

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number	
<u>SAGAR KUMAR</u>	<u>THODUPUNOORI</u>	690-76-7869	
Present Home Address		A Spouse's Social Security Number	
<u>2533 PASCAL PL</u>			
City, State and Zip Code		Online Filed Return	
<u>HERNDON VA 20171</u>		<input type="checkbox"/>	

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		67,173.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		68,300.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)		64,370.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)		3,444.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)		3,598.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)		
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)		154.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2018 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2018 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2018 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature <u>GLOBAL TAXES LLC</u>	Date	P02090332 SSN/PTIN
Firm's name (or yours if self-employed) <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 301017196
Address, City, State and Zip		EIN P02090332
Paid Preparer's Signature <u>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</u>	Date	SSN/PTIN
Firm's name (or yours if self-employed) <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
Address, City, State and Zip		EIN



SAGAR KUMAR THODUPUNOORI

2533 PASCAL PL

HERNDON

VA 20171

SSN - You [THOD 690767869 Vendor ID 1555 XXXXX]

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	67173.	Withholding (VA) - You	20A.	3598.
Additions	2.	1127.	Withholding (VA) - Spouse	20B.	
Subtotal	3.	68300.	Estimated Payments	21.	
Age Deduction - You	4A.		2017 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Reserved for Future Use	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	68300.	Total Payments / Credits	28.	3598.
Itemized Deductions - VA Sch. A	10.		Tax You Owe	29.	
State / Local Income Tax - VA Sch. A	11.		Tax Overpayment	30.	154.
Standard / Itemized Deductions	12.	3000.	Overpayment Credited to Next Year	31.	
Exemptions	13.	930.	VAC - Virginia 529 / ABLEnow	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	3930.	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	64370.	Sales and Use Tax	35.	
Amount of Tax	17.	3444.	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	18A.		Your Refund	[154.
Net Amount of Tax	19.	3444.	Bank Routing #	C	111000025
			Bank Account #		488060030920



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 07251990
 VA Driver's License ID - You B65324955
 VA Driver's License - Iss. Date - You 08292018
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 045
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Refund - Direct Bank Deposit X
 Refund - Check
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date
 Signature - Spouse _____ Date
 Signature - Preparer _____ Date

Phone - You 3612286811
 Phone - Spouse
 Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02090332
 GLOBAL TAXES LLC

File by May 1, 2019
 Include Page 1, Page 2 and all
 supporting 760CG documents.

2530 PEBBLE CREEK LN
 CUMMING GA 30041 Page 2 of 2



Additions

Interest on obligations (other state)	1.	
Other Additions		
Fixed Date Conformity	2A.	1127.
2B.		
2C.		
Total Additions	3.	1127.

Low-Income Credit or VA EIC (con't)

Total Exemptions	11.
# of Personal Exemptions	12.
Total Exemptions Amount or \$0	13.
Federal EIC	14.
20% of Line 14	15.
Greater of Line 13 or Line 15	16.
Credit	17.

Subtractions

Income (US obligations / securities)	4.
Disability Income (wages) - You	5A.
Disability Income (wages) - Spouse	5B.
Other Subtractions	
Fixed Date Conformity	6A.
6B. Code	
6C. Code	
6D. Code	
Total Subtractions	7.

Addition to Tax, Penalty & Interest

Addition to Tax	18.
Form 760C Addition	
Form 760F Addition	
Penalty	19.
Late Filing Penalty	
Extension Penalty	
Interest	20.
Total Adjustments	21.

Deductions

8A.	
8B.	
8C.	
Total Deductions	9.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI			10.

2018 Schedule INC/CG 690767869

Report all W-2s, 1099s & VK-1s with VA Withholding



SAGAR KUMAR THODUPUNOORI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
690767869	W	3598.	223301374	30223301374F001	70042.

Total VA Withholding	SSN	VA Withholding
You	690767869	3598.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

Virginia Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name SAGAR KUMAR
 Last Name THODUPUNOORI
 Middle Initial _____ Suffix _____
 Social Security No 690-76-7869
 Date of Birth 07/25/1990
 Date of Death _____
 VA Driver's License/VA ID No B65324955
 VA DL/VA ID Issue Date 08/29/2018
 E-mail Address TSAGAR7477@GMAIL.COM
 Daytime Phone (361) 228-6811 *
 Home Phone _____ *

Spouse:

First Name _____
 Last Name _____
 Middle Initial _____ Suffix _____
 Social Security No _____
 Date of Birth _____
 Date of Death _____
 VA Driver's License/VA ID No _____
 VA DL/VA ID Issue Date _____
 E-mail Address _____
 Daytime Phone _____ *

* Check a box to print daytime and/or home phone numbers on the return.

Important - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address 2533 PASCAL PL Apartment Number _____
 City HERNDON State VA ZIP Code 20171
 Locality * Craig City County

* Select a Virginia city or county you were a resident of on January 1, 2019.

If nonresident, select a city or county where the Virginia source income was located (see help).

Part II – Main Form

- Form 760: Resident Tax Return ▶
- Form 760PY: Part-Year Resident Tax Return ▶
- Form 763: Nonresident Tax Return ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld Taxpayer ▶
Spouse ▶

Nonresident

• Enter state of residence _____ **Taxpayer** _____ **Spouse**

Part-Year Resident

- If you moved out of Virginia during 2018, enter date you moved out _____
- If you moved into Virginia during 2018, enter date you moved in _____
- Part-year residency ratio _____

Part III – Filing Status

Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

Part IV – Other Information

Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at www.tax.virginia.gov
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Self-employed in farming/fishing or a merchant seaman
Return will be filed and tax due will be paid by April 15, 2019

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2018 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Check this box if home is in Historic Roads region affected by increase of Use Tax Rate to 7% (otherwise rate is 5.3%)

Mandatory Electronic Payments

- You are required to make Virginia tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Date return was EFiled: 02/12/2019
Date return was accepted by the state: 02/12/2019
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Note: Electronic funds withdrawal occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card?
Note: Payment occurs upon acceptance date

International ACH Transactions:

- Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional): Bank of America

Check the appropriate box:

- Checking Routing number: 111000025
Savings Account number: 488060030920

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet: 1

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes **No**

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

Extended due date _____

QuickZoom to Form 760-IP Automatic Extension Payment ▶

SAGAR KUMAR THODUPUNOORI 690-76-7869 Page 3

Part IX – Amended Return

You are filing a Virginia amended return

You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Tax Payments Worksheet

2018

▶ Keep for your records

Name SAGAR KUMAR THODUPUNOORI	Social Security Number 690-76-7869
----------------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payment
1 First Payment	_____	_____
2 Second Payment	_____	_____
3 Third Payment	_____	_____
4 Fourth Payment	_____	_____
Additional Payments		
5 a Payment	_____	_____
b Payment	_____	_____
c Payment	_____	_____
d Payment	_____	_____
e Payment	_____	_____
6 Overpayment from previous year applied to 2018	_____	_____
7 Amount paid with current year extension	_____	_____
8 Total tax payments. Add lines 1 through 7	_____	_____

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2	_____	3,598.
10 State withholding on Forms W-2G	_____	_____
11 State withholding on Forms 1099-R	_____	_____
12 a State withholding on Forms 1099-MISC	_____	_____
b State withholding on Forms 1099-G	_____	_____
c State withholding on Forms 1099-INT	_____	_____
d State withholding on Forms 1099-K	_____	_____
13 a Withholding from Schedule VK-1	_____	_____
b Other state tax withholding	_____	_____
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶	_____	_____
14 Total income tax withheld.	_____	3,598.
15 Date return will be filed and balance paid	_____	_____

Federal/State Adjustment Summary

2018

Name as Shown on Return SAGAR KUMAR THODUPUNOORI	Social Security Number 690-76-7869
-----------------------------------------------------	---------------------------------------

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit
HYDERABAD	-2,869.	1,127.		-1,742.	-1,742.	-2,869.

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) 1,127.

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2018

Name as Shown on Return
SAGAR KUMAR THODUPUNOORI

Social Security Number
690-76-7869

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F)

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)

Form 2106			(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Adjustment Summary

2018

Name as Shown on Return SAGAR KUMAR THODUPUNOORI	Social Security Number 690-76-7869
-----------------------------------------------------	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				
Total Schedule A Depreciation Adjustment (Sum of Column E)				

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	1,127.
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	_____
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	_____

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment		(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(F) Other Adjustments	(2) Federal		
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						

Passive/At-Risk/Other Adjustments	_____
Total Sale of Asset Adjustment	_____

Activity Worksheet

2018

Name as Shown on Return SAGAR KUMAR THODUPUNOORI	Social Security Number 690-76-7869
------------------------------------------------------------	----------------------------------------------

Activity Description HYDERABAD
 Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box
- B** If this activity was operated jointly by taxpayer and spouse, check this box
- C** Check this box if you completely disposed of the property in the current year
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts)
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts)
- F** Did you materially participate in this activity? (Not for K-1's) Yes No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F)
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp)
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F)

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. **L** Commercial property
- K** Royalty property **M** Other passive exceptions

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation
- O** This is a K-1 with rental real estate with material participation
- P** This is a publicly traded partnership
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership)

S At-risk status All
T Passive status Active RE

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	-2,869.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation)	1,169.
b Other depreciation adjustment(s)	-42.
c Section 179 adjustment	
d Other adjustments	
3 Total	-1,742.
4 At-Risk adjustment. a Adjust amount . . . b	
5 Total	-1,742.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	-1,742.
9 Net federal profit or (loss) allowed	-2,869.
10 Federal/State adjustment	1,127.

Activity Description HYDERABAD

Part III - Schedule K-1 Partnership and S Corporations	Section 179 Expense	Misc Income	Commercial Revitalization
1 Federal income/loss			
2 Adjustments			
3 Total			
4 a At-Risk adjustment amount			
b At-Risk adjustment			
5 Total			
6 Passive carryover loss			
7 Passive disallowed loss (carryover to next year)			
8 Net profit or (loss) allowed			
9 Net federal profit or (loss) allowed			
10 Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Smart Worksheets from your 2018 Virginia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ <u>02/12/2019</u>
B	Date return was accepted by the state ▶ <u>02/12/2019</u>
C	Documents to attach to the FRONT of Form VA-8453: <u>Form W-2 (State copy)</u> <u>Schedule INC</u> _____ _____
D	Documents to attach to the BACK of Form VA-8453: _____ _____ _____ _____
E	Retain Form VA-8453 and all attachments for a period of three years. DO NOT MAIL TO STATE AUTHORITIES