADEPU		Social Security No. 867-06-1276
<b>a</b> Enter New York State tax from Form IT-201, line 39, plus tax from Form IT-230, Part 2, line 2, New York State column . . . . .	<b>a</b>	2,968.
<b>b</b> Enter your New York State Household Credit, if any, from Form IT-201, line 40. . . . .	<b>b</b>	
<b>c</b> New York State tax payable (subtract line b from line a). Enter this amount on Form IT-112-R, line 25 or Form IT-112-C, line 33. . . . .	<b>c</b>	2,968.

NYIV6201.SCR 04/30/15

**DO NOT MAIL**

► Keep for your records

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . SHASHIKANTH ADEPU  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . . FNU  
 Social Security No. . . . . 867-06-1276  
 Occupation . . . . . SOFTWARE DEVELOPER  
 Date of Birth . . . . . 04-24-1989  
 Age as of 1-1-2019 . . . . . 29  
 Date of Death . . . . .  
 State Issued ID info . . . . .  
 Email Address . . . . . SHASHIKANTH9030@GMAIL.COM  
 Work phone . . . . . (603) 264-0044  
 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 . . . . . 30 PARK LN Apartment No. . . . . 7  
 City . . . . . ALBANY State . . . . . NY ZIP Code . . . . . 12204  
 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 . . . . . ALBANY School District Code . . . . . 388  
 School District . . . . . Menands

**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 VII – Sales or Use Tax and Voluntary Gifts or Contributions

Sales or Use Tax

1 a If the taxpayer does not owe any sales or use tax with the return, check this box . . . . . [X]
b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box . . . . . [ ]
c If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below . . . . . [ ]
2 If line 1b is checked and the taxpayer maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months they maintained a permanent place of abode in New York State. . . . .
3 Sales tax due based on the sales and use tax chart . . . . .
4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax . . . . .
5 Total sales or use tax due (line 2 plus line 3) . . . . . 0.

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions (Continued)

Voluntary Gifts or Contributions

Return a Gift to Wildlife . . . . . Homeless Veterans Fund . . . . .
Missing/Exploited Children Fund . . . . . Mental Illness Anti-Stigma Fund . . . . .
Breast Cancer Research Fund. . . . . Women's Cancers Educ Prev Fd . . . . .
Alzheimer's Fund . . . . . Autism Fund . . . . .
Olympic Fund (\$2 or \$4) . . . . . Veterans' Homes . . . . .
Prostate/Testicular Cancer Fund . . . . . Love Your Library Fund . . . . .
9/11 Memorial . . . . . Lupus Educ and Prevention Fund. . . . .
Volunteer Firefighting & EMS . . . . . Military Family Relief Fund . . . . .
Teen Health Education Fund. . . . . City Univ NY Constr Fund . . . . .
Veterans Remembrance Fund. . . . .

Part VIII – Electronic Filing Information

[X] File state return electronically
Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Date Form IT-201-V was given to client. . . . .
W-2 Verification Indicator given by NYS . . . . .

Electronic Filing of Amended Return:

[ ] The amended return will be filed electronically
[ ] Another amended return will be filed electronically
Date amended return was EFiled . . . . .
Date amended return was accepted by the state. . . . .

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Electronic Filing of Estimated Payments

[ ] File Form(s) IT-2105 electronically (Complete federal Information Worksheet, Part VI first)

Table with 8 columns: Qtr, Payment Amount, Payment Due Date, Date to Withdraw, Date Signed, Date Transmitted, Date Accepted, Completed



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)
Account Type . . . . . Checking [ ] Savings [ ]
Personal or business account . . . . . Personal [ ] Business [ ]
Routing number . . . . . Confirm routing number . . . . .
Account number . . . . . Confirm account number . . . . .

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
[ ] [ ] 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 SHASHIKANTH ADEPU FNU	Social Security Number 867-06-1276
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## 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 . . . . .				
<b>Additional Payments</b>				
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 <b>Total tax payments</b> . . . . .				8

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	2,938.
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 <b>Total state income tax withheld</b> . . . . .	14	2,938.

## 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 - <b>not</b> 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) - <b>not</b> subject to New York Tax . . . . .	21	
22 Date return will be filed and balance paid . . . . .	22	

### 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 . . . . .

#### SMART WORKSHEET FOR: IT-112-R (VA): Resident Tax Credit

<b>Other State Tax Computation Smart Worksheet</b>					
<p>Carefully review transferred nonresident state amounts and verify that the amounts are what New York requires to calculate the credit.</p> <p><b>A</b> Amount of tax imposed by other state . . . . .</p>	<table border="1"> <thead> <tr> <th style="width: 50%;"><b>A</b> Amount</th> <th style="width: 50%;"><b>B*</b> Amount if Different</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">133.</td> <td></td> </tr> </tbody> </table>	<b>A</b> Amount	<b>B*</b> Amount if Different	133.	
<b>A</b> Amount	<b>B*</b> Amount if Different				
133.					
<p>* Use column B only if you need to modify any amount calculated by the program in column A.</p>					

