

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) ► 5872782019038019u1in

| | | |
|--|--|---------------------------------------|
| Taxpayer's name SRINATH NUTHALAPATI | | Social security number 207-31-2336 |
| 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 | 57,083. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 5,856. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 10,115. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 4,259. |
| 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 | 2 | 3 | 3 | 6 |
|---|---|---|---|---|

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.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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*.

207-31-2336

Taxpayer name SRINATH NUTHALAPATI

Taxpayer address (optional)

205 NUNDA AVE

JERSEY CITY NJ 07306

- Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 02/07/2019 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 5872782019038019ulin.
- 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: **SRINATH** Last name: **NUTHALAPATI** Your social security number: **207-31-2336**

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. **205 NUNDA AVE** Apt. no. _____ 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. **JERSEY CITY NJ 07306** 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**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [] [] [] [] [] [] [] [] [] []

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [] [] [] [] [] [] [] [] [] []

Paid Preparer Use Only

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

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

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

| | | | |
|------------|---|------------|----------------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 57,083. |
| 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 | 57,083. |
| 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 | 57,083. |
| 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 | 45,083. |
| 11 | a Tax (see inst.) 5,856. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 5,856. |
| 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 | 5,856. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 5,856. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 10,115. |
| 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 | |
| 19 | Add any amount from Schedule 5 | 19 | 4,259. |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 4,259. |
| 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 | |
| 24 | Amount you owe. Subtract line 23 from line 22. For details on how to pay, see instructions | 24 | |
| 25 | Estimated tax penalty (see instructions) | 25 | |

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.

Refund

▶ b Routing number **021200339** **▶ c** Type: Checking Savings

▶ d Account number **381046917740**

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

SRINATH NUTHALAPATI

| | Five Year Tax History: | | | | |
|---|------------------------|------|------|------|---------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | | | | | Single |
| Total income | | | | | 57,083. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 57,083. |
| Tax expense | | | | | 2,956. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 12,000. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 45,083. |
| Tax | | | | | 5,856. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 10,115. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 4,259. |
| Effective tax rate % . . | | | | | 10.26 |
| **Tax bracket % | | | | | 22.0 |

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SRINATH NUTHALAPATI) and Social Security Number (207-31-2336)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s) and checkboxes (X in second row)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 12336 Spouse's PIN (5 numbers) Date 02/05/2019

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name NUTHALAPATI
 First name SRINATH
 Middle initial _____ Suffix _____
 Social security no. 207-31-2336
 Occupation SOFTWARE ENGINEER
 Date of birth 08/09/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death _____
 Legally blind
 E-mail address srinath49@gmail.com
 Work phone (201) 238-6382 Ext _____
 Cell phone (201) 238-6382
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2019 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer work phone (201) 238-6382
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 205 NUNDA AVE Apt no. _____
 City JERSEY CITY State NJ ZIP code 07306

Foreign Address: Check this box to use foreign address . . .

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SRINATH NUTHALAPATI) and Social Security Number (207-31-2336)

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state: NJ
License number: N9479-72000-08881
Issue date: 01/22/2018
Expiration date: 08/24/2019
Does not expire: []
NY Document number (first 3 chars)*: []

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SRINATH NUTHALAPATI) and Social Security Number (207-31-2336)

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

Table with 2 columns: ERO Name (GLOBAL TAXES LLC) and ERO Electronic Filers Identification Number (EFIN) (587278). Includes fields for ERO Address, City, State, ZIP Code, and ERO Social Security Number or PTIN.

Paid Preparer Information

Table with 2 columns: Firm Name (GLOBAL TAXES LLC) and Social Security Number or PTIN (P02090332). Includes fields for Name, Address, City, State, ZIP Code, and E-mail Address.

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

Form with three rows for selection: IRS-reviewed, IRS-prepared, and Prepared by taxpayer or other non-paid preparer.

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

Form titled 'State/City *' with a list of states: Georgia, Michigan, New York, Vermont.

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
- Kosovo Operation
- Afghanistan/Enduring Freedom
- Desert Storm
- Haiti
- Former Yugoslavia
- UN Operation
- Joint Guard
- Joint Forge
- Northern Watch
- Operation Allied Force
- Northern Forge
- Combat Zone Deployment Date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

| Check the applicable box(es) on forms to be attached and mail with form 8453 | Transmit PDF | Print & Mail with 8453 |
|---|--------------------------|--------------------------|
| Form 2848, Power of Attorney and Declaration of Representative <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3468, Historic Structure Certificate <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 4136, Credit for Federal Tax Paid on Fuels <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8885, Health Coverage Tax Credit <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3115, Change in Accounting Method. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) . | Transmit PDF | Print & Mail with 8453 |
|---|--------------|--------------------------|
| Form 5713, International Boycott Report <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Form 8858, Foreign Disregarded Entities. <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/> | N/A | <input type="checkbox"/> |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return SRINATH NUTHALAPATI | Social Security Number 207-31-2336 |
|--|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| VORTALSOFT INC | | 57,083. | 10,115. | 57,083. | 2,719. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 57,083. | 10,115. | 57,083. | 2,719. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 57,083. | | 57,083. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 10,115. | | 10,115. |
| 3 & 7 | Total social security wages/tips | 57,083. | | 57,083. |
| 4 | Total social security tax withheld | 3,539. | | 3,539. |
| 5 | Total Medicare wages and tips | 57,083. | | 57,083. |
| 6 | Total Medicare tax withheld | 828. | | 828. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | 237. | | 237. |
| b | Total deductible charitable contributions | | | |
| c | Total state deductible employee expenses. . . | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | 57,083. | | 57,083. |
| 17 | Total state tax withheld | 2,719. | | 2,719. |
| 19 | Total local tax withheld. | | | |

► Keep for your records

| | |
|--|---------------------------------------|
| Name as shown on return SRINATH NUTHALAPATI | Social Security Number 207-31-2336 |
|--|---------------------------------------|

Employer EIN 22-3722695
Employer Name VORTALSOFT INC
 Name (cont.) _____
Street Address or P. O. Box 220 DAVIDSON AVE SUITE 3A
City SOMERSET **State** NJ **ZIP** 08873
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

| | | | |
|--|---------|--|---------|
| 1 Wages, tips, other comp | 57,083. | 2 Federal tax withheld | 10,115. |
| 3 Social security wages | 57,083. | 4 Social sec tax withheld | 3,539. |
| 5 Medicare wages and tips | 57,083. | 6 Medicare tax withheld | 828. |
| 7 Social security tips | | 8 Allocated tips | |

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

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

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| NJ | 223-722-695/000 | 57,083. | 2,719. |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

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

| | | |
|--|--|-----------------|
| 9 Verification Code | | 9 _____ |
| 10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/> | | 10 _____ |
| Dependent care benefits - Amount forfeited from flexible spending account | | _____ |
| 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | | 11 _____ |

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| FLI | 30. | New Jersey FLI tax |
| NJ DI | 64. | New Jersey SDI tax |
| UI/WF/SWF | 143. | New Jersey UI/WF/SWF tax |
| _____ | _____ | _____ |

Keep for your records

| | |
|---|--------------------|
| SRINATH NUTHALAPATI | 207-31-2336 Page 2 |
| Employer Name VORTALSOFT INC | |

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d **QuickZoom** to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 207-31-2336

First name M.I. Last name Suff.

SRINATH NUTHALAPATI

Address City St ZIP code

205 NUNDA AVE JERSEY CITY NJ 07306

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return SRINATH NUTHALAPATI | Social Security Number 207-31-2336 |
|---|--|

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

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

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

| Taxes Withheld From: | | | | Federal | State | Local |
|----------------------|---|----|-----|---------|--------|-------|
| 10 | Forms W-2 | | | 10,115. | 2,719. | |
| 11 | Forms W-2G | | | | | |
| 12 | Forms 1099-R | | | | | |
| 13 | Forms 1099-MISC, 1099-K and 1099-G | | | | | |
| 14 | Schedules K-1 | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | |
| 17 | Form 1099-B | St | Loc | | | |
| 18 a | Other withholding | St | Loc | | | |
| b | Other withholding | St | Loc | | | |
| c | Other withholding | St | Loc | | | |
| d | Additional Medicare Tax | | | | | |
| 19 | Total Withholding Lines 10 through 18d | | | 10,115. | 2,719. | |
| 20 | Total Tax Payments for 2018 | | | 10,115. | 2,719. | |

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

Earned Income Worksheet

2018

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return SRINATH NUTHALAPATI | Social Security Number 207-31-2336 |
|--|---------------------------------------|

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|---------|--|---------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 57,083. | | 57,083. |
| 7 a Taxable employer-provided adoption benefits. | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 57,083. | | 57,083. |
| 9 a Taxable dependent care benefits. | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 57,083. | | 57,083. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 57,083. | | 57,083. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|---------|--|---------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 57,083. | | 57,083. |
| 17 Net self-employment loss | | | |
| 18 Alimony received. | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. | 57,083. | | 57,083. |

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

| | | | |
|--|---------|--|---------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 57,083. | | 57,083. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 57,083. | | 57,083. |

Federal Carryover Worksheet

2018

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return SRINATH NUTHALAPATI | Social Security Number 207-31-2336 |
|--|---------------------------------------|

2017 State and Local Income Tax Information

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

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

| Other Tax and Income Information | | 2017 | 2018 |
|----------------------------------|--|--------------------------|--------------------------|
| 1 | Filing status | | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 2,956. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 57,083. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 5,856. |
| 7 | Alternative minimum tax | | |
| 8 | Federal overpayment applied to next year estimated tax | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Tax Summary Report

2018

Name(s) Shown on Return
 SRINATH NUTHALAPATI

Filing status Single Number of exemptions 1

Gross Income

| | |
|---|---------|
| Wages and salaries | 57,083. |
| Interest and dividend income | _____ |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | _____ |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 57,083. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 57,083.

Itemized/Standard Deductions

| | |
|--|---------|
| Medical and dental | _____ |
| Taxes | 2,956. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 2,956. |
| Standard deduction | 12,000. |

Taxable Income 45,083.

| | |
|---|--------|
| Income tax | 5,856. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 5,856. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 5,856.

| | |
|---|---------|
| Withholding | 10,115. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 10,115. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 4,259.

Refund 4,259.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|---------|
| Tax bracket | 22.0 % |
| Effective tax rate | 10.26 % |

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

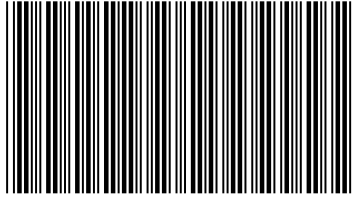
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
207312336

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
NUTHALAPATI SRINATH

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
205 NUNDA AVE

City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07306

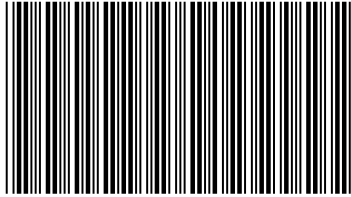
Driver's License Number (Voluntary) (Instructions page 42)
N9479-72000-08

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

| | | |
|--|------|--------------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 |
| dd2. Account type (C for checking, S for savings) | dd2. | C |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | |
| dd4. Routing number | dd4. | 021200339 |
| dd5. Account number | dd5. | 381046917740 |





040MP02180

Name(s) as shown on Form NJ-1040
NUTHALAPATI SRINATH

Your Social Security Number
207312336

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: To:

Fiscal year filers only:
Enter month of your year end 2019

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2016 2017

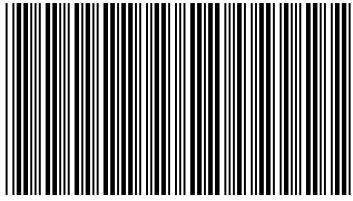
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

| | | | | | | | |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1953 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$3,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | <u>1000</u> . |

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|--------------------------|
| a. | _____ | _____ | _____ | <input type="checkbox"/> |
| b. | _____ | _____ | _____ | <input type="checkbox"/> |
| c. | _____ | _____ | _____ | <input type="checkbox"/> |
| d. | _____ | _____ | _____ | <input type="checkbox"/> |



040MP03180

Name(s) as shown on Form NJ-1040
NUTHALAPATI SRINATH

Your Social Security Number
207312336

1030

| | | |
|--|------|---------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 57083 . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a | 16b. | . . |
| 17. Dividends | 17. | . . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C) | 18. | . . |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4) | 19. | . . |
| 20a. Pensions, Annuities, and IRA Withdrawals (See instructions) | 20a. | . . |
| 20b. Excludable Pensions, Annuities, and IRA Withdrawals | 20b. | . . |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . . |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . . |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4) | 23. | . . |
| 24. Net Gambling Winnings (See instructions) | 24. | . . |
| 25. Alimony and Separate Maintenance Payments received | 25. | . . |
| 26. Other (Enclose documents) (See instructions) | 26. | . . |
| 27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 57083 . |
| 28a. Retirement/Pension Exclusion (See instructions) | 28a. | . . |
| 28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22) | 28b. | . . |
| 28c. Total Exclusion Amount (Add Lines 28a and 28b) | 28c. | . . |
| 29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions) | 29. | 57083 . |
| 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.) | 30. | 1000 . |
| 31. Medical Expenses (Worksheet F and instructions page 24) | 31. | . . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . . |
| 33. Qualified Conservation Contribution | 33. | . . |
| 34. Health Enterprise Zone Deduction | 34. | . . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) | 35. | . . |
| 36. Total Exemptions and Deductions (Add Lines 30 through 35) | 36. | 1000 . |
| 37. Taxable Income (Subtract Line 36 from Line 29) | 37. | 56083 . |
| 38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25) | 38a. | 2160 . |
| 38b. Block | . | . . |
| 38b. Lot | . | . . |
| 38b. Qualifier | . | . . |
| 38c. County/Municipality Code Fill in if you completed Worksheet G | | |
| 39. Property Tax Deduction (From Worksheet H) (See instructions) | 39. | 2160 . |
| 40. New Jersey Taxable Income (Subtract Line 39 from Line 37) | 40. | 53923 . |
| 41. Tax on Amount on Line 40 (Tax Table page 52) | 41. | 1487 . |
| 42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code | 42. | . . |
| 43. Balance of Tax (Subtract Line 42 from Line 41) | 43. | 1487 . |
| 44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit | 44. | . . |
| 45. Balance of Tax (Subtract Line 44 from Line 43) | 45. | 1487 . |
| 46. Sheltered Workshop Tax Credit | 46. | . . |
| 47. Balance of Tax (Subtract Line 46 from Line 45) | 47. | 1487 . |
| 48. Gold Star Family Counseling Credit (See instructions) | 48. | . . |
| 49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry | 49. | 1487 . |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00 | 50. | 0 . |
| 51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed | 51. | . . |
| 52. Total Tax Due (Add Lines 49, 50, and 51) | 52. | 1487 . |



Name(s) as shown on Form NJ-1040
NUTHALAPATI SRINATH

Your Social Security Number
207312336

1030

| | | |
|--|----------------------------|--------|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 53. | 2719 . |
| 54. Property Tax Credit (See instructions page 25) | 54. | . |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return | 55. | . |
| 56. New Jersey Earned Income Tax Credit (See instructions) | 56. | . |
| Fill in if you had the IRS calculate your federal earned income credit | | |
| Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | | |
| 57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 57. | . |
| 58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 58. | . |
| 59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . |
| 60. Wounded Warrior Caregivers Credit (See instructions) | 60. | . |
| 61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60) | 61. | 2719 . |
| 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe | 62. | . |
| If you owe tax, you can still make a donation on Lines 65 through 72. | | |
| 63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment | 63. | 1232 . |
| 64. Amount from Line 63 you want to credit to your 2019 tax | 64. | . |
| 65. Contribution to N.J. Endangered Wildlife Fund | \$10 \$20 Other | 65. |
| 66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | \$10 \$20 Other | 66. |
| 67. Contribution to N.J. Vietnam Veterans' Memorial Fund | \$10 \$20 Other | 67. |
| 68. Contribution to N.J. Breast Cancer Research Fund | \$10 \$20 Other | 68. |
| 69. Contribution to U.S.S. New Jersey Educational Museum Fund | \$10 \$20 Other | 69. |
| 70. Other Designated Contribution (See instructions) | \$10 \$20 Other Enter Code | 70. |
| 71. Other Designated Contribution (See instructions) | \$10 \$20 Other Enter Code | 71. |
| 72. Other Designated Contribution (See instructions) | \$10 \$20 Other Enter Code | 72. |
| 73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72) | 73. | . |
| 74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73) | 74. | . |
| 75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63) | 75. | 1232 . |

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.
 You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

P02090332

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2018

▶ Do not mail the NJ-8879 to New Jersey

| | |
|--|--|
| Taxpayer's name NUTHALAPATI, SRINATH | Social security number 207-31-2336 |
| Spouse's name or Civil Union Prtnr's | Spouse's social security number or Civil Union Prtnr's |

Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)

| | | |
|----------------------------------|---|---------|
| 1 New Jersey Taxable income | 1 | 53,923. |
| 2 Total tax | 2 | 1,487. |
| 3 New Jersey income tax withheld | 3 | 2,719. |
| 4 Refund | 4 | 1,232. |
| 5 Amount you owe | 5 | |

Part II Declaration and Signature Authorization of Taxpayer

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, 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 acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 3 | 6 |
|---|---|---|---|---|

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name NUTHALAPATI
 First Name SRINATH
 Middle Initial _____ Suffix _____
 Social Security No. 207-31-2336
 Date of Birth 08/09/88
 Age as of 12/31/2018 30
 Date of Death _____
 Daytime Phone (201) 238-6382 *
 Home Phone _____ *

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Age as of 12/31/2018 _____
 Date of Death _____
 Daytime Phone _____ *

* Check one of these boxes to designate daytime phone number.

c/o (care of) _____
 Street Address 205 NUNDA AVE Apt. No _____
 City JERSEY CITY State NJ ZIP Code 07306
 County/Municipality Code (residents only) 1212

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ▶ _____
 Form NJ-1040NR: Nonresident Tax Return ▶ _____
 Enter state of residency _____
 Form NJ-1040: Part-Year Resident Tax Return ▶ _____
 Enter dates of New Jersey residency . . . From _____ To _____
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ▶ _____

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse/CU partner?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29 _____
 Head of household
 Qualifying widow(er)/Surviving CU Partner

Part IV – Exemptions

| | You | Spouse/CU Partner | Domestic Partner |
|--|-------------------------------------|--------------------------|--------------------------|
| Regular | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Age 65 or over | <input type="checkbox"/> | <input type="checkbox"/> | |
| Blind | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disabled | <input type="checkbox"/> | <input type="checkbox"/> | |
| Veteran exemption | <input type="checkbox"/> | <input type="checkbox"/> | |
| Number of qualifying dependent children _____ | | | |
| Number of other dependents _____ | | | |
| Number of dependents attending colleges (must be under age 22) _____ | | | |

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 02/08/2019
 - 4 Date return was accepted by the state. 02/08/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 021200339

Account number 381046917740

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

Balance-due amount paid with this extension _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Total Wages Worksheet

2018

▶ Keep for your records

| | |
|--|---|
| Name as Shown on Return <u>NUTHALAPATI, SRINATH</u> | Social Security No. <u>207-31-2336</u> |
|--|---|

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

| A Employer's name | B State name | C Federal wages tips, etc from Form W-2 Box 1 | D State wages tips, etc from Form W-2 Box 16 | E Check box to exclude duplicate state wages |
|---|-----------------|--|---|---|
| <u>VORTALSOFT INC</u> | <u> </u> | <u>57,083.</u> | <u> </u> | <input type="checkbox"/> |
| <u>- State Wages</u> | <u>NJ</u> | <u> </u> | <u>57,083.</u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Total federal wages from column C | | <u>57,083.</u> | | |
| Total state wages from column D | | | <u>57,083.</u> | |
| Less wages excluded from New Jersey return (by checking box in column E). | | | | |
| Wages from all sources | | | <u>57,083.</u> | |

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

| | |
|--|---|
| Name(s) <u>NUTHALAPATI, SRINATH</u> | Social Security No. <u>207-31-2336</u> |
|--|---|

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.

| | | |
|---|----------|---------------|
| 1 Property Taxes. Enter the property taxes from line 38a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions) | 1 | <u>2,160.</u> |
| 2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)? | | |
| <input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence). | | |
| <input checked="" type="checkbox"/> No. Enter the amount from line 1. | 2 | <u>2,160.</u> |

STOP if you are claiming a credit for taxes paid to other jurisdictions.
Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.

| | | Column A | Column B |
|---|----------|----------------|----------------|
| 3 Taxable Income (from line 37 of Form NJ-1040) | 3 | <u>56,083.</u> | <u>56,083.</u> |
| 4 Property Tax Deduction (from line 2 above) | 4 | <u>2,160.</u> | <u>-0-</u> |
| 5 New Jersey Taxable Income (subtract line 4 from line 3). | 5 | <u>53,923.</u> | <u>56,083.</u> |
| 6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules) | 6 | <u>1,487.</u> | <u>1,606.</u> |
| 7 Subtract line 6, column A, from line 6, column B | 7 | | <u>119.</u> |

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?
Part-year residents, see instructions before answering "No."

Yes. The Property Tax Deduction is more beneficial for you.
Make the following entries on Form NJ-1040.

| | |
|---------------------|---------------------------|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Line 4, Column A |
| Line 40 | Line 5, Column A |
| Line 41 | Line 6, Column A |
| Line 54 | Make no entry |

No. The Property Tax Credit is more beneficial for you.
Make the following entries on Form NJ-1040.

| | |
|---------------------|---|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Make no entry |
| Line 40 | Line 5, Column B |
| Line 41 | Line 6, Column B |
| Line 54 | \$50 (\$25 if you and your spouse file separate returns but maintained the same principal residents). |

Part-year residents must prorate this amount.

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|------------------------------|---------------------------------------|
| Name NUTHALAPATI, SRINATH | Social Security Number 207-31-2336 |
|------------------------------|---------------------------------------|

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|------------|
| 9 | State withholding on Forms W-2 | 9 | 2,719. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 2,719. |
| 15 | Date return will be filed and balance paid | 15 | 04/15/2019 |

Smart Worksheets from your 2018 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet

1 Did you live in more than one qualifying New Jersey residence during 2018? Yes No

2 Did you share ownership of a principal residence during 2018 with anyone other than your spouse? Yes No

3 Did a principal residence you owned during 2018 consist of multiple units? Yes No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No

5 Were you both a homeowner and a tenant during 2018? Yes No

If the answer to any of the above questions is Yes, complete Schedule G.
QuickZoom to Schedule G

A Total property tax paid in 2018 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2018 12,000
Part-year residents: Enter the amount while a resident of New Jersey _____

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

D You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit Yes No