

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 587278201906401vnmv7t

Taxpayer's name VIDYADHAR REDDY LEKKALA	Social security number 777-15-8682
Spouse's name RAJASRI PINGILI	Spouse's social security number 348-06-2707

**Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	113,325.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	11,531.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	19,332.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	7,801.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

**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.

5 8 6 8 2  
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 GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

6 2 7 0 7  
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*.

777-15-8682

Taxpayer name VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

Taxpayer address (optional)

197 ARLENE COURT APT A

WHEELING IL 60090

1.  Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 03/05/2019 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 587278201906401vmv7t.
3.  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.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  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](http://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](http://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.

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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](http://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](http://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: VIDYADHAR REDDY Last name: LEKKALA Your social security number: 777-15-8682

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: RAJASRI Last name: PINGILI Spouse's social security number: 348-06-2707

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: 197 ARLENE COURT Apt. no.: A 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: WHEELING IL 60090 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	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.)
		SENIOR SOFTWARE ASSOCIATE	
		PROGRAMMER ANALYST	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	111,298.
<b>2a</b>	Tax-exempt interest	<b>2b</b>	12.
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	2,015. 113,325.
<b>7</b>	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	<b>7</b>	113,325.
<b>8</b>	Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	24,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	89,325.
<b>11</b>	<b>a</b> Tax (see inst.) 11,531. (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	11,531.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	11,531.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	11,531.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	11,531.
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	19,332.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) No <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	19,332.
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	7,801.
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	7,801.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>21</b>	
<b>22</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>23</b>	
<b>24</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>24</b>	
<b>25</b>	Routing number 072000805 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>25</b>	
<b>26</b>	Account number 375014489889	<b>26</b>	
<b>27</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>27</b>	
<b>28</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	<b>28</b>	
<b>29</b>	Estimated tax penalty (see instructions)	<b>29</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

Your social security number

777-15-8682

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	2,015.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
	<b>22</b>	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 . . . . .	<b>22</b>	2,015.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018



Illinois Department of Revenue  
**2018 Form IL-1040**

Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

**A**

777-15-8682      348-06-2707  
 VIDYADHAR REDDY      LEKKALA  
 RAJASRI      PINGILI  
 197 ARLENE COURT      A  
 WHEELING      IL      60090



- B** Filing status:  Single or head of household  Married filing jointly  Married filing separately  Widowed  
**C** **Check** if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** **Check** the box if this applies to you during 2018:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b>	Federal adjusted gross income from your federal Form 1040, Line 7.	<b>1</b>	<u>113,325.00</u>
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	<b>2</b>	<u>.00</u>
<b>3</b>	Other additions. <b>Attach</b> Schedule M.	<b>3</b>	<u>.00</u>
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	<u>113,325.00</u>

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 2 of federal return.	<b>5</b>	<u>.00</u>
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	<b>6</b>	<u>.00</u>
<b>7</b>	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b>	<u>2,015.00</u>
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	<u>2,015.00</u>
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	<u>111,310.00</u>

**Step 4: Exemptions**

<b>10 a</b>	Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	<b>a</b>	<u>4,450.00</u>
<b>b</b>	<b>Check</b> if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>b</b>	<u>.00</u>
<b>c</b>	<b>Check</b> if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>c</b>	<u>.00</u>
<b>d</b>	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	<b>d</b>	<u>0.00</u>
	<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b>	<u>4,450.00</u>

**Step 5: Net Income and Tax**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b>	<u>72,283.00</u>
<b>12</b>	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b>	<u>3,578.00</u>
<b>13</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b>	<u>.00</u>
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	<u>3,578.00</u>

**Step 6: Tax After Nonrefundable Credits**

<b>15</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>15</b>	<u>.00</u>
<b>16</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>16</b>	<u>.00</u>
<b>17</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>17</b>	<u>.00</u>
<b>18</b>	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b>	<u>0.00</u>
<b>19</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	<u>3,578.00</u>

**Step 7: Other Taxes**

<b>20</b>	Household employment tax. See instructions.	<b>20</b>	<u>.00</u>
<b>21</b>	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	<b>21</b>	<u>0.00</u>
<b>22</b>	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	<b>22</b>	<u>.00</u>
<b>23</b>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	<u>3,578.00</u>

IL-1040 Front (R-12/18)

Printed by authority of the State of Illinois, 1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

ID: 3WM REV 01/08/19 PRO



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 3,578.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3,727.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 3,727.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 149.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 149.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 149.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 072000805 [X] Checking or Savings
Account number 375014489889

b Illinois Individual Income Tax refund debit card.
c paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date, Spouse's signature, Date, Daytime phone number. Includes fields for Paid Preparer Use Only (Firm name, address, FEIN, phone) and Third Party Designee (Name, phone number).



If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001



If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001





# 2018 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

## Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

**Note** If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

## Step 1: Provide the following information

V LEKKALA & R PINGILI 7 7 7 - 1 5 - 8 6 8 2  
Your name as shown on Form IL-1040 Your Social Security number

## Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of	(Whole dollars only)
<b>1</b> Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	<b>1</b> _____ <b>.00</b>
<b>2</b> Distributive share of additions you received from a partnership, S corporation, trust, or estate. <b>Attach</b> Illinois Schedule K-1-P or Schedule K-1-T.	<b>2</b> _____ <b>.00</b>
<b>3</b> Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	<b>3</b> _____ <b>.00</b>
<b>4</b> Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.)	<b>4</b> _____ <b>.00</b>
<b>5</b> Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. <b>Attach</b> Form IL-4562.	<b>5</b> _____ <b>.00</b>
<b>6</b> Business expense recapture (nonresidents only).	<b>6</b> _____ <b>.00</b>
<b>7</b> Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan.	<b>7</b> _____ <b>.00</b>
<b>8</b> Student-Assistance Contribution Credit taken on Schedule 1299-C.	<b>8</b> _____ <b>.00</b>
<b>9</b> Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded.	<b>9</b> _____ <b>.00</b>
<b>10</b> RESERVED	<b>10</b> _____
<b>11</b> Other income - Identify each item. _____	<b>11</b> _____ <b>.00</b>
<b>12 Total Additions.</b> Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	<b>12</b> _____ <b>.00</b>

## Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

**13** Contributions made to the following college savings plans:

**a** "Bright Start" College Savings Program - Enter the account number and amount contributed for each Bright Start account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
<b>4 Total</b> - Add Lines 1-3 and enter here and on Line 13a.	

**13a** \_\_\_\_\_ **.00**

**b** "Bright Directions" College Savings Program - Enter the account number and amount contributed for each Bright Directions account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
<b>4 Total</b> - Add Lines 1-3 and enter here and on Line 13b.	

**13b** \_\_\_\_\_ **.00**





### Step 3: Continued

c "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each College Illinois account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
<b>4 Total - Add Lines 1-3 and enter here and on Line 13c.</b>	

13c \_\_\_\_\_ .00

Add Lines 13a, 13b, and 13c. Enter the lesser amount of this total or \$10,000 (\$20,000 if married filing a joint return).

13 \_\_\_\_\_ .00

- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. 14 \_\_\_\_\_ .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. 15 \_\_\_\_\_ .00
- 16 Contributions to a job training project. 16 \_\_\_\_\_ .00
- 17 Expenses related to federal credits or federally tax-exempt income. 17 \_\_\_\_\_ .00
- 18 Interest earned on investments through the Home Ownership Made Easy Program. 18 \_\_\_\_\_ .00
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562. 19 \_\_\_\_\_ .00
- 20 Contributions made to a qualified Illinois ABLE account - Enter the account number and amount contributed for each Illinois ABLE account.

Column A: Account Number	Column B: Contribution Amount
1	
2	
3	
<b>4 Total - Add Lines 1-3 and enter here and on Line 20a.</b>	

20a \_\_\_\_\_ .00

Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return).

20 \_\_\_\_\_ .00

#### Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. 21 \_\_\_\_\_ .00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040. **Attach** a copy of federal Form 1040, Schedule B, if required federally. 22 \_\_\_\_\_ .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. 23 \_\_\_\_\_ .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. 24 \_\_\_\_\_ .00
- 25 Recovery of items previously deducted on federal Form 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040, Page 2, Schedule 1, and any other required federal forms. 25 \_\_\_\_\_ 2,015 .00
- 26 Ridesharing money and other benefits. See instructions. 26 \_\_\_\_\_ .00
- 27 Payment of life insurance, endowment, or annuity benefits received. 27 \_\_\_\_\_ .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. 28 \_\_\_\_\_ .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. 29 \_\_\_\_\_ .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. 30 \_\_\_\_\_ .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. 31 \_\_\_\_\_ .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. 32 \_\_\_\_\_ 2,015 .00



### Step 3: Continued

<b>33</b>	Enter the amount from Page 2, Line 32.	<b>33</b>	2,015.00
<b>34</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>34a</b>	.00
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>34b</b>	.00
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>34c</b>	.00
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>34d</b>	.00
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>34e</b>	.00
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>34f</b>	.00
<b>g</b>	Higher Education Student Assistance Act bonds	<b>34g</b>	.00
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>34h</b>	.00
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>34i</b>	.00
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>34j</b>	.00
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>34k</b>	.00
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>34l</b>	.00
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>34m</b>	.00
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>34n</b>	.00
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>34o</b>	.00
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>34p</b>	.00
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>34q</b>	.00
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>34r</b>	.00
<b>s</b>	Illinois Urban Development Authority bonds	<b>34s</b>	.00
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>34t</b>	.00
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>34u</b>	.00
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>34v</b>	.00
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>34w</b>	.00
<b>x</b>	Export Development Act of 1983 bonds	<b>34x</b>	.00
<b>35</b>	Interest on the following non-U.S. government bonds.		
<b>a</b>	Bonds issued by the government of Guam	<b>35a</b>	.00
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>35b</b>	.00
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>35c</b>	.00
<b>d</b>	Bonds issued by the government of American Samoa	<b>35d</b>	.00
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>35e</b>	.00
<b>f</b>	Mutual mortgage insurance fund bonds	<b>35f</b>	.00
<b>36</b>	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	<b>36</b>	.00
<b>37</b>	Railroad sick pay and unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>37</b>	.00
<b>38</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>38</b>	.00
<b>39</b>	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>39</b>	.00
<b>40</b>	<b>Total Subtractions.</b> Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	<b>40</b>	2,015.00





**Illinois Department of Revenue**  
**2018 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident**  
**Computation of Illinois Tax**

IL Attachment No. 2

V LEKKALA & R PINGILI  
 Your name as shown on your Form IL-1040

7 7 7 - 1 5 - 8 6 8 2  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.
  - I lived in **Illinois** from 02 / 28 / 18 to 12 / 31 / 18 I lived in California from 01 / 01 / 18 to 02 / 27 / 18  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from 02 / 28 / 18 to 12 / 31 / 18, and California from 01 / 01 / 18 to 02 / 27 / 18  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040, Line 1)	<u>5</u> 111,298.00	<u>75,279.00</u>
<b>6</b> Taxable interest (federal Form 1040, Line 2b)	<u>6</u> 12.00	<u>12.00</u>
<b>7</b> Ordinary dividends (federal Form 1040, Line 3b)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	<u>8</u> 2,015.00	<u>2,015.00</u>
<b>9</b> Alimony received (federal Form 1040, Schedule 1, Line 11)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040, Schedule 1, Line 12)	<u>10</u> .00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040, Schedule 1, Line 14)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	<u>13</u> .00	<u>.00</u>
<b>14</b> RESERVED	<u>14</u> _____	<u>_____</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	<u>15</u> .00	<u>0.00</u>
<b>16</b> Farm income or loss (federal Form 1040, Schedule 1, Line 18)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 5b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040, Schedule 1, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> _____	<u>77,306.00</u>



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	77,306.00
	22 Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	23	.00
	24 Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	24	.00
	25 Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	29	.00
	30 Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00
	31 IRA deduction (federal Form 1040, Schedule 1, Line 32)	31	.00
	32 Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	32	.00
	33 RESERVED	33	
	34 RESERVED	34	
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	113,325.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	77,306.00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	77,306.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040, Sch. 1, Line 10. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	2,015.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	2,015.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	75,291.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	47 Enter the base income from Form IL-1040, Line 9.	47	111,310.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.676
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	4,450.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	3,008.00
	51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11.	51	72,283.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> .	52	3,578.00





2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: VIDYADHAR REDDY, RAJASRI PINGILI, LEKKALA, Social Security number 777-15-8682, Mailing address 197 ARLENE COURT A, WHEELING IL 60090, Spouse's Social Security number 348-06-2707, Daytime phone number (734) 709-1674.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11: 72,283.00; 2 Tax from Form IL-1040, Line 12: 3,578.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only: 3,727.00; 4 Overpayment from Form IL-1040, Line 35: 149.00; 5 Total amount due from Form IL-1040, Line 39: 1.00; 6 Filing status: Married filing jointly.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds.

Form fields for Step 3: 7 Routing no. (RN): 072000805; 8 Account no. (AN): 375014489889; 9 Type of account: X Checking; 10 Date the payment is to be electronically withdrawn: / / ; 11 Electronic funds withdrawal amount: 1.00; 12 Name on account: .

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. 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 Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2018 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date.

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature GLOBAL TAXES LLC, Date, Mailing address 2530 Pebble Creek Ln, Cumming GA 30041, Check if paid preparer: X, Your PTIN P02090332, Federal employer identification number (FEIN) 30-1017196, Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O		

### Step 1: Provide your withholding records (includes all W-2 and 1099 forms)

VIDYADHAR REDDY LEKKALA 7 7 7 - 1 5 - 8 6 8 2  
 Your name as shown on Form IL-1040      Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>13-3924155 000 4</u>	\$ <u>40,201.00</u>	\$ <u>13,932.00</u>	\$ <u>690.00</u>
2 <u>W</u>	<u>13-3924155 000 4</u>	\$ <u>61,347.00</u>	\$ <u>61,347.00</u>	\$ <u>3,037.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

### Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

RAJASRI PINGILI 3 4 8 - 0 6 - 2 7 0 7  
 Your spouse's name as shown on Form IL-1040      Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
7 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

### Step 3: Total Illinois withholding

**11** Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 3,727.00

➔ Attach all Schedules IL-WIT to your IL-1040. ⬅





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

Your first name and initial: VIDYADHAR REDDY Last name: LEKKALA Your social security number: 777-15-8682

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: RAJASRI Last name: PINGILI Spouse's social security number: 348-06-2707

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: 197 ARLENE COURT Apt. no.: A 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: WHEELING IL 60090 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	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.)
		SENIOR SOFTWARE ASSOCIATE	
		PROGRAMMER ANALYST	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	111,298.
<b>2a</b>	Tax-exempt interest	<b>2b</b>	12.
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	2,015. 113,325.
<b>7</b>	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	<b>7</b>	113,325.
<b>8</b>	Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	24,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	89,325.
<b>11</b>	<b>a</b> Tax (see inst.) 11,531. (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	11,531.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	11,531.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	11,531.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	11,531.
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	19,332.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) No <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	19,332.
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	7,801.
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	7,801.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>21</b>	
<b>22</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>23</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

Your social security number

777-15-8682

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	2,015.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
	<b>22</b>	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 . . . . .	<b>22</b>	2,015.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include VIDYADHAR REDDY LEKKALA, RAJASRI PINGILI, 777-15-8682, and 348-06-2707.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 26,269 and 877.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization. Includes 'I authorize GLOBAL TAXES LLC to enter my PIN' and 'I will enter my PIN as my signature...'. Includes PIN entry box: 5 8 6 8 2.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for PIN authorization. Includes 'I authorize GLOBAL TAXES LLC to enter my PIN' and 'I will enter my PIN as my signature...'. Includes PIN entry box: 6 2 7 0 7.

Spouse's/RDP'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. Includes PIN entry box: 5 8 7 2 7 8 1 2 3 4 5.

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

777-15-8682 LEKK 348-06-2707
VIDYADHARRE LEKKALA
RAJASRI PINGILI

18

197 ARLENE COURT APT A
WHEELING IL 60090

08-18-1980 02-23-1983

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions X \$367 =

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="26269"/> <input type="text" value=".00"/>			
	<b>13</b> Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="113325"/> <input type="text" value=".00"/>			
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value="2015"/> <input type="text" value=".00"/>			
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="111310"/> <input type="text" value=".00"/>			
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>			
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... <input checked="" type="radio"/> <b>17</b> <input type="text" value="111310"/> <input type="text" value=".00"/>			
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="8802"/> <input type="text" value=".00"/>			
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="102508"/> <input type="text" value=".00"/>			

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

**31**

**32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....  **32**

**35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....  **35**

**36** CA Tax Rate. Divide line 31 by line 19. ....  **36**

**37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....  **37**

**38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ....  **38**

**39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions .....  **39**

**40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-...  **40**

**41** Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A  **41**

**42** Add line 40 and line 41 .....  **42**

**50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ....  **50**

**51** Credit for joint custody head of household. See instructions .....  **51**

**52** Credit for dependent parent. See instructions. ....  **52**

**53** Credit for senior head of household. See instructions. ....  **53**

**54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....  **54**

**55** Credit amount. See instructions .....  **55**

**Special Credits**

Your name:  Your SSN or ITIN:

<b>Special Credits continued</b>	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
	61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="926"/>	.00

<b>Other Taxes</b>	71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="926"/>	.00

<b>Payments</b>	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="1803"/>	.00
	82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
	84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
	86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text" value="1803"/>	.00

<b>Overpaid Tax/Tax Due</b>	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text" value="877"/>	.00
	102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00
	103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="877"/>	.00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	.00

		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>



Your name: LEKKALA

Your SSN or ITIN: 777-15-8682



		Code	Amount
<b>Contributions</b>	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/> .00
	California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/> .00
	California Sea Otter Fund . . . . .	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/> .00
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/> .00
	Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/> .00
	California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/> .00
	Special Olympics Fund . . . . .	● 434	<input type="text"/> .00
	Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/> .00	
<b>120</b> Add code 400 through code 443. This is your total contribution . . . . .	● 120	<input type="text"/> .00	

Your name:  Your SSN or ITIN:

**Amount You Owe**  
121 **AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties**  
122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit**  
125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 126 Direct deposit amount  .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking  Savings ● Account number  ● 127 Direct deposit amount  .00

**IMPORTANT:** Attach a copy of your complete federal return.  
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.  ● Preferred phone number

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN

Firm's address  ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number

# California Adjustments — 2018 Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: V L E K K A L A & R P I N G I L I SSN or ITIN: 7 7 7 - 1 5 - 8 6 8 2

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.**

During 2018:

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> <u>CA</u>	<input type="radio"/> <u>CA</u>
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/> <u>---</u>	<input type="radio"/> <u>---</u>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> <u>---</u> / <u>---</u> / <u>---</u>	<input type="radio"/> <u>---</u> / <u>---</u> / <u>---</u>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input checked="" type="radio"/> <u>IL</u> 0 2 / 2 8 / 2 0 1 8	<input type="radio"/> <u>---</u> / <u>---</u> / <u>---</u>
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input type="radio"/> <u>---</u>	<input type="radio"/> <u>---</u>
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> <u>59</u>	<input type="radio"/> <u>---</u>
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> <u>N</u>	<input type="radio"/> <u>N</u>
8 Before 2018: I was a CA resident for the period of . . . . .	<input type="radio"/> <u>---</u> / <u>---</u> / <u>---</u> - <u>---</u> / <u>---</u> / <u>---</u>	<input type="radio"/> <u>---</u> / <u>---</u> / <u>---</u> - <u>---</u> / <u>---</u> / <u>---</u>

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 111,298.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 111,298.	<input checked="" type="radio"/> 26,269.
2 Taxable interest. (a) <input checked="" type="radio"/> . . . . . 2(b)	<input checked="" type="radio"/> 12.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 12.	<input checked="" type="radio"/> 0.
3 Ordinary dividends. See instructions. (a) <input type="radio"/> . . . . . 3(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> . . . . . 4(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> . . . . . 5(b)	<input type="radio"/>	<input type="radio"/>			
<b>Section B — Additional Income from federal Schedule 1 (Form 1040)</b>					
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input checked="" type="radio"/> 2,015.	<input checked="" type="radio"/> 2,015.			
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved . . . . . 15b					
16a Reserved . . . . . 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) . . . . . 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation . . . . . 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20a Reserved . . . . . 20a					
21 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="text"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V. . . . . 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d <input type="text"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e <input type="text"/>		
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C . . . . . 22	<input checked="" type="radio"/> 113,325.	<input checked="" type="radio"/> 2,015.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 111,310.	<input checked="" type="radio"/> 26,269.

	A	B	C	D	E
<b>Income Adjustment Schedule</b>					
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions . . . . . 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid.   b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved . . . . . 34					
35 Reserved . . . . . 35					
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 113,325.	<input checked="" type="radio"/> 2,015.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 111,310.	<input checked="" type="radio"/> 26,269.

**Part III Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

**Medical and Dental Expenses**

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 113,325	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8,499	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/> 5,530	5a			
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add lines 5a through 5c <input checked="" type="radio"/> 5,530	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> 5,530	5e			
	Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> 0				
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add lines 5e and 6 <input checked="" type="radio"/> 5,530	7			

**Interest You Paid**

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			
8d	Reserved <input checked="" type="radio"/>	8d			
8e	Add lines 8a through 8c <input checked="" type="radio"/>	8e			
9	Investment interest <input checked="" type="radio"/>	9			
10	Add lines 8e and 9 <input checked="" type="radio"/>	10			

**Gifts to Charity**

11	Gifts by cash or check <input checked="" type="radio"/>	11			
12	Other than by cash or check <input checked="" type="radio"/>	12			
13	Carryover from prior year <input checked="" type="radio"/>	13			
14	Add lines 11 through 13 <input checked="" type="radio"/>	14			

**Casualty and Theft Losses**

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15			
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**Other Itemized Deductions**

16	Other—from list in federal instructions <input checked="" type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,530	17			

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C  18 0.

**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type   0.  21  0.

22 Add lines 19 through 21.  22  0.

23 Enter amount from federal Form 1040, line 7  113,325.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24  2,267.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25  0.

26 **Total Itemized Deductions.** Add line 18 and line 25.  26  0.

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28  0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately . . . . . \$194,504  
 Head of household . . . . . \$291,760  
 Married/RDP filing jointly or qualifying widow(er) . . . . . \$389,013

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29  0.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. . . . . \$4,401  
 Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . \$8,802  30  8,802.

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from line 37, column E.  1  26,269.

2 Enter your deductions from line 30.  2  8,802.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3  0.2360

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4  2,077.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-  5  24,192.



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

Your first name and initial: VIDYADHAR REDDY Last name: LEKKALA Your social security number: 777-15-8682

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: RAJASRI Last name: PINGILI Spouse's social security number: 348-06-2707

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: 197 ARLENE COURT Apt. no.: A 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: WHEELING IL 60090 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 SENIOR SOFTWARE ASSOCIATE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation PROGRAMMER ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Preparer's name:** APPANA RUPA VENKATA SATYA SAI MANIKUMAR  
**Preparer's signature:** [Signature]  
**PTIN:** P02090332  
**Firm's EIN:** [Blank]  
**Firm's name:** GLOBAL TAXES LLC  
**Phone no.:** [Blank]  
**Firm's address:** 2530 Pebble Creek Ln Cumming GA 30041

Check if:  3rd Party Designee  Self-employed

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	111,298.
<b>2a</b>	Tax-exempt interest	<b>2b</b>	12.
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	2,015. 113,325.
<b>7</b>	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	<b>7</b>	113,325.
<b>8</b>	Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	24,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	89,325.
<b>11</b>	<b>a</b> Tax (see inst.) 11,531. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) <b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>11</b>	11,531.
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	11,531.
<b>14</b>	Other taxes. Attach Schedule 4	<b>14</b>	0.
<b>15</b>	Total tax. Add lines 13 and 14	<b>15</b>	11,531.
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	19,332.
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) No <b>b</b> Sch. 8812 <b>c</b> Form 8863 Add any amount from Schedule 5	<b>17</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments	<b>18</b>	19,332.
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>19</b>	7,801.
<b>20a</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	7,801.
<b>b</b>	Routing number 072000805 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 375014489889		
<b>21</b>	Amount of line 19 you want applied to your 2019 estimated tax	<b>21</b>	
<b>Amount You Owe</b>	<b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	<b>22</b>	
<b>23</b>	Estimated tax penalty (see instructions)	<b>23</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

VIDYADHAR REDDY LEKKALA & RAJASRI PINGILI

Your social security number

777-15-8682

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	2,015.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	2,015.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018