

# Instructions for Form MI-1040-V

## 2018 Michigan Individual Income Tax e-file Payment Voucher

Payment can be made using Michigan's e-Payments service by direct debit (e-Check) from your checking or savings account, or by using a credit or debit card. You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider. Visit [www.michigan.gov/iit](http://www.michigan.gov/iit) for more information. You do not need to mail Form MI-1040-V to Treasury when making your payment electronically.

### Important Information

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

**Do not use this voucher to make any other payments to the State of Michigan.**

**Do not use the MI-1040-V to pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.**

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2019. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

If you do not owe any tax on your e-filed MI-1040, do not file this form.

### Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2018 MI-1040-V"** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments (such as the City of Detroit) to the State of Michigan.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

**Michigan Department of Treasury**  
**P.O. Box 30774**  
**Lansing, MI 48909**

- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you choose to make your payment electronically, using e-Payments or through your e-file software provider using direct debit, you do not need to mail Form MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.

**Mail this form with payment for your e-file return. Do not file with your paper return.**

*Detach here and mail with your payment. Do not fold or staple the voucher.*

Michigan Department of Treasury (Rev. 05-18)

## 2018 MICHIGAN Individual Income Tax e-file Payment Voucher

## MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 10/18/18 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)  SRIKAR PINNAPREDDY  1700 E 13TH ST APT 17Y CLEVELAND OH 44114	Filer's Full Social Security Number 166-87-8009	Spouse's Full Social Security Number  16 .00
	<b>WRITE PAYMENT AMOUNT HERE</b> ➡      \$	
	<b>MAIL TO:</b> Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to <b>"State of Michigan."</b> Write the last four digits of filer's <b>Social Security number</b> and <b>"2018 MI-1040-V"</b> on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

80737878 02 2018 00000000 166878009 2

# 2018 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2019.**

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

1. Filer's First Name <b>SRIKAR</b>	M.I.	Last Name <b>PINNAPREDDY</b>	2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>166 — 87 — 8009</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —
Home Address (Number, Street, or P.O. Box) <b>1700 E 13TH ST , APT. 17Y</b>			4. School District Code (5 digits – see page 60) <b>10000</b>
City or Town <b>CLEVELAND</b>	State <b>OH</b>	ZIP Code <b>44114</b>	

<p><b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2018 FILING STATUS.</b> Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p>	<p><b>8. 2018 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input checked="" type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

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

a. Number of exemptions (see instructions).....	9a.	<input style="width:30px; height:20px;" type="text" value="1"/>	x \$4,050		9a.	4050	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	<input style="width:30px; height:20px;" type="text"/>	x \$2,700		9b.		00
c. Number of qualified disabled veterans .....	9c.	<input style="width:30px; height:20px;" type="text"/>	x \$400		9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	4050	00
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					52641	00
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.						00
<b>12. Total.</b> Add lines 10 and 11 .....	12.					52641	00
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.					52062	00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.					579	00
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					45	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.					534	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.					23	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width:100px; height:20px;" type="text"/>		18b.	<input style="width:50px; height:20px;" type="text" value="00"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width:100px; height:20px;" type="text"/>		19b.	<input style="width:50px; height:20px;" type="text" value="00"/>
<b>20. Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.			20.	23 00

Filer's Full Social Security Number

166 — 87 — 8009

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

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
		<b>FEDERAL</b>	<b>MICHIGAN</b>
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	7	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. <b>2018 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2018 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	7	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>YOU OWE</b>	33.	16	00
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.		00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.		00

**DIRECT DEPOSIT**

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

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

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

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

Preparer's PTIN, FEIN or SSN  
P02090332

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

Preparer's Name (print or type)

Filer's Signature

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC

Spouse's Signature

2530 PEBBLE CREEK LN  
CUMMING GA 30041

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

**Refund, credit, or zero returns.** Mail your return to:

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 33 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

# 2018 MICHIGAN Schedule 1 Additions and Subtractions

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

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7  
Include with Form MI-1040.

**Attachment 01**

Filer's First Name <b>SRIKAR</b>	M.I.	Last Name <b>PINNAPREDDY</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>166 — 87 — 8009</b>
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**Additions to Income (all entries must be positive numbers)**

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797 .....	3.		00
4. Losses attributable to other states (see instructions) .....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....</b>	9.	0	00

**Continue on page 2.  
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

## 2018 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name <b>SRIKAR</b>	M.I.	Last Name <b>PINNAPREDDY</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>166 — 87 — 8009</b>
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### Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits .....	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797 .....	12.		00
13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	52062	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions) .....	15.		00
16. Michigan state and local income tax refunds received in 2018 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust .....	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....	20.		00
21. Michigan Net Operating Loss .....	21.		00
22. Miscellaneous subtractions (see instructions). <b>Describe:</b> .....	22.		00

### Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

**NOTE: See instructions before continuing with this section.**

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2018)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2018)	F. Check if SSA Exempt
	1995	23	<input type="checkbox"/>			<input type="checkbox"/>

24. <b>Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1952, and reached age 67 on or before December 31, 2018. <b>Do not complete lines 25 and 26</b> .....	24.		00
25. <b>Retirement benefits.</b> Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....	25.		00
26. Dividend/interest/capital gains deduction for taxpayers <b>73 years and older</b> . Deduction is limited to \$11,495 for single or married filing separately filers and \$22,991 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. <b>Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13</b> .....	27.	52062	00
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If additions do not apply, only submit page 2 of the Schedule 1 with your return.

**2018 MICHIGAN Nonresident and Part-Year Resident Schedule**

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

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

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

1. Filer's First Name <b>SRIKAR</b>	M.I.	Last Name <b>PINNAPREDDY</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>166 — 87 — 8009</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**4. 2018 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2018\*

\*Dates of Michigan residency in 2018 (Enter dates as MM-DD-YYYY, Example: 04-15-2018)

	FILER		SPOUSE	
FROM:	—	— 2018	—	— 2018
TO:	—	— 2018	—	— 2018

**Income Allocation**

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.) .....	55141	00	579	00	54562	00
6. Interest and dividends .....		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....		00		00		00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions) .....		00	0	00	0	00
12. Total income. Add lines 5 through 11.....	55141	00	579	00	54562	00
13. Enter the total adjustments from U.S. Form 1040. Describe: <u>STUDENT LOAN INTE</u>	2500	00	0	00	2500	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	52641	00	579	00	52062	00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e .....	15.	4050	00
16. Enter Michigan source income from line 14, column B .....	16.	579	00
17. Enter total income from line 14, column A.....	17.	52641	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	1.1	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.	45	00

**2018 MICHIGAN Withholding Tax Schedule**

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

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 13**

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

1. Filer's First Name <b>SRIKAR</b>	M.I.	Last Name <b>PINNAPREDDY</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>166 — 87 — 8009</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

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

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		46-4958214	PWC ADVISORY SER	44439	00	7	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	7 00

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

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	7 00

**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

SRIKAR PINNAPREDDY

Your social security number

166-87-8009

<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>	
	<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>		
<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>	2,500.	
<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>	2,500.	

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

Schedule 1 (Form 1040) 2018



2018 Ohio IT 1040 Individual Income Tax Return



11 21 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 166 87 8009 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 1201

First name SRIKAR M.I. Last name PINNAPREDDY

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 1700 E 13TH ST

Address line 2 (apartment number, suite number, etc.) APT 17Y

City CLEVELAND State OH ZIP code 44114 Ohio county (first four letters) CLAR

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

- Full-year resident, Part-year resident, Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

- Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately

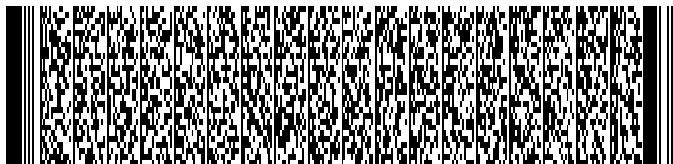
Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



Postmark date Code



Staple W-2s to the back of this page

SRIKAR First name and Middle Initial PINNAPREDDY Last Name <hr/> If a joint return, spouse's first name and initial Last Name 1700 E 13TH ST 17Y CURRENT Home Address (number and street) CLEVELAND OH 44114 City State Zip Code	Primary Social Security Number 166 87 8009 Spouse's Social Security Number <hr/> Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately
Check the appropriate box if: <input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> <b>AMENDED</b> Tax year _____	
Did you change residence during 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of move: _____ Previous Address (number and street) _____ City, State, Zip Code _____	
Occupation or nature of business _____ Trade Name _____ City of Employment #1 COLUMBUS City of Employment #2 _____ City of Employment #3 _____ City of Residence CLEVELAND	

**Part A TAXABLE WAGES** Attach all forms and applicable Federal schedules and/or documentation to the back of this return.

Employer(s) and address where work performed	TAXABLE WAGES
INXITE HEALTH SYSTEMS, ONE EAST CAMPUS VIEW BLVD SUITE 320	(+) 10,702.
	(+)
ADJUSTMENTS (from Part D on Page 2)	(-)
<b>NET WAGES</b> (enter in Column B below)	(=) 10,702.

**Part B TAX CALCULATION** A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME*	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, OR PAID DIRECTLY TO CITY WHERE EARNED	NET TAX DUE
COLUMBUS	01	10,702.		10,702.	2.5%	268.		268.

1. TOTAL NET TAX DUE (TOTAL OF COLUMN G).....	<b>1</b>	0.
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY.....	<b>2</b>	
3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6.....	<b>3</b>	0.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ + LATE CHARGE \$ _____ <small>(see instructions) (see instructions) (see instructions)</small>	<b>4</b>	
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less .....	<b>5</b>	
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1).....	<b>6</b>	
A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate.....	<b>6A</b>	
B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00).....	<b>6B</b>	

**Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.**

CITY	CODE	COLUMN H Income (or loss) from Part E or Schedule Y	COLUMN I Rental Income (or loss) from Part F (section 1)	COLUMN J (Residents Only) Other income from Part F (section 2)	COLUMN K Total other income (or loss)
COLUMBUS	01				
Net Operating Loss Carry-forward (see instructions):					
Total *(enter in Column C above, if loss enter 0):					

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

**Sign Here** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only** Signature \_\_\_\_\_ Date \_\_\_\_\_ PTIN P02090332 Phone # \_\_\_\_\_

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: CITY TREASURER  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Staple check or money order HERE

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

Your first name and initial: **SRIKAR** Last name: **PINNAPREDDY** Your social security number: **166-87-8009**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **1700 E 13TH ST** Apt. no. **17Y** 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. **CLEVELAND OH 44114** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature	Date	Your occupation <b>EXPERIENCED ASSOCIATE</b>	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

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

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>	<b>55,141.</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b> Social security benefits	<b>5a</b>	
<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>55,141.</b>
<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>	<b>52,641.</b>
<b>8</b> Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	<b>12,000.</b>
<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>	<b>40,641.</b>
<b>11</b> a Tax (see inst.) <b>4,877.</b> (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 Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	<b>11</b>	<b>4,877.</b>
<b>12</b> a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	<b>12</b>	<b>4,877.</b>
<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	<b>0.</b>
<b>14</b> Other taxes. Attach Schedule 4	<b>14</b>	<b>4,877.</b>
<b>15</b> Total tax. Add lines 13 and 14	<b>15</b>	<b>8,998.</b>
<b>16</b> Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	
<b>17</b> Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c 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>	<b>8,998.</b>
<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>19</b>	<b>4,121.</b>
<b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>20a</b>	<b>4,121.</b>
Direct deposit? See instructions. ▶ <b>b</b> Routing number <b>041000124</b> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ <b>d</b> Account number <b>4281649591</b>		
<b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> ▶ <b>21</b>	<b>21</b>	
<b>Amount You Owe</b> <b>22</b> <b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions ▶ <b>22</b>	<b>22</b>	
<b>23</b> Estimated tax penalty (see instructions) ▶ <b>23</b>	<b>23</b>	

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

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

SRIKAR PINNAPREDDY

Your social security number

166-87-8009

<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>	
	<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>		
<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>	2,500.	
<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>	2,500.	

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Schedule 1 (Form 1040) 2018