

III BATAANATIKA MERUPAKAN KETALA DATABANAN ATA MENDARANA KETI II

2018 Form 1

MA18001011555

Massachusetts Resident Income Tax Return FOR FULL YEAR RESIDENTS ONLY

FOR FULL TEAN RESIDENTS ONLY

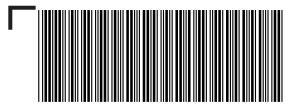
For the year January 1–December 31, 2018 or other taxable Year beginning Ending

| 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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