

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 587278201904401bzey1

Taxpayer's name SATHISH YARAMADA	Social security number 667-65-5469
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	107,941.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	17,312.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	18,242.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	930.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

5	5	4	6	9
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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 as my signature on my tax year 2018 electronically filed income tax return.

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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

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

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

667-65-5469

Taxpayer name SATHISH YARAMADA

Taxpayer address (optional)

454 SUMMER DR SANDY SPRINGS

ATLANTA GA 30328

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/13/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201904401bzey1.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **SATHISH** Last name: **YARAMADA** Your social security number: **667-65-5469**

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. **454 SUMMER DR SANDY SPRINGS** Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Atlanta GA 30328** If more than four dependents, see inst. and 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: Spouse's signature. If a joint return, **both** must sign.

Date: Date

Your occupation: **SOFTWARE ENGINEER** Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

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: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: **(212)920-4151**

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	112,624.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -4,683.	6	107,941.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	107,941.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	95,941.
11	a Tax (see inst.) 17,312. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	17,312.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	17,312.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	17,312.
16	Total tax. Add lines 13 and 14	16	18,242.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	18,242.
19	Add any amount from Schedule 5	19	930.
20a	Add lines 16 and 17. These are your total payments	20a	930.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount of line 19 you want applied to your 2019 estimated tax	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount of line 19 you want applied to your 2019 estimated tax	26	
27	Amount of line 19 you want applied to your 2019 estimated tax	27	
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96	Amount of line 19 you want applied to your 2019 estimated tax	96	
97	Amount of line 19 you want applied to your 2019 estimated tax	97	
98	Amount of line 19 you want applied to your 2019 estimated tax	98	
99	Amount of line 19 you want applied to your 2019 estimated tax	99	
100	Amount of line 19 you want applied to your 2019 estimated tax	100	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SATHISH YARAMADA

Your social security number

667-65-5469

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,717.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-6,400.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	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	22	-4,683.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**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 for instructions and the latest information.

Name(s) shown on return

SATHISH YARAMADA

Your social security number

667-65-5469

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	HAYATH NAGAR HYDERABAD TELANGANA IN 500090				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		5,000.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18		2,000.		
19	Other (list) ▶ _____	19				
20	Total expenses. Add lines 5 through 19	20		7,000.		
21	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	21		-6,400.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,400.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d		2,000.		
e	Total of all amounts reported on line 20 for all properties	23e		7,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,400.)		
26	Total rental real estate and royalty income or (loss). 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. NPA	26				-6,400.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return SATHISH YARAMADA	Business or activity to which this form relates Sch E HAYATH NAGAR	Identifying number 667-65-5469
----------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	2,000.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,000.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Your name: SATHISH YARAMADA; Your SSN or ITIN: 667-65-5469; Spouse's/RDP's name; Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (29,236), 2 Amount You Owe, 3 Refund or No Amount Due (260)

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 55469 as my signature on my 2018 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Spouse's/RDP'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. 58727861989 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 11/06/2019

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

667-65-5469 YARA
SATHISH YARAMADA

18

454 SUMMER DR SANDY SPRINGS
ATLANTA GA 30328

06-03-1991

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 [X] Single
4 [] Head of household (with qualifying person). See instructions.
2 [] Married/RDP filing jointly. See inst. 5 [] Qualifying widow(er). Enter year spouse/RDP died.
3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 6 []

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$118 = \$

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions 10 [] X \$367 = \$

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="29236"/> <input type="text" value=".00"/>		
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 <input checked="" type="radio"/> 13 <input type="text" value="107941"/> <input type="text" value=".00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B <input checked="" type="radio"/> 14 <input type="text" value="1717"/> <input type="text" value=".00"/>		
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="106224"/> <input type="text" value=".00"/>		
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C <input checked="" type="radio"/> 16 <input type="text" value="1714"/> <input type="text" value=".00"/>		
	17 Adjusted gross income from all sources. Combine line 15 and line 16 <input checked="" type="radio"/> 17 <input type="text" value="107938"/> <input type="text" value=".00"/>		
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="4401"/> <input type="text" value=".00"/>		
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="103537"/> <input type="text" value=".00"/>		

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule		
	<input checked="" type="radio"/> 31 <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input type="text" value="6882"/> <input type="text" value=".00"/>		
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 <input checked="" type="radio"/> 32 <input type="text" value="29236"/> <input type="text" value=".00"/>		
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 <input checked="" type="radio"/> 35 <input type="text" value="28044"/> <input type="text" value=".00"/>		
	36 CA Tax Rate. Divide line 31 by line 19 <input checked="" type="radio"/> 36 <input type="text" value="0.0665"/>		
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 <input checked="" type="radio"/> 37 <input type="text" value="1865"/> <input type="text" value=".00"/>		
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 <input checked="" type="radio"/> 38 <input type="text" value="0.2709"/>		
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions <input checked="" type="radio"/> 39 <input type="text" value="32"/> <input type="text" value=".00"/>		
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="1833"/> <input type="text" value=".00"/>		
41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value="1833"/> <input type="text" value=".00"/>			
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="1833"/> <input type="text" value=".00"/>			

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>		
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>		
	52 Credit for dependent parent. See instructions <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>		
	53 Credit for senior head of household. See instructions <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/>		
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/>		
	55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>		

Your name: Your SSN or ITIN:

Special Credits continued	58 Enter credit name <input type="text"/> code <input type="text"/> and amount... ● 58 <input type="text"/> .00
	59 Enter credit name <input type="text"/> code <input type="text"/> and amount... ● 59 <input type="text"/> .00
	60 To claim more than two credits. See instructions ● 60 <input type="text"/> .00
	61 Nonrefundable renter's credit. See instructions ● 61 <input type="text"/> .00
	62 Add line 50 and line 55 through 61. These are your total credits ● 62 <input type="text"/> .00
	63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 <input type="text" value="1833"/> .00

Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 <input type="text"/> .00
	72 Mental Health Services Tax. See instructions ● 72 <input type="text"/> .00
	73 Other taxes and credit recapture. See instructions ● 73 <input type="text"/> .00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax ● 74 <input type="text" value="1833"/> .00

Payments	81 California income tax withheld. See instructions. ● 81 <input type="text" value="2093"/> .00
	82 2018 CA estimated tax and other payments. See instructions ● 82 <input type="text"/> .00
	83 Withholding (Form 592-B and/or 593). See instructions ● 83 <input type="text"/> .00
	84 Excess SDI (or VPD) withheld. See instructions ● 84 <input type="text"/> .00
	85 Earned Income Tax Credit (EITC) ● 85 <input type="text"/> .00
	86 Add lines 81 through 85. These are your total payments. See instructions. ● 86 <input type="text" value="2093"/> .00

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. ● 101 <input type="text" value="260"/> .00
	102 Amount of line 101 you want applied to your 2019 estimated tax. ● 102 <input type="text" value="0"/> .00
	103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 <input type="text" value="260"/> .00
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. ● 104 <input type="text"/> .00

Contributions		Code	Amount
	California Seniors Special Fund. See instructions.	● 400	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.	● 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	● 403	<input type="text"/> .00

Your name:

Your SSN or ITIN:



		Code	Amount
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text" value=""/> .00
	California Firefighters' Memorial Fund	● 406	<input type="text" value=""/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text" value=""/> .00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text" value=""/> .00
	California Sea Otter Fund	● 410	<input type="text" value=""/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text" value=""/> .00
	School Supplies for Homeless Children Fund	● 422	<input type="text" value=""/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text" value=""/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text" value=""/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text" value=""/> .00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text" value=""/> .00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text" value=""/> .00
	Revive the Salton Sea Fund	● 432	<input type="text" value=""/> .00
	California Domestic Violence Victims Fund	● 433	<input type="text" value=""/> .00
	Special Olympics Fund	● 434	<input type="text" value=""/> .00
	Type 1 Diabetes Research Fund	● 435	<input type="text" value=""/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text" value=""/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text" value=""/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text" value=""/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text" value=""/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text" value=""/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text" value=""/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text" value=""/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text" value=""/> .00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text" value=""/> .00	

Your name: Your SSN or ITIN:

Amount You Owe **121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **122** Interest, late return penalties, and late payment penalties. **122** **.00**
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **123** **.00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **.00**

Refund and Direct Deposit **125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● **Type**
● **Routing number** ● **Account number** ● **126** **Direct deposit amount** **.00**
 Checking **Savings**

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● **Type**
● **Routing number** ● **Account number** ● **127** **Direct deposit amount** **.00**
 Checking **Savings**

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● **PTIN**

Firm's address ● **Firm's FEIN**

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — 2018 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return <u>S A T H I S H Y A R A M A D A</u>	SSN or ITIN <u>6 6 7 - 6 5 - 5 4 6 9</u>
------------------------------------------------------------------------	---------------------------------------------

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> <u>GA</u>	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ____/____/____	<input type="radio"/> ____/____/____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> <u>GA</u> <u>0 3/3 0/2 0 1 8</u>	<input type="radio"/> ____/____/____
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> <u>GA</u>	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> <u>8 9</u>	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> <u>N</u>	<input type="radio"/> _____
8 Before 2018: I was a CA resident for the period of	<input type="radio"/> ____/____/____ - ____/____/____	<input type="radio"/> ____/____/____ - ____/____/____

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 112,624.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 112,624.	<input checked="" type="radio"/> 29,236.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/> 1,717.	<input checked="" type="radio"/> 1,717.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received. See instructions. 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16a Reserved 16b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/> -6,400.	<input type="radio"/>	<input checked="" type="radio"/> 1,714.	<input checked="" type="radio"/> -4,686.	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 107,941.	<input type="radio"/> 1,717.	<input type="radio"/> 1,714.	<input type="radio"/> 107,938.	<input type="radio"/> 29,236.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses. 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . 37	<input type="radio"/> 107,941.	<input type="radio"/> 1,717.	<input type="radio"/> 1,714.	<input type="radio"/> 107,938.	<input type="radio"/> 29,236.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 107,941	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8,096	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	6,427.	<input checked="" type="radio"/>	6,427.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 6,427.	5d	6,427.			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	6,427.	<input checked="" type="radio"/>	6,427.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/>	7	6,427.	<input checked="" type="radio"/>	6,427.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Reserved <input checked="" type="radio"/>	8d			
8e	Add lines 8a through 8c <input checked="" type="radio"/>	8e			<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9 <input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>	11		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check <input checked="" type="radio"/>	12		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13 <input checked="" type="radio"/>	14		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 6,427.	17	6,427.	<input checked="" type="radio"/>	6,427.	<input checked="" type="radio"/> 0.

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 0. 21 0.

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 107,941.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 2,159.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 0.

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 0.

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 0.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 30 4,401.

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 29,236.

2 Enter your deductions from line 30. 2 4,401.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 0.2709

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 1,192.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 28,044.

2018

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return: SATHISH YARAMADA SSN or ITIN: 667655469

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

- 1 This form is being completed for a passive activity.
This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates: HAYATH NAGAR

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Table with 6 columns: (a) Description of property placed in service, (b) Date placed in service, (c) California basis for depreciation, (d) Method, (e) Life or rate, (f) California depreciation deduction. Rows include IPHONE X, GOOGLE PIXEL PHONE, and APPLE WATCH.

- 4 Add the amounts on line 3, column (f) 4 286.
5 California depreciation for assets placed in service prior to 2018. 5 0.
6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5. 6 286.
7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22. 7 2,000.
8 a If line 6 is more than line 7, enter the difference here and see instructions. 8a
b If line 6 is less than line 7, enter the difference here and see instructions. 8b 1,714.

Table with 6 columns: (a) Description of cost, (b) Date amortization begins, (c) California basis for amortization, (d) Code section, (e) Period or percentage, (f) California amortization deduction. Row 9 is empty.

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10
11 California amortization of costs that began before 2018. 11
12 Total California amortization from this activity. Add the amounts on line 10 and line 11. 12
13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44. 13
14 a If line 12 is more than line 13, enter the difference here and see instructions. 14a
b If line 12 is less than line 13, enter the difference here and see instructions. 14b

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

Your first name and initial: **SATHISH** Last name: **YARAMADA** Your social security number: **667-65-5469**

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. **454 SUMMER DR SANDY SPRINGS** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Atlanta GA 30328** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

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.) [] [] [] [] [] [] [] [] [] []

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: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: **(212) 920-4151**

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	112,624.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -4,683.	6	107,941.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	107,941.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	95,941.
11	a Tax (see inst.) 17,312. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	17,312.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	17,312.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	17,312.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	17,312.
16	Total tax. Add lines 13 and 14	16	18,242.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	18,242.
19	Add any amount from Schedule 5	19	930.
20a	Add lines 16 and 17. These are your total payments	20a	930.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount of line 19 you want applied to your 2019 estimated tax	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount of line 19 you want applied to your 2019 estimated tax	26	
27	Amount of line 19 you want applied to your 2019 estimated tax	27	
28	Amount of line 19 you want applied to your 2019 estimated tax	28	
29	Amount of line 19 you want applied to your 2019 estimated tax	29	
30	Amount of line 19 you want applied to your 2019 estimated tax	30	
31	Amount of line 19 you want applied to your 2019 estimated tax	31	
32	Amount of line 19 you want applied to your 2019 estimated tax	32	
33	Amount of line 19 you want applied to your 2019 estimated tax	33	
34	Amount of line 19 you want applied to your 2019 estimated tax	34	
35	Amount of line 19 you want applied to your 2019 estimated tax	35	
36	Amount of line 19 you want applied to your 2019 estimated tax	36	
37	Amount of line 19 you want applied to your 2019 estimated tax	37	
38	Amount of line 19 you want applied to your 2019 estimated tax	38	
39	Amount of line 19 you want applied to your 2019 estimated tax	39	
40	Amount of line 19 you want applied to your 2019 estimated tax	40	
41	Amount of line 19 you want applied to your 2019 estimated tax	41	
42	Amount of line 19 you want applied to your 2019 estimated tax	42	
43	Amount of line 19 you want applied to your 2019 estimated tax	43	
44	Amount of line 19 you want applied to your 2019 estimated tax	44	
45	Amount of line 19 you want applied to your 2019 estimated tax	45	
46	Amount of line 19 you want applied to your 2019 estimated tax	46	
47	Amount of line 19 you want applied to your 2019 estimated tax	47	
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96	Amount of line 19 you want applied to your 2019 estimated tax	96	
97	Amount of line 19 you want applied to your 2019 estimated tax	97	
98	Amount of line 19 you want applied to your 2019 estimated tax	98	
99	Amount of line 19 you want applied to your 2019 estimated tax	99	
100	Amount of line 19 you want applied to your 2019 estimated tax	100	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SATHISH YARAMADA

Your social security number

667-65-5469

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,717.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-6,400.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	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	22	-4,683.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**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 for instructions and the latest information.

Name(s) shown on return

SATHISH YARAMADA

Your social security number

667-65-5469

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	HAYATH NAGAR HYDERABAD TELANGANA IN 500090				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<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
3 Rents received	3	600.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13	5,000.		
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities.	17			
18 Depreciation expense or depletion	18	2,000.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	7,000.		
21 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	21	-6,400.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,400.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		2,000.	
e Total of all amounts reported on line 20 for all properties	23e		7,000.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,400.)		
26 Total rental real estate and royalty income or (loss). 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.	26			-6,400.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return SATHISH YARAMADA	Business or activity to which this form relates Sch E HAYATH NAGAR	Identifying number 667-65-5469
----------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	2,000.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,000.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)

WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

PURPOSE OF ESTIMATED TAX. The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

PAYMENT OF ESTIMATED TAX. Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday. Please include your Social Security number or FEIN on your check.

HOW TO ESTIMATE YOUR TAX. A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet. Please note for 2019 the maximum tax rate was reduced from 6% to 5.75%.

PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION.

Single and head of household\$4,600
 Married filing jointly\$6,000
 Married filing separately\$3,000

Additional Deduction:

Age 65 or older\$1,300
 Blind\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

WHEN AND WHERE TO FILE. Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

Make check or money order payable to:

“Georgia Department of Revenue”

Payment should be mailed to:
Processing Center
Georgia Department of Revenue
PO Box 740319
Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at dor.georgia.gov for more information.

HOW TO COMPLETE FORM 500 ES.

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see “When and Where to File” above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

EXEMPTION AMOUNT FOR TAX YEAR 2019

Personal Exemption for self and spouse if married (each).....\$3,700
 Personal Exemption for self if not married.....\$2,700
 Dependent Exemption.....\$3,000

Maximum Retirement Income Exclusion:

If age 62-64 or less than 62 and permanently disabled.....\$35,000
 If age 65 or older.....\$65,000

For additional information concerning Individual forms please call: 1-877-423-6711.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

Cut along dotted line

500 ES (Rev. 08/16/18)
 Individual and Fiduciary Estimated Tax
 Payment Voucher



1950011516

Individual or Fiduciary Name and Address:

YARAMADA, SATHISH
 454 SUMMER DR SANDY SPRING
 ATLANTA GA 30328

Calendar Year **2019**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
667-65-5469		2019	1	04/15/2019	115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740319
 ATLANTA GA 30374-0319

Amount Paid \$ 327.00

50000667655469804151919109200000000011500000327000

REV 10/18/18 PRO

INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)

WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

PURPOSE OF ESTIMATED TAX. The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

PAYMENT OF ESTIMATED TAX. Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday. Please include your Social Security number or FEIN on your check.

HOW TO ESTIMATE YOUR TAX. A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet. Please note for 2019 the maximum tax rate was reduced from 6% to 5.75%.

PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION.

Single and head of household\$4,600
 Married filing jointly\$6,000
 Married filing separately\$3,000

Additional Deduction:

Age 65 or older\$1,300
 Blind\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

WHEN AND WHERE TO FILE. Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

Make check or money order payable to:

“Georgia Department of Revenue”

Payment should be mailed to:
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Georgia Department of Revenue
PO Box 740319
Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at dor.georgia.gov for more information.

HOW TO COMPLETE FORM 500 ES.

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see “When and Where to File” above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

EXEMPTION AMOUNT FOR TAX YEAR 2019

Personal Exemption for self and spouse if married (each).....\$3,700
 Personal Exemption for self if not married.....\$2,700
 Dependent Exemption.....\$3,000

Maximum Retirement Income Exclusion:

If age 62-64 or less than 62 and permanently disabled.....\$35,000
 If age 65 or older.....\$65,000

For additional information concerning Individual forms please call: 1-877-423-6711.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

Cut along dotted line

500 ES (Rev. 08/16/18)
 Individual and Fiduciary Estimated Tax
 Payment Voucher



1950011516

Individual or Fiduciary Name and Address:

YARAMADA, SATHISH
 454 SUMMER DR SANDY SPRING
 ATLANTA GA 30328

Calendar Year **2019**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
667-65-5469		2019	2	06/15/2019	115

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PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740319
 ATLANTA GA 30374-0319

Amount Paid \$ 327.00

50000667655469806151919209200000000011500000327006

REV 10/18/18 PRO

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Cut along dotted line

500 ES (Rev. 08/16/18)
 Individual and Fiduciary Estimated Tax
 Payment Voucher



1950011516

Individual or Fiduciary Name and Address:

YARAMADA, SATHISH
 454 SUMMER DR SANDY SPRING
 ATLANTA GA 30328

Calendar Year **2019**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
667-65-5469		2019	3	09/15/2019	115

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 PO BOX 740319
 ATLANTA GA 30374-0319

Amount Paid \$ 327.00

50000667655469809151919309200000000011500000327001

REV 10/18/18 PRO

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 If age 65 or older.....\$65,000

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Cut along dotted line

500 ES (Rev. 08/16/18)
 Individual and Fiduciary Estimated Tax
 Payment Voucher



1950011516

Individual or Fiduciary Name and Address:

YARAMADA, SATHISH
 454 SUMMER DR SANDY SPRING
 ATLANTA GA 30328

Calendar Year **2019**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
667-65-5469		2019	4	01/15/2020	115

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PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740319
 ATLANTA GA 30374-0319

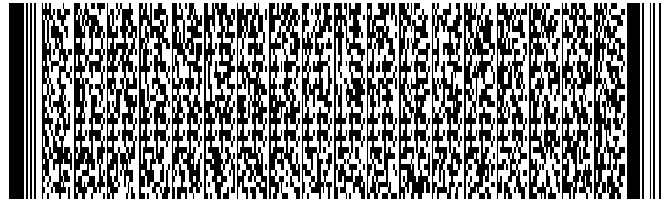
Amount Paid \$ 327.00

50000667655469801152019409200000000011500000327003

REV 10/18/18 PRO



1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME
1. SATHISH

MI YOUR SOCIAL SECURITY NUMBER
667-65-5469

LAST NAME (For Name Change See IT-511 Tax Booklet)
YARAMADA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 454 SUMMER DR SANDY SPRINGS

CITY (Please insert a space if the city has multiple names)
3. ATLANTA

STATE ZIP CODE
GA 30328

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411529

YOUR SOCIAL SECURITY NUMBER
 667-65-5469

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	107941
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	-3493
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	104448
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	4600
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	4600
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A-Form 1040)	12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	99848



1900411539

YOUR SOCIAL SECURITY NUMBER
 667-65-5469

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	97148
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	5639
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	1439
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	1439
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4200

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 364402926

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 305579BW

4. GA WAGES / INCOME
 83388

5. GA TAX WITHHELD
 4334

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411549

YOUR SOCIAL SECURITY NUMBER
 667-65-5469

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	4334
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2018 and Form IT-560	25.	141
26. Total prepayment credits (Add Lines 23, 24 and 25).....	26.	4475
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment	28.	275
29. Amount to be credited to 2019 ESTIMATED TAX	29.	0
30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	30.	
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	31.	
32. Georgia Cancer Research Fund (No gift of less than \$1.00)	32.	
33. Georgia Land Conservation Program (No gift of less than \$1.00).....	33.	
34. Georgia National Guard Foundation (No gift of less than \$1.00)	34.	
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	35.	
36. Saving the Cure Fund (No gift of less than \$1.00).....	36.	
37. Realizing Educational Achievement Can Happen (REACH) Program	37.	
<small>(No gift of less than \$1.00)</small>		
38. Public Safety Memorial Grant (No gift of less than \$1.00).....	38.	

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
667-65-5469

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 275

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings
Routing Number
Account Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's Phone Number
212-920-4151

REV 02/25/19 PRO

Preparer's FEIN
30-1017196

Preparer's SSN/PTIN/SIDN
P02082703

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1907211519

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds.....	1.	
2. Lump Sum Distributions.....	2.	
3. Federal deduction for income attributable to domestic production activities (IRC Section 199)	3.	
4. Net operating loss carryover deducted on Federal return.....	4.	
5. Other (Specify) DEPRECIATION ADJUSTMENT	5.	1714
6. Total Additions (Enter sum of Lines 1-5 here).....	6.	1714

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.		
a. Self: Date of Birth	Date of Disability:	Type of Disability:
		7a.
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:
		7b.
8. Social Security Benefits (Taxable portion from Federal return).....	8.	
9. Path2College 529 Plan	9.	
10. Interest on United States Obligations (See IT-511 Tax Booklet)	10.	
11. Georgia Net Operating loss carryover from previous years (List only the amount used in 2018, see IT-511 Tax Booklet)	11.	
12. Other Adjustments (Specify)	Adjustment	Amount
	DEPRECIATION DIFF	3490
	Adjustment	Amount
	TAX REFUND OTH STATE	1717
	Adjustment	Amount
	Adjustment	Amount
	Total.....	12. 5207
13. Total Subtractions (Enter sum of Lines 7-12 here).....	13.	5207
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X.....	14.	-3493



YOUR SOCIAL SECURITY NUMBER
 667-65-5469

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(See IT-511 Tax Booklet)

(TAXPAYER)

(SPOUSE)

1. Salary and wages.....		
2. Other Earned Income (Losses).....		
3. Total Earned Income.....		
4. Maximum Earned Income.....	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero		
6. Interest Income.....		
7. Dividend Income		
8. Alimony.....		
9. Capital Gains (Losses).....		
10. Other Income (Losses)..... (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions.....		
12. Taxable Pensions		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)		
14. Total of Lines 6 through 13; if zero or less, enter zero		
15. Add Lines 5 and 14		
16. Maximum Allowable Exclusion*		
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....		

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

Federal/State Adjustment Summary

2018

Name as Shown on Return <u>SATHISH YARAMADA</u>	Social Security Number <u>667-65-5469</u>
----------------------------------------------------	----------------------------------------------

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit
<u>HAYATH NAGAR</u>	<u>-6,400.</u>	<u>1,714.</u>		<u>-4,686.</u>	<u>-4,686.</u>	<u>-6,400.</u>

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) 1,714.

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2018

Name as Shown on Return <u>SATHISH YARAMADA</u>	Social Security Number <u>667-65-5469</u>
----------------------------------------------------	----------------------------------------------

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . _____

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2018

Name as Shown on Return <u>SATHISH YARAMADA</u>	Social Security Number <u>667-65-5469</u>
----------------------------------------------------	----------------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
<u>SCHEDULE A</u>				
Total Schedule A Depreciation Adjustment (Sum of Column E) _____				

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	<u>1,714.</u>
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	_____
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	_____

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(2) Federal	(F) Other Adjustments	
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					

Passive/At-Risk/Other Adjustments	_____
Total Sale of Asset Adjustment	_____

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

Your first name and initial: **SATHISH** Last name: **YARAMADA** Your social security number: **667-65-5469**

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. **454 SUMMER DR SANDY SPRINGS** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Atlanta GA 30328** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703	30-1017196	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC	Phone no. (212) 920-4151	<input type="checkbox"/> Self-employed		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	112,624.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	107,941.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	107,941.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	95,941.
11	a Tax (see inst.) <u>17,312.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	17,312.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	17,312.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	17,312.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	17,312.
16	Total tax. Add lines 13 and 14	16	18,242.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863	18	18,242.
19	Add any amount from Schedule 5	19	930.
20a	Add lines 16 and 17. These are your total payments	20a	930.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	

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

Standard Deduction for—

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

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SATHISH YARAMADA

Your social security number

667-65-5469

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,717.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-6,400.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	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	22	-4,683.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Your name: SATHISH YARAMADA; Your SSN or ITIN: 667-65-5469; Spouse's/RDP's name: ; Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income... 29,236.; 2 Amount You Owe...; 3 Refund or No Amount Due... 260.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 55469 as my signature on my 2018 e-filed California individual income tax return.

Your signature: Date:

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Spouse's/RDP'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. 58727861989 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature: Date: 11/06/2019

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

667-65-5469 YARA
SATHISH YARAMADA

18

454 SUMMER DR SANDY SPRINGS
ATLANTA GA 30328

06-03-1991

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 [X] Single
4 [] Head of household (with qualifying person). See instructions.
2 [] Married/RDP filing jointly. See inst. 5 [] Qualifying widow(er). Enter year spouse/RDP died.
3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 6 []

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$118 = \$

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions 10 [] X \$367 = \$

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="29236"/> <input type="text" value=".00"/>	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 <input checked="" type="radio"/> 13 <input type="text" value="107941"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B <input checked="" type="radio"/> 14 <input type="text" value="1717"/> <input type="text" value=".00"/>	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="106224"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. <input checked="" type="radio"/> 16 <input type="text" value="1714"/> <input type="text" value=".00"/>	17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="107938"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions. <input checked="" type="radio"/> 18 <input type="text" value="4401"/> <input type="text" value=".00"/>	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="103537"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule	31 <input type="text" value="6882"/> <input type="text" value=".00"/>
	<input checked="" type="radio"/> 31 <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input checked="" type="radio"/> 31 <input type="text" value="6882"/> <input type="text" value=".00"/>	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="29236"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="28044"/> <input type="text" value=".00"/>	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0665"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="1865"/> <input type="text" value=".00"/>	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.2709"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions <input checked="" type="radio"/> 39 <input type="text" value="32"/> <input type="text" value=".00"/>	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="1833"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value="1833"/> <input type="text" value=".00"/>	42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="1833"/> <input type="text" value=".00"/>

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/>
55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... ● 58 .00

59 Enter credit name code and amount... ● 59 .00

60 To claim more than two credits. See instructions ● 60 .00

61 Nonrefundable renter's credit. See instructions ● 61 .00

62 Add line 50 and line 55 through 61. These are your total credits ● 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 .00

Other Taxes

71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 .00

72 Mental Health Services Tax. See instructions ● 72 .00

73 Other taxes and credit recapture. See instructions ● 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax ● 74 .00

Payments

81 California income tax withheld. See instructions. ● 81 .00

82 2018 CA estimated tax and other payments. See instructions ● 82 .00

83 Withholding (Form 592-B and/or 593). See instructions ● 83 .00

84 Excess SDI (or VPD) withheld. See instructions ● 84 .00

85 Earned Income Tax Credit (EITC) ● 85 .00

86 Add lines 81 through 85. These are your total payments. See instructions. ● 86 .00

Overpaid Tax/Tax Due

101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. ● 101 .00

102 Amount of line 101 you want applied to your 2019 estimated tax. ● 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 .00

104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. ● 104 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions.	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00

Your name:

Your SSN or ITIN:



		<u>Code</u>	<u>Amount</u>	
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>	.00
	California Sea Otter Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/>	.00
	Revive the Salton Sea Fund	● 432	<input type="text"/>	.00
	California Domestic Violence Victims Fund	● 433	<input type="text"/>	.00
	Special Olympics Fund	● 434	<input type="text"/>	.00
	Type 1 Diabetes Research Fund	● 435	<input type="text"/>	.00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/>	.00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/>	.00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/>	.00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text"/>	.00	

Your name: Your SSN or ITIN:

Amount You Owe **121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **122** Interest, late return penalties, and late payment penalties. **122** **.00**
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **123** **.00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **.00**

Refund and Direct Deposit **125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● **Type**
● **Routing number** ● **Account number** ● **126** **Direct deposit amount** **.00**
 Checking **Savings**

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● **Type**
● **Routing number** ● **Account number** ● **127** **Direct deposit amount** **.00**
 Checking **Savings**

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● **PTIN**
Firm's address ● **Firm's FEIN**

Do you want to allow another person to discuss this tax return with us? See instructions. ● **Yes** **No**

Print Third Party Designee's Name Telephone Number

California Adjustments — 2018 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return <u>S A T H I S H Y A R A M A D A</u>	SSN or ITIN <u>6 6 7 - 6 5 - 5 4 6 9</u>
------------------------------------------------------------------------	---------------------------------------------

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> <u>GA</u>	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ____/____/____	<input type="radio"/> ____/____/____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> <u>GA</u> <u>0 3/3 0/2 0 1 8</u>	<input type="radio"/> ____/____/____
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> <u>GA</u>	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> <u>8 9</u>	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> <u>N</u>	<input type="radio"/> _____
8 Before 2018: I was a CA resident for the period of	<input type="radio"/> ____/____/____ - ____/____/____	<input type="radio"/> ____/____/____ - ____/____/____

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 112,624.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 112,624.	<input checked="" type="radio"/> 29,236.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/> 1,717.	<input checked="" type="radio"/> 1,717.			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/> -6,400.	<input type="radio"/>	<input type="radio"/> 1,714.	<input checked="" type="radio"/> -4,686.	<input checked="" type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 107,941.	<input type="radio"/> 1,717.	<input type="radio"/> 1,714.	<input type="radio"/> 107,938.	<input type="radio"/> 29,236.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses. 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . 37	<input type="radio"/> 107,941.	<input type="radio"/> 1,717.	<input type="radio"/> 1,714.	<input type="radio"/> 107,938.	<input type="radio"/> 29,236.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 107,941	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8,096	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	6,427.	<input checked="" type="radio"/>	6,427.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 6,427.	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	6,427.	<input checked="" type="radio"/>	6,427.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 6,427.	7		<input checked="" type="radio"/>	6,427.	<input checked="" type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Reserved <input checked="" type="radio"/>	8d			<input checked="" type="radio"/>
8e	Add lines 8a through 8c <input checked="" type="radio"/>	8e			<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9 <input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>	11		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check <input checked="" type="radio"/>	12		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13 <input checked="" type="radio"/>	14		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 6,427.	17		<input checked="" type="radio"/>	6,427.

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 0. 21 0.

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 107,941.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 2,159.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 0.

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 0.

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 0.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 30 4,401.

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 29,236.

2 Enter your deductions from line 30. 2 4,401.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 0.2709

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 1,192.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 28,044.

2018

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return: SATHISH YARAMADA SSN or ITIN: 667655469

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

- 1 This form is being completed for a passive activity.
This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates: HAYATH NAGAR

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Table with 6 columns: (a) Description of property placed in service, (b) Date placed in service, (c) California basis for depreciation, (d) Method, (e) Life or rate, (f) California depreciation deduction. Rows include IPHONE X, GOOGLE PIXEL PHONE, and APPLE WATCH.

- 4 Add the amounts on line 3, column (f) 4 286.
5 California depreciation for assets placed in service prior to 2018. 5 0.
6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5. 6 286.
7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22. 7 2,000.
8 a If line 6 is more than line 7, enter the difference here and see instructions. 8a
b If line 6 is less than line 7, enter the difference here and see instructions. 8b 1,714.

Table with 6 columns: (a) Description of cost, (b) Date amortization begins, (c) California basis for amortization, (d) Code section, (e) Period or percentage, (f) California amortization deduction. Row 9 is empty.

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10
11 California amortization of costs that began before 2018. 11
12 Total California amortization from this activity. Add the amounts on line 10 and line 11. 12
13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44. 13
14 a If line 12 is more than line 13, enter the difference here and see instructions. 14a
b If line 12 is less than line 13, enter the difference here and see instructions. 14b

