

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) ▶ 587278201905301ff1zr

Taxpayer's name SURESH KUMAR UDATANI		Social security number 062-31-9244
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	94,612.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	14,120.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	17,347.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,227.
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.

1	9	2	4	4
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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	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

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*.

062-31-9244

Taxpayer name SURESH KUMAR UDATANI

Taxpayer address (optional)

27600 GATEWAY DR APT 107

FARMINGTON MI 48334

- Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 02/22/2019 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 587278201905301ff1zr.
- 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.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- 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: **SURESH KUMAR** Last name: **UDATANI** Your social security number: **062-31-9244**

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. **27600 GATEWAY DR** Apt. no. **107** 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. **FARMINGTON MI 48334** 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:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<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	98,612.
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 -4,000.	6	94,612.
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	94,612.
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	82,612.
11	a Tax (see inst.) 14,120. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	14,120.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	14,120.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	14,120.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	14,120.
16	Total tax. Add lines 13 and 14	16	17,347.
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	17,347.
19	Add any amount from Schedule 5	19	3,227.
20a	Add lines 16 and 17. These are your total payments	20a	3,227.
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

SURESH KUMAR UDATANI

Your social security number

062-31-9244

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	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	-4,000.
	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	-4,000.	
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

SURESH KUMAR UDATANI

Your social security number

062-31-9244

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	HYDERABAD HYDERABAD TELANGANA IN 500072				
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		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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		500.		
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		4,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,500.		
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		-4,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
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				
e	Total of all amounts reported on line 20 for all properties	23e		4,500.		
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	(4,000.)		
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		-4,000.		

2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name SURESH KUMAR		M.I.	Last Name UDATANI		2. Filer's Full Social Security No. (Example: 123-45-6789) 062 — 31 — 9244	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 27600 GATEWAY DR , APT. 107					4. School District Code (5 digits – see page 60) 63200	
City or Town FARMINGTON			State MI	ZIP Code 48334		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2018 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. 2018 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$4,050	9a.	4050	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,700	9b.		00
c. Number of qualified disabled veterans	9c.		x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.				9e.	4050	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					94612	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11	12.					94612	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.					94612	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					4050	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.					90562	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.					3849	00

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a. 422 00	18b. 272 00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a. 00	19b. 00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"		20. 3577 00

Filer's Full Social Security Number

062	—	31	—	9244
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21. Enter amount of Income Tax from line 20.....	21.	3577	00
22. Voluntary Contributions from Form 4642, line 10. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	3577	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	FEDERAL	
	27b.	MICHIGAN	
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	3826	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31c.		00
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	3826	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	249	00
35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	REFUND	249 00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
072000326	678592333	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2018 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02090332

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
GLOBAL TAXES LLC

Preparer's Business Name, Address and Telephone Number
2530 PEBBLE CREEK LN
CUMMING GA 30041

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2018 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SURESH KUMAR	M.I.	Last Name UDATANI	2. Filer's Full Social Security No. (Example: 123-45-6789) 062 — 31 — 9244
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		04-3488100	ADVANTAGE TECHN	64198	00	2729	00
X		30-0341921	P3 NORTH AMERICA	25819	00	1097	00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	3826 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	3826 00

Name as Shown on Return SURESH KUMAR UDATANI	Social Security Number 062-31-9244
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- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ IA
Jurisdiction name Iowa

1 Income earned in another state or locality subject to Michigan tax	1	<u>6,683.</u>
2 Enter the amount from Form MI-1040, line 14.	2	<u>94,612.</u>
3 Divide line 1 by line 2	3	<u>0.0706</u>
4 Enter the amount from Form MI-1040, line 17.	4	<u>3,849.</u>
5 Multiply line 4 by line 3	5	<u>272.</u>
6 Enter the amount of tax imposed by another state or locality	6	<u>422.</u>
7 Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>272.</u>

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

SURESH KUMAR UDATANI

Your social security number

062-31-9244

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	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	-4,000.
	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	-4,000.
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

SURESH KUMAR UDATANI

Your social security number

062-31-9244

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	HYDERABAD HYDERABAD TELANGANA IN 500072				
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		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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)

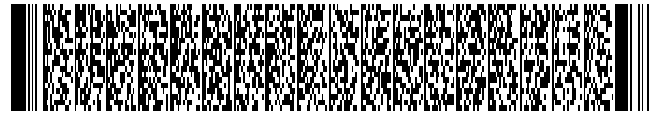
Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,500.		
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		-4,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
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				
e	Total of all amounts reported on line 20 for all properties	23e		4,500.		
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	(4,000.)		
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				-4,000.

2018 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name UDATANI Your first name/middle initial SURESH KUMAR
Spouse's last name Spouse's first name/middle initial



Current mailing address (number and street, apartment, lot, or suite number) or PO Box
27600 GATEWAY DR , 107
City, State, ZIP
FARMINGTON MI 48334

Spouse SSN Your SSN 062-31-9244

Step 2 Filing Status: Mark one box only

1 Single: Were you claimed as a dependent on another person's Iowa return? Yes No
2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3 Married filing separately on this combined return. Spouse use column B.
4 Married filing separate returns. Spouse's name: SSN: Net Income: \$
5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6 Qualifying widow(er) with dependent child. Name: SSN:

Step 3 Exemptions

Table with columns for B. Spouse (Filing Status 3 ONLY) and A. You or Joint. Rows include Personal Credit, Blind, Dependents, and Total exemptions.

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

B. Spouse/Status 3 A. You or Joint

Table for Step 5 Gross Income with columns for B. Spouse/Status 3 and A. You or Joint. Rows include Wages, salaries, tips, Taxable interest income, Ordinary dividend income, Alimony received, Business income, Capital gain, Other gains, Taxable IRA distributions, Taxable pensions and annuities, Rents, royalties, partnerships, estates, Farm income, Unemployment compensation, Gambling winnings, Other income, and Gross Income.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

Table for Step 6 Adjustments to Income with columns for B. Spouse/Status 3 and A. You or Joint. Rows include Payments to an IRA, Keogh, or SEP, Deductible part of self-employment tax, Health insurance premium, Penalty on early withdrawal of savings, Alimony paid, Pension/retirement income exclusion, Moving expense deduction, Iowa capital gain deduction, Other adjustments, Total adjustments, and Net Income.

Step 7 Federal Tax Addition and Deduction

Table for Step 7 Federal Tax Addition and Deduction with columns for B. Spouse/Status 3 and A. You or Joint. Rows include Federal income tax refund/overpayment received, Self-employment/household employment/other federal taxes, Addition for federal taxes, Total, Federal tax withheld, Federal estimated tax payments made, Additional federal tax paid, Deduction for federal taxes, and Balance.



2018 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income 36. BALANCE. From side 1, line 35.....			.00	77,265.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard.....			.00	3,826.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			.00	73,439.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 9 Tax, Credits, and Check-off Contributions 39. Tax from tables or alternate tax.....	39.	.00	▲	4,680.00
40. Iowa lump-sum tax. See instructions.....	40.	.00	▲	.00
41. Iowa alternative minimum tax. Include IA 6251.....	41.	.00	▲	.00
42. Total tax. ADD lines 39, 40, and 41.....	42.	.00		4,680.00
43. Total exemption credit amount(s) from Step 3, side 1.....	43.	.00		40.00
44. Tuition and textbook credit for dependents K-12.....	44.	.00	▲	.00
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45.	.00	▲	.00
46. Total credits. ADD lines 43, 44, and 45.....	46.	.00		40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47.	.00	▲	4,640.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48.	.00	▲	4,218.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49.	.00	▲	422.00
50. Out-of-state tax credit. Include IA 130.....	50.	.00	▲	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51.	.00	▲	422.00
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52.	.00	▲	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53.	.00	▲	422.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54.	.00	▲	0.00
55. Total state and local tax. ADD lines 53 and 54.....	55.	.00	▲	422.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.			422.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....	57.			.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.	▲		422.00

Step 10 Credits 59. Iowa fuel tax credit. Include IA 4136.....	59.	.00	▲	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> ▲ Early childhood development credit <input type="checkbox"/>	60.	.00	▲	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61.	.00	▲	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	.00	▲	.00
63. Iowa income tax withheld.....	63.	.00	▲	479.00
64. Estimated and voucher payments made for tax year 2018.....	64.	.00	▲	.00
65. TOTAL. ADD lines 59 through 64 and enter here.....	65.	.00	▲	479.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.			479.00

Step 11 Refund 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67.	▲		57.00
68. Amount of line 67 to be REFUNDED.....	68.	▲		57.00
68a. Routing Number: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="6"/>	68b. Type	Checking	<input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account Number: <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="3"/>				
69. Amount of line 67 to be applied to your 2019 estimated tax.....	69.	.00	▲	.00

Step 12 Pay 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70.	▲		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71.	▲		.00
72. Penalty and interest ▲ 72a. Penalty .00 ▲ 72b. Interest .00 ADD. Enter total.....	72.			.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73.	▲		.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	_____ Your Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	_____ Preparer's Signature	_____ Date
SIGN HERE	_____ Spouse's Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	P02090332 Preparer's PTIN	_____ Firm's FEIN
			(248) 331-5935 Daytime Telephone Number			_____ Daytime Telephone Number

**This return is due April 30th, 2019. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Treasurer, State of Iowa**



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s) SURESH KUMAR UDATANI Social Security Number 062-31-9244

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)..... 1. _____
	2. Multiply the amount on federal form 1040*, line 7 by 10% (.10). Enter result here..... 2. _____
	3. Subtract line 2 from line 1. If less than zero, enter 0..... 3. _____
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2018, OR b <input type="checkbox"/> General sales tax from line 5a of your federal form 1040, Schedule A 4. <u>3,826</u>
	5. Real estate taxes 5. _____
	6. Personal property taxes, including annual vehicle registration..... 6. _____
	7. Other taxes. List type and amount: 7. <u>0</u>
	8. Add lines 4-7. Enter total here..... 8. <u>3,826</u>
Interest You Paid	9. Home mortgage interest and points. See instructions. a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 9b. _____
	10. Points not reported on federal form 1098 10. _____
	11. RESERVED FOR FUTURE USE 11. _____
	12. Investment interest. Include federal form 4952 if required 12. _____
	13. Add lines 9a-12. Enter total here 13. _____
Gifts to Charity	14. Contributions by cash or check 14. _____
	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____
	16. Contributions carryover from prior year * 16. _____
	17. Add lines 14-16. Enter total here 17. <u>0</u>
Casualty/Theft Loss	18. Casualty or theft loss(es). Complete IA 4684 worksheet 18. _____
Job Expenses and Misc. Deductions	19. Unreimbursed employee expenses. See instructions 19. _____
	20. Tax preparation fees 20. _____
	21. Other expenses. List type and amount: 21. _____
	22. Add lines 19-21. Enter total here 22. _____
	23. Multiply the amount of federal form 1040*, line 7 by 2% (.02). Enter the result here 23. _____
	24. Subtract line 23 from line 22. Enter the total. If less than zero, enter 0. 24. _____
Other Misc. Deductions	25. Other miscellaneous deductions not subject to 2% AGI Limit. See instructions. List type and amount: 25. _____
Total Itemized Deductions	26. Is the amount on federal form 1040* line 7 more than \$160,000? If no, add lines 3, 8, 13, 17, 18, 24, and 25. Enter the total here..... 26. <u>3,826</u> If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited.
	27. Other deductions. See instructions..... 27. _____
	28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040. 28. <u>3,826</u>
Proration of Deductions Between Spouses	Complete lines 29-33 only if you are using filing status 3 or 4.
	29. Net income of both spouses from IA 1040, line 26 29b. _____ Spouse 29a. _____ You
	30. Total Iowa net income, add columns 29a and 29b. Enter total here..... 30. _____
	31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent 31. _____ %
	32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____
	33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse) 33. _____

*See detailed IA 1040 instructions online if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income nonconformity adjustments.



Name(s) SURESH KUMAR UDATANI Social Security Number 062-31-9244

Mark the appropriate box for you and your spouse

- You are a nonresident of Iowa ▲ Your spouse is a nonresident of Iowa ▲
 You are a part-year resident of Iowa ▲ Your spouse is a part-year resident of Iowa ▲
 Date moved into Iowa: _____ and/or Date moved into Iowa: _____ and/or
 Date moved out of Iowa: _____ Date moved out of Iowa: _____
 You are a full-year resident of Iowa Your spouse is a full-year resident of Iowa

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc	1. _____ .00	8,595 .00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (loss).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0 .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Gross income. Add lines 1-14	15. _____ .00	▲ 8,595 .00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa Net Income. Subtract line 25 from line 15.....	26. _____ .00	8,595 .00
27. All-source net income from line 26, IA 1040.....	27. _____ .00	94,612 .00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%
- | | | |
|--|-------------|-------|
| | 28. _____ % | 9.1 % |
|--|-------------|-------|
29. Nonresident/part-year resident credit percentage:
 Subtract the percentage on line 28 from 100.0%
- | | | |
|--|-------------|--------|
| | 29. _____ % | 90.9 % |
|--|-------------|--------|
30. Iowa tax on total income from line 39, IA 1040
- | | | |
|--|---------------|-----------|
| | 30. _____ .00 | 4,680 .00 |
|--|---------------|-----------|
31. Total Credits from line 46, IA 1040.....
- | | | |
|--|---------------|--------|
| | 31. _____ .00 | 40 .00 |
|--|---------------|--------|
32. Tax after credits. Subtract line 31 from line 30.....
- | | | |
|--|---------------|-----------|
| | 32. _____ .00 | 4,640 .00 |
|--|---------------|-----------|
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040.....
- | | | |
|--|---------------|-----------|
| | 33. _____ .00 | 4,218 .00 |
|--|---------------|-----------|



Your first name, middle initial, and last name SURESH KUMAR UDATANI

Spouse's first name, middle initial, and last name _____

Your Social Security Number 062-31-9244

Spouse's Social Security Number _____

Home address, city, state, ZIP 27600 GATEWAY DR , 107

FARMINGTON MI 48334

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B _____ .00	1A <u>94,612</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B _____ .00	2A <u>4,680</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>479</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>57</u> .00
5. Total Amount Due (IA 1040, line 73)		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CHASE BANK

Routing Number

0	7	2	0	0	0	3	2	6
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

6	7	8	5	9	2	3	3	3						
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2018 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature _____ Date: _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN	P02090332
Firm's name (or yours if self-employed)	GLOBAL TAXES LLC			FEIN	30-1017196
Address and zip code	2530 PEBBLE CREEK LN CUMMING GA 30041			Phone Number	
Paid Preparer Signature	Date	Check if self-employed <input type="checkbox"/>		Preparer PTIN	P02090332
Firm's name (or yours if self-employed)	APPANA RUPA VENKATA SATYA SAI MANIKUMAR			FEIN	
Address and zip code	2530 PEBBLE CREEK LN CUMMING GA 30041			Phone Number	

2018 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name UDATANI Your first name/middle initial SURESH KUMAR
Spouse's last name Spouse's first name/middle initial



Current mailing address (number and street, apartment, lot, or suite number) or PO Box
27600 GATEWAY DR , 107
City, State, ZIP
FARMINGTON MI 48334

Spouse SSN Your SSN 062-31-9244

Step 2 Filing Status: Mark one box only

1 Single: Were you claimed as a dependent on another person's Iowa return? Yes No
2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3 Married filing separately on this combined return. Spouse use column B.
4 Married filing separate returns. Spouse's name: SSN: Net Income: \$
5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6 Qualifying widow(er) with dependent child. Name: SSN:

Step 3 Exemptions

Table with columns for B. Spouse (Filing Status 3 ONLY) and A. You or Joint. Rows include Personal Credit, Blind, Dependents, and Total exemptions.

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

B. Spouse/Status 3 A. You or Joint

Table for Step 5 Gross Income with columns for B. Spouse/Status 3 and A. You or Joint. Rows include Wages, salaries, tips, interest, dividends, alimony, business income, capital gain, pensions, rents, farm income, unemployment, gambling, and other income.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

Table for Step 6 Adjustments to Income with columns for B. Spouse/Status 3 and A. You or Joint. Rows include IRA/SEP payments, self-employment tax, health insurance, early withdrawal penalty, alimony paid, pension/retirement exclusion, moving expense, Iowa capital gain deduction, other adjustments, and total adjustments.

Step 7 Federal Tax Addition and Deduction

Table for Step 7 Federal Tax Addition and Deduction with columns for B. Spouse/Status 3 and A. You or Joint. Rows include federal income tax refund, self-employment/household taxes, federal tax withheld, estimated tax payments, and balance.



2018 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....			.00	77,265.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>			.00	3,826.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			.00	73,439.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39.	.00	▲	4,680.00
40. Iowa lump-sum tax. See instructions.....	40.	.00	▲	.00
41. Iowa alternative minimum tax. Include IA 6251.....	41.	.00	▲	.00
42. Total tax. ADD lines 39, 40, and 41.....	42.	.00		4,680.00
43. Total exemption credit amount(s) from Step 3, side 1.....	43.	.00		40.00
44. Tuition and textbook credit for dependents K-12.....	44.	.00	▲	.00
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45.	.00	▲	.00
46. Total credits. ADD lines 43, 44, and 45.....	46.	.00		40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47.	.00	▲	4,640.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48.	.00	▲	4,218.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49.	.00	▲	422.00
50. Out-of-state tax credit. Include IA 130.....	50.	.00	▲	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51.	.00	▲	422.00
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52.	.00	▲	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53.	.00	▲	422.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54.	.00	▲	0.00
55. Total state and local tax. ADD lines 53 and 54.....	55.	.00	▲	422.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.			422.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....	57.			.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.	▲		422.00

Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136.....	59.	.00	▲	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> ▲ Early childhood development credit <input type="checkbox"/>	60.	.00	▲	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61.	.00	▲	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	.00	▲	.00
63. Iowa income tax withheld.....	63.	.00	▲	479.00
64. Estimated and voucher payments made for tax year 2018.....	64.	.00	▲	.00
65. TOTAL. ADD lines 59 through 64 and enter here.....	65.	.00	▲	479.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.			479.00

Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67.	▲		57.00
68. Amount of line 67 to be REFUNDED.....	68.	▲		57.00
68a. Routing Number: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="6"/>	68b. Type	Checking	<input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account Number: <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="3"/>				
69. Amount of line 67 to be applied to your 2019 estimated tax.....	69.	.00	▲	.00

Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70.	▲		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71.	▲		.00
72. Penalty and interest ▲ 72a. Penalty .00 ▲ 72b. Interest .00 ADD. Enter total.....	72.			.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73.	▲		.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	_____ Your Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	_____ Preparer's Signature	_____ Date
SIGN HERE	_____ Spouse's Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	P02090332 Preparer's PTIN	_____ Firm's FEIN
			(248) 331-5935 Daytime Telephone Number			_____ Daytime Telephone Number

This return is due April 30th, 2019. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Treasurer, State of Iowa



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s) SURESH KUMAR UDATANI Social Security Number 062-31-9244

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)..... 1. _____
	2. Multiply the amount on federal form 1040*, line 7 by 10% (.10). Enter result here..... 2. _____
	3. Subtract line 2 from line 1. If less than zero, enter 0..... 3. _____
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2018, OR b <input type="checkbox"/> General sales tax from line 5a of your federal form 1040, Schedule A 4. <u>3,826</u>
	5. Real estate taxes 5. _____
	6. Personal property taxes, including annual vehicle registration..... 6. _____
	7. Other taxes. List type and amount: 7. <u>0</u>
	8. Add lines 4-7. Enter total here..... 8. <u>3,826</u>
Interest You Paid	9. Home mortgage interest and points. See instructions. a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 9b. _____
	10. Points not reported on federal form 1098 10. _____
	11. RESERVED FOR FUTURE USE 11. _____
	12. Investment interest. Include federal form 4952 if required 12. _____
	13. Add lines 9a-12. Enter total here 13. _____
Gifts to Charity	14. Contributions by cash or check 14. _____
	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____
	16. Contributions carryover from prior year * 16. _____
	17. Add lines 14-16. Enter total here 17. <u>0</u>
Casualty/Theft Loss	18. Casualty or theft loss(es). Complete IA 4684 worksheet 18. _____
Job Expenses and Misc. Deductions	19. Unreimbursed employee expenses. See instructions 19. _____
	20. Tax preparation fees 20. _____
	21. Other expenses. List type and amount: 21. _____
	22. Add lines 19-21. Enter total here 22. _____
	23. Multiply the amount of federal form 1040*, line 7 by 2% (.02). Enter the result here 23. _____
	24. Subtract line 23 from line 22. Enter the total. If less than zero, enter 0. 24. _____
Other Misc. Deductions	25. Other miscellaneous deductions not subject to 2% AGI Limit. See instructions. List type and amount: 25. _____
Total Itemized Deductions	26. Is the amount on federal form 1040* line 7 more than \$160,000? If no, add lines 3, 8, 13, 17, 18, 24, and 25. Enter the total here..... 26. <u>3,826</u> If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited.
	27. Other deductions. See instructions..... 27. _____
	28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040. 28. <u>3,826</u>
Proration of Deductions Between Spouses	Complete lines 29-33 only if you are using filing status 3 or 4.
	29. Net income of both spouses from IA 1040, line 26 29b. _____ 29a. _____
	30. Total Iowa net income, add columns 29a and 29b. Enter total here..... 30. _____
	31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent 31. _____ %
	32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____
	33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse) 33. _____

*See detailed IA 1040 instructions online if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income nonconformity adjustments.



Name(s) SURESH KUMAR UDATANI

Social Security Number 062-31-9244

Mark the appropriate box for you and your spouse

- You are a nonresident of Iowa ▲ Your spouse is a nonresident of Iowa ▲
 You are a part-year resident of Iowa ▲ Your spouse is a part-year resident of Iowa ▲
 Date moved into Iowa: _____ and/or Date moved into Iowa: _____ and/or
 Date moved out of Iowa: _____ Date moved out of Iowa: _____
 You are a full-year resident of Iowa Your spouse is a full-year resident of Iowa

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc	1. _____ .00	8,595 .00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (loss).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0 .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Gross income. Add lines 1-14	15. _____ .00	▲ 8,595 .00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa Net Income. Subtract line 25 from line 15.....	26. _____ .00	8,595 .00
27. All-source net income from line 26, IA 1040.....	27. _____ .00	94,612 .00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%
28. _____ % 9.1 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%
29. _____ % 90.9 %
30. Iowa tax on total income from line 39, IA 1040
30. _____ .00 4,680 .00
31. Total Credits from line 46, IA 1040.....
31. _____ .00 40 .00
32. Tax after credits. Subtract line 31 from line 30.....
32. _____ .00 4,640 .00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040.....
33. _____ .00 4,218 .00



SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

SURESH KUMAR UDATANI

Your social security number

062-31-9244

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	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	-4,000.
	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	-4,000.	
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

REV 12/21/18 PRO

**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

SURESH KUMAR UDATANI

Your social security number

062-31-9244

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	HYDERABAD HYDERABAD TELANGANA IN 500072				
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		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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		500.		
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		4,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,500.		
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		-4,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
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				
e	Total of all amounts reported on line 20 for all properties	23e		4,500.		
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	(4,000.)		
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				-4,000.