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2018 Form 1

MA18001011555

Massachusetts Resident Income Tax Return FOR FULL YEAR RESIDENTS ONLY

FOR FULL TEAN RESIDENTS ONLY

For the year January 1–December 31, 2018 or other taxable Year beginning Ending

PRASHANTH	SANKEPALLI	827399026
SHILPA	DEEKSHITH	199930695
297 TURNPIKE ROAD	WESTBOROUGH	MA 01581

- J	Amended return	Amended return due to federa	al change	Apt. no.	603		
State Election Campaign Fund:				\$1 You	\$1 Spouse	TOTAL	0
Fill in if veteran of U.S. armed forces who	served in Operations	s Enduring Freedom, Iraqi Freedo	m, Noble Eagle				
or Sinai Peninsula You Spouse							
Taxpayer deceased	Taxpayer deceased You Spouse						
Fill in if under age 18				You	Spouse		
a. Total federal income	11	12030		Name/addres	s changed sin	ce 2017	
b. Federal adjusted gross income 112030			Fill in if noncustodial parent				
1. Filing status (select one only):	Single				Schedule TDS		
	X Married filin	a jointly		0			
		ig separate return					
	Head of hou		todial parent who h	as released claim to	exemption for	child(ren))
2. Exemptions			·		I	()	
a. Personal exemptions				2a		88	00
b. Number of dependents. (Do no	t include yourself or	your spouse.) Enter number	1	× \$1,000 = 2b		10	00
c. Age 65 or over before 2019	-	ouse =		× \$700 = 2c			0
d. Blindness	You + Sp	ouse =		× \$2,200 = 2d			0
e. Medical/dental	1			2e			0
f. Adoption				2f			0
g. Total exemptions. Add lines 2a	through 2f. Enter h	ere and on line 18		2g		98	00
SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.							

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

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3.	Wages, salaries, tips	3	121028
4.	Taxable pensions and annuities	4	0
5.	Mass. bank interest: a. 0 – b. exemption 0	= 5	0
6a.	Business/profession income/loss	6a	0
6b.	Farming income/loss	6b	0
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-9000
8a.	Unemployment	8a	0
8b.	Mass. lottery winnings	8b	0
9.	Other income from Schedule X, line 5	9	0
10.	TOTAL 5.1% INCOME	10	112028
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses	12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not y	ou or your spouse) as of	
	12/31/18, or disabled dependent(s)		
	Not more than two. a. 1	× \$3,600 = 13	3600
14.	Rental deduction. a. 0	÷ 2 = 14	0
15.	Other deductions from Schedule Y, line 19	15	0
16.	Total deductions. Add lines 11 through 15	16	5600
17.	5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	106428
18.	Exemption amount	18	9800
19.	5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	96628
20.	INTEREST AND DIVIDEND INCOME	20	0
21.	TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	21	96628

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22.	TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	4928
23.	12% INCOME. Not less than "0." a. 2	× .12 = 23	0
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	0
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	0
26.	Additional tax on installment sale	26	0
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	4928
29.	Limited Income Credit	29	0
30.	Income tax due to another state or jurisdiction	30	0
31.	Other credits from Credit Manager Schedule	31	0
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	4928
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	0
	b. Organ Transplant Fund	33b	0
	c. Massachusetts AIDS Fund	33c	0
	d. Massachusetts U.S. Olympic Fund	33d	0
	e. Massachusetts Military Family Relief Fund	33e	0
	f. Homeless Animal Prevention and Care	33f	0
	Total. Add lines 33a through 33f	33	0
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	0
35.	Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty	O 35	0
36.	Amended return only. Overpayment from original return	36	0
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	4928



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38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 2017 overpayment applied to your 2018 estimated tax 2018 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than " Earned Income Credit. a. Number of qualifying children Note: You cannot claim the Earned Income Credit if your filing status is man	m U.S. return 0 × .23 = 43	5709 0 0 0 0 0
44. 45. 46. 47. 48. 49.	for an exception (see instructions). Fill in if you qualify for this exception Senior Circuit Breaker Credit Other Refundable Credits TOTAL. Add lines 38 through 45 Overpayment. Subtract line 37 from line 46 Amount of overpayment you want applied to your 2019 estimated tax Refund. Subtract line 48 from line 47. Mail to Massachusetts DOR, PO Box Direct deposit of refund. Type of account checking savings RTN # account #	44 45 46 47 48 47000, Boston, MA 02204 49	0 0 5709 781 0 781
l do r Print ARV	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DO Interest 0 Penalty 0 M-2210 a if the Department of Revenue may discuss this return with the preparer show on want preparer to file my return electronically paid preparer's name VSSMANIKUMAR preparer's signature Preparer's signature Preparer's signature	amt. O vn here (this may delay your refund) Date Check if self-employed	0 EX enclose Form M-2210 Paid preparer's SSN/PTIN P02090332 Paid preparer's EIN 30-1017196

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