

Your first name, middle initial, and last name RAVI KISHORE AMBATI

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

Your Social Security Number 404-81-2469

Spouse's Social Security Number _____

Home address, city, state, ZIP 201 GILLESPIE DR, 21303

FRANKLIN TN 37067

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>69,564</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B _____ .00	2A <u>3,314</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>3,833</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>559</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: BANK OF AMERICA

Routing Number

1	1	1	0	0	0	0	2	5
---	---	---	---	---	---	---	---	---

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

Account Number

5	8	6	0	3	6	6	8	9	9	7	7
---	---	---	---	---	---	---	---	---	---	---	---

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: AMBATI, Your first name/middle initial: RAVI KISHORE, Spouse's last name: _____, Spouse's first name/middle initial: _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 201 GILLESPIE DR, 21303, City, State, ZIP: FRANKLIN TN 37067

Spouse SSN: _____, Your SSN: 404-81-2469

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single (checked), Married filing a joint return, Married filing separately, Married filing separate returns, Head of household, Qualifying widow(er).

Step 3 Exemptions

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

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

B. Spouse/Status 3 and A. You or Joint input fields.

Step 5 Gross Income

Table for gross income with columns for B. Spouse/Status 3 and A. You or Joint. Lists items like Wages, interest, dividends, etc.

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

Step 6 Adjustments to Income

Table for adjustments to income with columns for B. Spouse/Status 3 and A. You or Joint. Lists items like IRA payments, self-employment tax, health insurance, etc.

Step 7 Federal Tax Addition and Deduction

Table for federal tax addition and deduction with columns for B. Spouse/Status 3 and A. You or Joint. Lists items like tax refund, federal taxes, withheld, etc.



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	58,404.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>			.00	2,030.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			.00	56,374.00

	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	▲	3,314.00
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		3,314.00
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	▲	3,274.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48.	.00	▲	.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49.	.00	▲	3,274.00
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	▲	3,274.00
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	▲	3,274.00
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	▲	3,274.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.			3,274.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input checked="" type="checkbox"/> Firefighters/Veterans 57c: <input checked="" type="checkbox"/> Child Abuse Prevention 57d: <input checked="" type="checkbox"/> Enter here.....	57.			.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.	▲		3,274.00

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 checked="" 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	▲	.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	.00	▲	.00
63. Iowa income tax withheld.....	63.	.00	▲	3,833.00
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	▲	3,833.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.			3,833.00

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.	▲		559.00
68. Amount of line 67 to be REFUNDED.....	68.	▲		559.00
68a. Routing Number: <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/>	68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	
68c. Account Number: <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="7"/>				
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 <input checked="" type="checkbox"/> 72a. Penalty .00 <input checked="" type="checkbox"/> 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
			(409) 433-7037 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**



Name
RAVI KISHORE AMBATI

Social Security No.
404-81-2469

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay		
c Alternative motor vehicle deduction of \$2,000 for those completing Federal form 8910 (Alternative Motor Vehicle Credit)		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e Capital or ordinary gain from involuntary conversion related to eminent domain		
f Claim of right deduction (may be taken on line 24 or line 62)		
g College Savings Iowa or Iowa Advisor 529 Plan, up to \$3,319 per beneficiary		
h Disability income exclusion - Include Form IA 2440.		
i Domestic production activities deduction, complete federal Form 8903. See detailed IA 1040 instructions online		
j First-time homebuyer savings account qualifying contributions up to \$2,000 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,000		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from)		
r In-home health care		
s Iowa Veterans Trust Fund.		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)		
u Net operating loss, Iowa.		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Program		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 33		1,491.
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return.		
dd Other federal adjustments prior to calculation of federal 1040 line 7 (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer 2 Other: _____ _____ _____		
ee Educator expenses		
ff Reserved		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,319 per beneficiary		
Totals		1,491.

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

Your first name and initial: **RAVI KISHORE** Last name: **AMBATI** Your social security number: **404-81-2469**

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. **201 GILLESPIE DR** Apt. no. **21303** 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. **FRANKLIN TN 37067** If more than four dependents, see inst. and here

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

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	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 APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature	PTIN P02090332	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> 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) Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	71,055.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	71,055.
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	69,564.
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	57,564.
11	a Tax (see inst.) 8,606. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	8,606.
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	8,606.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	8,606.
16	Total tax. Add lines 13 and 14	16	11,160.
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 Add any amount from Schedule 5	18	11,160.
19	Add lines 16 and 17. These are your total payments	19	2,554.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	2,554.
21	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21	
22	▶ b Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	22	
23	▶ d Account number 5 8 6 0 3 6 6 8 9 9 7 7	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	

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

RAVI KISHORE AMBATI

Your social security number

404-81-2469

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	
	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		
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	1,491.	
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36	1,491.	

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

Schedule 1 (Form 1040) 2018