

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

Your first name and initial: **ABHINAV** Last name: **BHARGAVA** Your social security number: **784-46-3270**

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. **2401 S APPLE ST** Apt. no. **G105** 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. **BOISE ID 83706** 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.

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: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

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	21,427.
2a	Tax-exempt interest	2b	200.
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	21,627.
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	21,627.
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	9,627.
11	a Tax (see inst.) <u>965.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	965.
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	965.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	965.
16	Total tax. Add lines 13 and 14	16	3,612.
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 _____ Add any amount from Schedule 5	18	3,612.
19	Add lines 16 and 17. These are your total payments	19	2,647.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	2,647.
21	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21	
22	a Routing number <u>1 2 3 2 7 1 9 7 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	22	
23	d Account number <u>3 2 9 6 5 1 9 2 8</u>	23	
24	Amount of line 19 you want applied to your 2019 estimated tax	24	
25	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	25	
26	Estimated tax penalty (see instructions)	26	

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return
ABHINAV BHARGAVA

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					21,627.
Adjustments to income					
Adjusted gross income					21,627.
Tax expense					1,192.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					9,627.
Tax					965.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					3,612.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,647.
Effective tax rate % . .					4.46
**Tax bracket %					12.0

**Tax bracket % is based on Taxable income.

Part I – Personal Information

Taxpayer:
 Last name BHARGAVA
 First name ABHINAV
 Middle initial Suffix
 Social security no. 784-46-3270
 Occupation SOFTWARE ENGINEER
 Date of birth 04/09/1981 (mm/dd/yyyy)
 Age as of 1-1-2019 37
 Date of death
 Legally blind
 E-mail address ABHINAV.BHARGAVA9@GMAIL.COM
 Work phone (208) 515-8491 Ext
 Cell phone (208) 515-8491
 Home phone
 Fax number

Spouse:
 Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (208) 515-8491
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:
 Address 2401 S APPLE ST Apt no. G105
 City BOISE State ID ZIP code 83706
Foreign Address: Check this box to use foreign address . . .
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

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

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

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return ABHINAV BHARGAVA	Social Security Number 784-46-3270
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Driver's License or State Id Information

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

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

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

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

Taxpayer
 Spouse

Note: Alabama does not allow this option

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

Taxpayer
 Spouse

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

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

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

Driver's License Detail

Taxpayer:

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

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

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

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

► Keep for your records

Name(s) Shown on Return ABHINAV BHARGAVA	Social Security Number 784-46-3270
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
IBM INDIA PRIVATE LIMITED		21,427.	3,612.	21,427.	1,192.
Totals		21,427.	3,612.	21,427.	1,192.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	21,427.		21,427.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	3,612.		3,612.
3 & 7	Total social security wages/tips	21,427.		21,427.
4	Total social security tax withheld	1,328.		1,328.
5	Total Medicare wages and tips	21,427.		21,427.
6	Total Medicare tax withheld	311.		311.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	1,088.		1,088.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	1,088.		1,088.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	21,427.		21,427.
17	Total state tax withheld	1,192.		1,192.
19	Total local tax withheld.			

Name as shown on return ABHINAV BHARGAVA	Social Security Number 784-46-3270
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Employer EIN 52-2061430
Employer Name IBM INDIA PRIVATE LIMITED
 Name (cont.) _____
Street Address or P. O. Box 3039 CORNWALLIS RD
City RESEARCH TRIANGLE PARK **State** NC **ZIP** 27709
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	21,427.	2 Federal tax withheld	3,612.
3 Social security wages	21,427.	4 Social sec tax withheld	1,328.
5 Medicare wages and tips	21,427.	6 Medicare tax withheld	311.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	2.	A: Enter amount attributable to RRTA Tier 2 tax
DD	1,086.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
ID	003248245	21,427.	1,192.

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

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

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

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

Keep for your records

ABHINAV BHARGAVA	784-46-3270 Page 2
Employer Name IBM INDIA PRIVATE LIMITED	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <i>If deducting expenses, double click to link to Schedule C</i>		

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 784-46-3270

First name M.I. Last name Suff.

ABHINAV BHARGAVA

Address City St ZIP code

2401 S APPLE ST, Apt. G105 BOISE ID 83706

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Interest and Dividends Summary

2018

▶ Keep for your records

Name(s) Shown on Return
ABHINAV BHARGAVA

Social Security Number
784-46-3270

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . .				
2 From Schedule B, Part I. . . .	200.			
3 From Schedule B, Part II				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.) . .				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal	200.			
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion .				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶	200.			
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . ▶				
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B				
2 From K-1 Worksheets				
Subtotal				
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶				
8 Total qualified dividends. . ▶				
9 Total capital gains ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B				
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return ABHINAV BHARGAVA	Social Security Number 784-46-3270
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Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	3,612.	1,192.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	3,612.	1,192.	
20 Total Tax Payments for 2018	3,612.	1,192.	

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

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return ABHINAV BHARGAVA	Social Security Number 784-46-3270
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	21,427.		21,427.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	21,427.		21,427.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	21,427.		21,427.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	21,427.		21,427.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	21,427.		21,427.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	21,427.		21,427.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	21,427.		21,427.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	21,427.		21,427.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return ABHINAV BHARGAVA	Social Security Number 784-46-3270
---	---------------------------------------

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		1,192.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		21,627.
6	Tax liability for Form 2210 or Form 2210-F		965.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Tax Summary Report

2018

Name(s) Shown on Return
 ABHINAV BHARGAVA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	21,427.
Interest and dividend income	200.
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	21,627.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 21,627.

Itemized/Standard Deductions

Medical and dental	
Taxes	1,192.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	1,192.
Standard deduction	12,000.

Taxable Income 9,627.

Income tax	965.
Alternative minimum tax	
Total Taxes before Credits	965.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 965.

Withholding	3,612.
Estimated tax payments	
Other payments	
Total Payments	3,612.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 2,647.

Refund 2,647.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	12.0 %
Effective tax rate	4.46 %

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

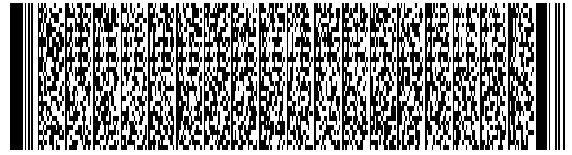
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6



IDAHO INDIVIDUAL INCOME TAX RETURN

AMENDED RETURN? Check the box. See page 7 of instructions for the reasons to amend, and enter the number that applies.

State Use Only: BHAR

For calendar year 2018 or fiscal year beginning _____, ending _____

PLEASE PRINT OR TYPE	Your first name and initial ABHINAV	Last name BHARGAVA	Your Social Security number (required) 784-46-3270	<input type="checkbox"/> Deceased in 2018
	Spouse's first name and initial	Last name	Spouse's Social Security number (required)	<input type="checkbox"/> Deceased in 2018
	Current mailing address 2401 S APPLE ST APT G105		Forms available at tax.idaho.gov	
	City, state, and ZIP Code BOISE ID 83706			

FILING STATUS. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

1. Single 2. Married filing jointly 3. Married filing separately 4. Head of Household 5. Qualifying widow(er)

HOUSEHOLD. See instructions, page 7. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a, and 6b, if they apply. List your dependents below. If you have more than four, continue on Form 39R. Enter total number on line 6c.

	First Name	Last Name	Social Security Number	Birthdate (mm/dd/yyyy)
Yourself 6a. <u>1</u>				
Spouse 6b. _____				
Dependent(s) 6c. _____				
Total 6d. <u>1</u>				

INCOME. See instructions, page 7.

7. Enter your federal adjusted gross income from federal Form 1040, line 7. Include a complete copy of your federal return	7	21627	00
8. Additions from Form 39R, Part A, line 7. Include Form 39R	8		00
9. Total. Add lines 7 and 8	9	21627	00
10. Subtractions from Form 39R, Part B, line 23. Include Form 39R	10		00
11. Qualified business income deduction	11		00
12. TOTAL ADJUSTED INCOME. Subtract lines 10 and 11 from line 9	12	21627	00

TAX COMPUTATION. See instructions, page 7.

<p>Standard Deduction for Most People</p> <p>Single or Married Filing Separately: \$12,000</p> <p>Head of Household: \$18,000</p> <p>Married Filing Jointly or Qualifying Widow(er): \$24,000</p>	13. CHECK	<p>a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse</p> <p>c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 43. <input type="checkbox"/></p>		
	14. Itemized deductions. Include federal Schedule A. Federal limits apply	14		00
	15. All state and local income or general sales taxes included on federal Schedule A, line 5	15		00
	16. Subtract line 15 from line 14. If you don't use federal Schedule A, enter zero	16		00
	17. Standard deduction. See instructions, page 7, to determine amount if not standard	17	12000	00
	18. Subtract the LARGER of line 16 or 17 from line 12. If less than zero, enter zero	18	9627	00
	19. Idaho taxable income. Enter amount from line 18	19	9627	00
	20. Tax from tables or rate schedule. See instructions, page 39	20	412	00



21. Tax amount from line 20	21	412	00
-----------------------------------	----	-----	----

CREDITS. Limits apply. See instructions, page 8.

22. Income tax paid to other states. Include Form 39R and a copy of other states' returns ...	22		00
23. Total credits from Form 39R, Part E, line 4. Include Form 39R	23		00
24. Total business income tax credits from Form 44, Part I, line 9. Include Form 44	24		00
25. Idaho Child Tax Credit. Computed amount from worksheet on page 8.....	25	0	00
26. TOTAL CREDITS. Add lines 22 through 25	26	0	00
27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero	27	412	00

OTHER TAXES. See instructions, page 9.

28. Fuels use tax due. Include Form 75	28		00
29. Sales/use tax due on untaxed purchases (online, mail order, and other)	29		00
30. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	30		00
31. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	31		00
32. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2018.....	32		10 00
33. TOTAL TAX. Add lines 27 through 32	33	422	00

DONATIONS. See instructions, page 9. I want to donate to:

34. Idaho Nongame Wildlife Fund	35. Idaho Children's Trust Fund		
36. Special Olympics Idaho	37. Idaho Guard and Reserve Family ...		
38. Reserved	39. Veterans Support Fund		
40. Idaho Foodbank Fund	41. Opportunity Scholarship Program ...		
42. TOTAL TAX PLUS DONATIONS. Add lines 33 through 41	42	422	00

PAYMENTS and OTHER CREDITS.

43. Grocery credit. Computed amount from worksheet on page 10	43	100	00
To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 43	<input type="checkbox"/>		
To receive your grocery credit, enter the computed amount on line 43	43	100	00
44. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39R	44		00
45. Special fuels tax refund Gasoline tax refund Include Form 75	45		00
46. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	46	1192	00
47. 2018 Form 51 payment(s) and amount applied from 2017 return	47		00
48. Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1	48		00
49. Tax Reimbursement Incentive credit Claim of Right credit See instructions	49		00
50. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 43 through 49	50	1292	00

TAX DUE or REFUND. See instructions, page 11. If line 42 is more than line 50, GO TO LINE 51. If line 42 is less than line 50, GO TO LINE 54.

51. TAX DUE. Subtract line 50 from line 42	51		00
52. Penalty Interest from the due date Enter total	52		00
Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal	<input type="checkbox"/>		
53. TOTAL DUE. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission	53		00
54. OVERPAID. Line 50 minus lines 42 and 52. This is the amount you overpaid	54	870	00
55. REFUND. Amount of line 54 to be refunded to you	55	870	00
56. ESTIMATED TAX. Amount of line 54 to be applied to your 2019 estimated tax	56		00

57. DIRECT DEPOSIT. See instructions, page 11. Check if final deposit destination is outside the U.S.

Routing No. Account No. Type of Checking Savings

AMENDED RETURN ONLY. Complete this section to determine your tax due or refund. See instructions.

58. Total due (line 53) or overpaid (line 54) on this return	58		00
59. Refund from original return plus additional refunds	59		00
60. Tax paid with original return plus additional tax paid	60		00
61. Amended tax due or refund. Add lines 58 and 59 then subtract line 60	61		00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions. REV 11/01/18 PRO

SIGN HERE Your signature	Spouse's signature (if a joint return, BOTH MUST SIGN)	
Date	Taxpayer's phone number (208) 515-8491	Preparer's EIN, SSN, or PTIN P02090332
Paid preparer's signature GLOBAL TAXES LLC		Preparer's address and phone number 2530 PEBBLE CREEK LN CUMMING GA 30041



Name
ABHINAV BHARGAVA

Social Security Number
784-46-3270

Part 1

Yourself:

1	Number of qualified months	1	<u>12</u>
2	If 65 or older, multiply line 1 by \$10. If under 65, multiply line 1 by \$8.33	2	<u>100.</u>

Spouse (if joint return):

3	Number of qualified months	3	<u> </u>
4	If 65 or older, multiply line 3 by \$10 If under 65, multiply line 3 by \$8.33	4	<u> </u>

Resident dependents claimed on Form 40, line 6c:

5	For each dependent, compute:		
	Dependent Name # Mos		
a	Number of months in Idaho x \$8.33	5 a	<u> </u>
b	Number of months in Idaho x \$8.33	b	<u> </u>
c	Number of months in Idaho x \$8.33	c	<u> </u>
d	Number of months in Idaho x \$8.33	d	<u> </u>

Total credit allowed:

6	Add amounts on lines 2, 4 and 5. Enter total on Form 40, line 43	6	<u>100.</u>
7	* * Lines 7 and 8 are not used for Form 40 * *	7	<u> </u>
8		8	<u> </u>

Part 2 – Idaho Residents on Active Military Duty (Only if filing Form 43)

1	\$100 times the number of Idaho residents claimed on line 6d, Form 43	1	<u> </u>
2	Additional grocery credit if you or your spouse are 65 or older: \$20 times number of checked boxes on line 32a, Form 43.	2	<u> </u>
3	Total of lines 1 and 2. Enter on Form 43, line 62	3	<u> </u>

► Keep for your own records

Part I – Personal Information

Taxpayer:

First Name ABHINAV
 Middle Initial _____ Suffix _____
 Last Name BHARGAVA
 Social Security No . . 784-46-3270
 Occupation . . SOFTWARE ENGINEER

Date of Birth 04/09/1981 Age . . 37
 Date of Death _____
 Daytime Phone (208)515-8491*
 Extension _____
 Home Phone _____*
 Street Address 2401 S APPLE ST Apartment Number G105
 City BOISE State . ID ZIP Code 83706

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No _____
 Occupation _____

Date of Birth _____ Age _____
 Date of Death _____
 Daytime Phone _____*
 Extension _____

*Check to print phone number on tax return

Part II – Main Form

Resident (Form 40 filed) **QuickZoom to Form 40** ► _____
 Other (Form 43 filed). **QuickZoom to Form 43** ► _____

Form 43 filers - enter months of residency and check appropriate box (boxes) below:

Taxpayer Spouse

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number of full months in Idaho? R = Idaho Resident filing on Form 43 A = Idaho Resident on Active Military Duty (Form 43 filed) N = Nonresident (Form 43 filed) P = Part-Year Resident (Form 43 filed) M = Military Nonresident (Form 43 filed)
--	--	--

Part III - Filing Status

Single
 Married filing joint (even if only one had income)
 Married filing separately
 Unmarried Head of Household
 Qualifying widow(er)

Part IV - Dependent Information

Taxpayer or Spouse Dependent Filer Information:

Taxpayer Spouse

Is a dependent of someone, such as parent
 If dependent filer, enter earned income (If Married Filing Joint see note below) _____
 If married filing joint and one or both spouses are a dependent of another enter earned income for both.

Dependents who were not Idaho Residents: used for Grocery Credit Worksheet, Part 2- Form 43 only

Number of your dependent children from federal form _____
 Number of other dependents from federal form _____
 Number of dependents who were not Idaho Residents _____

Part V - Standard Deduction/Itemized Deductions

Itemized Deductions:

Use itemized deductions even if your itemized deductions are less than your standard deduction
 Married filing separately and your spouse itemized deductions, or you are a dual status nonresident alien part of the year and a resident alien the rest of the year
 Use standard deduction even if less than itemized deductions

Part VI - Other Information

Filing Only for Grocery Credit:

Filing Only to receive Grocery Credit

Blindness:

Taxpayer **Spouse**

 Blind

Next Year's Forms:

Need Idaho state tax forms sent next year?

Donations:

- Nongame Wildlife Conservation Fund _____
- Idaho Children's Trust Fund _____
- Special Olympics Idaho _____
- Idaho Guard and Reserve Family Support Fund _____
- Reserved _____
- Veterans Support Fund _____
- Idaho Foodbank Fund _____
- Opportunity Scholarship Program _____

Part VII - Paid Preparer Information:

Enter the preparer's assigned number from Preparer's Information Worksheet 1
 The Idaho State Tax Commission may contact the preparer to discuss this return.

Part VIII - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Idaho State Tax Commission, as applicable by law.

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

EF Status Dates:

Enter the date return was EFiled _____
 Date return was accepted by the state _____
 Enter the date Form ID-40V was given to client _____

Part IX - Direct Deposit Information

Yes No
 Use **direct deposit** for any **state tax refund**

Bank Information:

If you selected direct deposit, fill out the information below:

Yes No
 Check if final deposit destination is outside the U.S.
 Name of Financial Institution . . . CHASE BANK
 Account type Checking Savings
 Routing number 123271978
 Account number. 329651928

Part X - Extension Status

Yes **No**

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form 51, Estimated Payment of Income Tax (for extension payment) ▶ _____

QuickZoom to Form 40: Individual Income Tax Return ▶ _____

QuickZoom to Form 43: Part-Year and Nonresident Income Tax Return ▶ _____

Tax Payments Worksheet

2018

► Keep for your records

Name ABHINAV BHARGAVA	Social Security Number 784-46-3270
--------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,192.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,192.
15	Date return will be filed and balance paid	15	