

**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) ▶ 587278201906301v7q98

Taxpayer's name SARAT CHANDRA PIDAPARTHI	Social security number 473-53-7031
Spouse's name SREEVALLI SAVITRI DE PIDAPARTHI	Spouse's social security number 948-99-3070

**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>	89,752.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	5,476.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	11,605.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	6,129.
<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.

3	7	0	3	1
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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.

9	3	0	7	0
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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
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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*.

473-53-7031

Taxpayer name SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Taxpayer address (optional)

202 HOSTA LILY CT

CARY NC 27513

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 03/04/2019 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 587278201906301v7q98.
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: SARAT CHANDRA Last name: PIDAPARTHI Your social security number: 473-53-7031

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: SREEVALLI SAVITRI DE Last name: PIDAPARTHI Spouse's social security number: 948-99-3070

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: 202 HOSTA LILY CT Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: CARY NC 27513 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
KAARTHIKA BAALA	PIDAPARTHI	751-77-5959	Daughter	<input checked="" 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: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOME MAKER

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

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

**Paid Preparer Use Only**

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: [Signature] PTIN: P02090332 Firm's EIN: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Firm's name: GLOBAL TAXES LLC Phone no.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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>	103,958.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b> 272.	<b>3b</b> Ordinary dividends	<b>3b</b> 272.
	<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	<b>4b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Social security benefits	<b>5a</b>	<b>5b</b> Taxable amount	<b>5b</b>
	<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-14,478.	<b>6</b>	89,752.
	<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>	89,752.
	<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>	65,752.
	<b>11</b> a Tax (see inst.) 7,476. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		<b>11</b>	7,476.
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	2,000.
	<b>12</b> a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	5,476.
	<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	0.
	<b>14</b> Other taxes. Attach Schedule 4		<b>15</b>	5,476.
	<b>15</b> Total tax. Add lines 13 and 14		<b>16</b>	11,605.
	<b>16</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
	<b>17</b> Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		<b>18</b>	11,605.
	Add any amount from Schedule 5		<b>19</b>	6,129.
	<b>18</b> Add lines 16 and 17. These are your total payments		<b>20a</b>	6,129.
	<b>19</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>20a</b> Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
	<b>21</b> a Routing number 054000030 b Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
	<b>21</b> d Account number 5345605315			
	<b>21</b> Amount of line 19 you want applied to your 2019 estimated tax			
	<b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			
	<b>23</b> Estimated tax penalty (see instructions)			

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

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Your social security number

473-53-7031

<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>	666.	
	<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>	-15,144.	
	<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>	-14,478.	
	<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

REV 12/21/18 PRO

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Your social security number

473-53-7031

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	SILVER COUNTY, PHASE-2 BENGALURU KARNATAKA IN 560095				
<b>B</b>	202 HOSTA LILY CT CARY NC 27513				
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>	3		365	0	<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		500.	900.	
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			6,387.	
<b>13</b>	Other interest. . . . .	<b>13</b>		4,657.		
<b>14</b>	Repairs. . . . .	<b>14</b>			5,500.	
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,657.	11,887.	
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-4,157.	-10,987.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-4,157.)	(	-10,987.)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			1,400.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			6,387.	
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			16,544.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	15,144.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>				-15,144.

**Paid Preparer's Due Diligence Checklist**  
 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status  
**► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.**  
**► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return: **SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI** Taxpayer identification number: **473-53-7031**

Enter preparer's name and PTIN: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** **P02090332**

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).		EIC	CTC/ ACTC/ODC	AOTC	HOH
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1</b>	Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>2</b>	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>	
<b>3</b>	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>4</b>	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> <b>Yes</b>		<input checked="" type="checkbox"/> <b>No</b>	
<b>a</b>	Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>b</b>	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>5</b>	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>6</b>	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>7</b>	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>	
<b>a</b>	Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>	
<b>8</b>	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>	

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>13</b> Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    - 1. A copy of Form 8867;
    - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
    - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
    - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
    - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2018**  
Attachment  
Sequence No. **88**

Name(s) shown on return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Identifying number 473-53-7031
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**Part I 2018 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>	0.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( 15,144. )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		-15,144.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )	
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>	( )	
<b>All Other Passive Activities</b>			
<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>		
<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	<b>4</b>		-15,144.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	15,144.
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	150,000.
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	<b>7</b>	104,896.
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	45,104.
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>9</b>	22,552.
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . . If line 2c is a loss, go to Part III. Otherwise, go to line 15.	<b>10</b>	15,144.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	<b>11</b>	
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>	
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	0.
<b>16</b> <b>Total losses allowed from all passive activities for 2018.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	15,144.

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SILVER COUNTY, PHASE-2	0.	4,157.			4,157.
202 HOSTA LILY CT	0.	10,987.			10,987.
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b>	0.	15,144.			

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b>			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b>					

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SILVER COUNTY, PHASE-2	E Ln 22	4,157.	0.27449815	4,157.	0.
202 HOSTA LILY CT	E Ln 22	10,987.	0.72550185	10,987.	0.
<b>Total</b>		15,144.	1.00	15,144.	0.

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

# Tax History Report

▶ Keep for your records

**2018**

Name(s) Shown on Return

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .					MFJ
Total income . . . . .					89,752.
Adjustments to income					
Adjusted gross income					89,752.
Tax expense . . . . .					5,193.
Interest expense . . .					6,387.
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					65,752.
Tax . . . . .					7,476.
Alternative min tax . .					
Total credits . . . . .					2,000.
Other taxes . . . . .					
Payments . . . . .					11,605.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					6,129.
Effective tax rate % . .					6.10
**Tax bracket % . . . .					12.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI) and Social Security Number (473-53-7031)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and Input field (37031, 93070, 02/11/2019)

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
  - ▶ Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Your Social Security No. 473-53-7031
--	---

**Ownership**

Owned by (check one):  
 Taxpayer     Spouse     Joint

**Statement Information**

RECIPIENT'S/LENDER'S Name JPMORGAN CHASE BANK, N.A. HOME LENDING Street address 3415 VISION DRIVE OH4-7214 City State ZIP code COLUMBUS OH 43219-6009 Telephone number	1 Mortgage interest received from payer(s) _____ 6,387. 2 Outstanding mortgage principal as of 1/1/2018 _____ 166,210.00 3 Mortgage origination date _____ 07/12/2017 4 Refund of overpaid interest _____ 5 Mortgage insurance premiums _____ 6 Points paid on purchase of principal residence _____ 8 Address of the property securing this mortgage (if different than your mailing address shown) Street address 202 HOSTA LILY CT City State ZIP code CARY NC 27513
RECIPIENT'S federal identification number PAYER'S social security number 473-53-7031	7 The address above is the same as the address of the property securing the mortgage . . . . <input type="checkbox"/> (If not, enter the property address in box 8) 9 If the property securing the mortgage has no address, provide a description of the property below _____
PAYER'S/BORROWER'S name SARAT CHANDRA PIDAPARTHI Street address 202 HOSTA LILY CT City State ZIP code CARY NC 27513	10 Property tax _____
Account number 1177837412	

**Mortgage Use**

**Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.**

- 1 Mortgage was used to finance (check one):
- |   |  |   |
|---|--|---|
| a <input type="checkbox"/> Main home                  | b <input type="checkbox"/> Second home   | c <input type="checkbox"/> Business activity    |
| d <input checked="" type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity           | h <input type="checkbox"/> Other         |   |
- 2 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . . . .
- |   |                   |
|---|-------------------|
| a Schedule C, Business . . . . .          | _____             |
| b Schedule F, Farm . . . . .              | _____             |
| c Schedule E, Rental or Royalty . . . . . | 202 HOSTA LILY CT |
| d Form 4835, Farm Rental . . . . .        | _____             |

**Rental of Owner-Occupied or Vacation Home**

- 1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . . .  Yes  No  NA
- 2 If yes, complete lines 2a and 2b:
- |   |        |
|---|--------|
| a Mortgage interest qualifying for main or second home treatment . . . . .            | 6,387. |
| b Mortgage interest <b>not</b> qualifying for main or second home treatment . . . . . | _____  |

**Mortgage Insurance Premiums Information**

- 1 Did your home loan close after December 31, 2006? . . . . .  Yes  No

# Federal Information Worksheet

2018

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . PIDAPARTHI  
 First name . . . . . SARAT CHANDRA  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 473-53-7031  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 05/15/1980 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 38  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . SARATCPIDAPARTHI@GMAIL.COM  
 Work phone . . . . . (919) 637-9267 Ext \_\_\_\_\_  
 Cell phone . . . . . (919) 637-9267  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . PIDAPARTHI  
 First name . . . . . SREEVALLI SAVITRI DE  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 948-99-3070  
 Occupation . . . . . HOME MAKER  
 Date of birth . . . . . 12/11/1980 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 38  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . SARATCPIDAPARTHI@GMAIL.COM  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (919) 637-9267  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . \_\_\_\_\_ Taxpayer work phone (919) 637-9267  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 202 HOSTA LILY CT Apt no. . . . . \_\_\_\_\_  
 City . . . . . CARY State . . . . . NC ZIP code . . . . . 27513

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018  Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
KAARTHIKA BAALA PIDAPARTHI		751-77-5959 Daughter	02/17/2016	2			L	

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

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI, 473-53-7031

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse. Note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse. Note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Table with 2 columns: Taxpayer, Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer, Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, NY Document number.

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

Additional Verification Information

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

Client Status:

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

**Identity Verification Method** (select one):

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

**Documents Used to Verify Primary Taxpayer Identity:**

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

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

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



Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI; Social Security Number: 473-53-7031

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln; City: Cumming, GA; ZIP Code: 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, GA; ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: [blank]; Phone Number: [blank]; Fax Number: [blank]; E-mail Address: [blank]

Non Paid Preparer Information

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

IRS-reviewed [ ]
IRS-prepared [ ]
Prepared by taxpayer or other non-paid preparer [ ]

Amended Returns

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

State/City \*
Georgia
Michigan
New York
Vermont

**Miscellaneous Electronic Filing Items**

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

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
DYNPRO INC		103,958.	11,605.	103,958.	5,193.
<b>Totals</b> . . . . .		<u>103,958.</u>	<u>11,605.</u>	<u>103,958.</u>	<u>5,193.</u>

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	103,958.		103,958.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	11,605.		11,605.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	103,958.		103,958.
<b>4</b>	Total social security tax withheld . . . . .	6,445.		6,445.
<b>5</b>	Total Medicare wages and tips . . . . .	103,958.		103,958.
<b>6</b>	Total Medicare tax withheld . . . . .	1,507.		1,507.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total state deductible employee expenses. . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	103,958.		103,958.
<b>17</b>	Total state tax withheld . . . . .	5,193.		5,193.
<b>19</b>	Total local tax withheld. . . . .			

Name as shown on return SARAT CHANDRA PIDAPARTHI	Social Security Number 473-53-7031
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**Employer EIN** . . . . . 56-2127772  
**Employer Name** . . . . DYNPRO INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 7412 CHAPEL HILL ROAD  
**City** RALEIGH **State** NC **ZIP** 27607  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	103,958.	<b>2</b> Federal tax withheld . . . . .	11,605.
<b>3</b> Social security wages . . . . .	103,958.	<b>4</b> Social sec tax withheld . . . . .	6,445.
<b>5</b> Medicare wages and tips . . . . .	103,958.	<b>6</b> Medicare tax withheld . . . . .	1,507.
<b>7</b> Social security tips . . . . .	_____	<b>8</b> Allocated tips . . . . .	_____

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NC	600238989	103,958.	5,193.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keep for your records

SARAT CHANDRA PIDAPARTHI	473-53-7031 Page 2
<b>Employer Name</b> . . . . DYNPRO INC	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**d QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

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

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

**13 c**  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

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

Employee's SSN. . . . . 473-53-7031

First name SARAT CHANDRA M.I. Last name PIDAPARTHI Suff. \_\_\_\_\_

Address 202 HOSTA LILY CT City CARY St NC ZIP code 27513

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

# Healthcare Entry Sheet

**2018**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

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

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

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

# Interest and Dividends Summary

2018

▶ Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
--	---------------------------------------

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . . . .				
2 From Schedule B, Part I. . . . .				
3 From Schedule B, Part II . . . . .				
4 From K-1 Worksheets . . . . .				
5 Exempt-int.divs (net of adj.) . . . . .				
6 From Forms 6252 . . . . .				
7 From Forms 8814 . . . . .				
8 <b>Subtotal</b> . . . . .				
<b>Less Adjustments:</b>				
9 U.S. savings bond interest previously reported . . . . .				
10 Nominee distribution . . . . .				
11 OID adjustment . . . . .				
12 ABP adjustment . . . . .				
13 Accrued interest . . . . .				
14 Other adjustment . . . . .				
15 Series EE & I bond exclusion . . . . .				
16 <b>Total Adjustments</b> . . . . .				
17 Total to Schedule B, line 2 ▶				
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . . ▶				
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B . . . . .	272.	272.		
2 From K-1 Worksheets . . . . .				
<b>Subtotal</b> . . . . .	272.	272.		
3 <b>Less Adjustments:</b>				
4 Nominee distribution . . . . .				
5 Other adjustment . . . . .				
6 <b>Total Adjustments</b> . . . . .				
7 Total to Schedule B, line 6 ▶	272.			
8 Total qualified dividends. . . ▶		272.		
9 Total capital gains . . . . . ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B . . . . .				
<b>Less Adjustments:</b>				
2 Nominee distribution . . . . .				
3 Other adjustment . . . . .				
4 <b>Total Adjustments</b> . . . . .				
5 Total to Schedule D . . . . . ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B . . . . .		
<b>Less Adjustments:</b>		
2 Nominee distribution . . . . .		
3 Other adjustment . . . . .		
4 <b>Total Adjustments</b> . . . . .		
5 Total to Schedule D . . . . . ▶		

▶ Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security No. 473-53-7031
--	------------------------------------

**Worksheet Description** . . . . . COPY 1

<b>Box</b>	<b>Description</b>	<b>Payer 1</b>	<b>Payer 2</b>	<b>Payer 3</b>
	Ownership (defaults to taxpayer):			
	Check if Taxpayer . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Check if Spouse . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's TIN . . . . .	56-1611838		
	Enter the abbreviation of State or Locality issuing this payment:			
<b>10 a</b>	State abbreviation . . . . .	<u>NC</u>	<u>        </u>	<u>        </u>
	Locality abbreviation . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
	Payer's name . . . . .	State of NC		
<b>1</b>	Unemployment compensation . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>a</b>	Amount repaid . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>2</b>	State or local income tax refunds, credits, or offsets . . . . .	<u>        666.</u>	<u>        </u>	<u>        </u>
<b>3</b>	Box 2 amount is for tax year . . .	<u>        2017</u>	<u>        </u>	<u>        </u>
<b>4</b>	Federal income tax withheld . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>5</b>	RTAA payments . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>6</b>	Taxable grants . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>7</b>	Agriculture payments . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
	(Double-click) to:			
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>b</b>	Link to Schedule F Line 6a, 41 . ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>c</b>	Link to Form 4835 Line 3a . . . ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>d</b>	Link to Form 4835 Line 5a . . . ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>8</b>	Check if the amount in box 2 applies to income from a trade or business. . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
<b>a</b>	Link to Schedule C line 6 . . . . ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>b</b>	Link to Schedule F line 8b, 43b . ▶	<u>        </u>	<u>        </u>	<u>        </u>
	Enter the taxable portion of the amount in box 2 to be reported . .			
	on Schedule C or F . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>9</b>	Market gain . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>b</b>	Link to Form 4835 Line 3a . . . ▶	<u>        </u>	<u>        </u>	<u>        </u>
<b>10 b</b>	State identification no . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>11</b>	State income tax withheld . . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>12 a</b>	Locality name. . . . .	<u>        </u>	<u>        </u>	<u>        </u>
<b>13</b>	Local Income Tax Withheld . . . .	<u>        </u>	<u>        </u>	<u>        </u>



► Keep for your records

Name as Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security No. 473-53-7031
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result . . . . .	1	<u>2,000.</u>	
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result . . . . .	2		
3	Add lines 1 and 2 . . . . .	3	<u>2,000.</u>	
4	Enter the amount from Form 1040, line 7 . . . . .	4	<u>89,752.</u>	
5	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040NR filers:</b> Enter -0-.	5	<u>0.</u>	
6	Add lines 4 and 5. Enter the total . . . . .	6	<u>89,752.</u>	
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$400,000</li> <li>All other filing statuses — \$200,000</li> </ul>	7	<u>400,000.</u>	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result . . . . .	9	<u>0.</u>	
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> . . . . .	10	<u>2,000.</u>	

**Part 2**

11	Enter the amount from Form 1040, line 11 . . . . .	11	<u>7,476.</u>	
12	Add the amounts from — Schedule 3, line 48 . . . . . Schedule 3, line 49 . . . . . + Schedule 3, line 50 . . . . . + Schedule 3, line 51 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	12	<u>0.</u>	
13	Subtract line 12 from line 11 . . . . .	13	<u>7,476.</u>	
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter -0- . . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14	<u>0.</u>	
15	Subtract line 14 from line 13. Enter the result . . . . .	15	<u>7,476.</u>	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below.	16	<u>2,000.</u>	

**This is your child tax credit and credit for other dependents**

Enter this amount on Form 1040, line 12a

**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2018**

**Line 11a**

► Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
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<b>1</b>	Enter the amount from Form 1040, line 10 . . . . .	<b>1</b>	<u>65,752.</u>
<b>2</b>	Enter the amount from Form 1040, line 3a . . . . .	<b>2</b>	<u>272.</u>
<b>3</b>	Are you filing Schedule D? <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	<u>          </u>
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>272.</u>
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	<b>5</b>	<u>0.</u>
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	<u>272.</u>
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	<u>65,480.</u>
<b>8</b>	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	<b>8</b>	<u>77,200.</u>
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	<u>65,752.</u>
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	<u>65,480.</u>
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	<u>272.</u>
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	<u>272.</u>
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	<u>272.</u>
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	<u>0.</u>
<b>15</b>	Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	<b>15</b>	<u>479,000.</u>
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	<u>65,752.</u>
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	<u>65,752.</u>
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	<u>0.</u>
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	<u>0.</u>
<b>20</b>	Multiply line 19 by 15% (0.15) . . . . .	<b>20</b>	<u>0.</u>
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	<u>272.</u>
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	<u>0.</u>
<b>23</b>	Multiply line 22 by 20% (0.20) . . . . .	<b>23</b>	<u>0.</u>
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	<u>7,476.</u>
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	<u>7,476.</u>
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>26</b>	<u>7,512.</u>
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 11a. . . . .	<b>27</b>	<u>7,476.</u>

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
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**Estimated Tax Payments for 2018** (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	11,605.	5,193.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .			
	11,605.	5,193.	
20 <b>Total Tax Payments for 2018</b> . . . . .	11,605.	5,193.	

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

# Earned Income Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return <b>SARAT CHANDRA &amp; SREEVALI SAVITRI DE PIDAPARTHI</b>	Social Security Number <b>473-53-7031</b>
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## Part I – Earned Income Credit Worksheet Computation

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

## Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	103,958.		103,958.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	103,958.		103,958.
9 <b>a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	103,958.		103,958.
11 Scholarship or fellowship income not on W-2 . . . . .			
12 SE exempt earnings less nontaxable income . . . . .			
13 Distributions from nonqualified/Sec. 457 plans . . . . .			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	103,958.		103,958.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .			
16 Wages, salaries, tips, etc . . . . .	103,958.		103,958.
17 Net self-employment loss . . . . .			
18 Alimony received. . . . .			
19 Nontaxable combat pay . . . . .			
20 Foreign earned income exclusion . . . . .			
21 Keogh, SEP or SIMPLE deduction . . . . .			
22 Combine lines 15 through 21. To IRA Wks, In 2. . . . .	103,958.		103,958.

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

23 Self-employed, church and statutory employees . . . . .			
24 Wages, salaries, tips, etc . . . . .	103,958.		103,958.
25 Nontaxable combat pay . . . . .			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	103,958.		103,958.

Keep for your records

Name(s) shown on return

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Social Security No.

473-53-7031

General Information:

Property description . . . . . E602 SILVER CROWN
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . SILVER COUNTY, PHASE-2
City . . . . . BENGALURU State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . KARNATAKA
Foreign postal code . . . . . 560095 Foreign country . . . . . India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . .	500.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . .			
Total rents received . . . . .	500.	100.000000	500.
<b>4 Enter</b> royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . .					
<b>12 a</b> Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . .					
<b>13</b> Other interest . . . . .	4,657.		4,657.		
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	4,657.		4,657.		
<b>21</b> Income or (loss) . . . . .			-4,157.		
<b>22</b> Deductible rental real estate loss . . . . .			-4,157.		

Keep for your records

Name(s) shown on return

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Social Security No.

473-53-7031

General Information:

Property description . . . . . 202 HOSTA LILY CT
Property type. . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) . . . . . 202 HOSTA LILY CT
City . . . . . CARY State . . . . . NC ZIP code . . . . . 27513
If a foreign address: Foreign province or state . .
Foreign postal code . . . . Foreign country . . . .

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 365 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk. [ ]
G Other passive exceptions [ ] H Complete taxable disposition - See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

**Property Location**

202 HOSTA LILY CT, CARY, NC 27513

Income		% if Different	Total
<b>3</b>	<b>Enter</b> rental income (not reported elsewhere) . . . . .	900.	
	Rental income from Form 1099-MISC . . . . .		
	Rental income from Form 1099-K . . . . .		
	Rental Income from Cancellation of Debt Wks . . . . .		
	Total rents received . . . . .	900.	100.000000
<b>4</b>	<b>Enter</b> royalties received (not reported elsewhere) . . . . .		
	Royalty income from Form 1099-MISC . . . . .		
	Royalty income from Form 1099-K . . . . .		
	Royalty Income from Cancellation of Debt Wks . . . . .		
	Royalty Income from Schedule K-1 . . . . .		
	Total royalties received . . . . .		

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . . . . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import	6,387.				
Total mort int qualified	6,387.		6,387.		
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .					
<b>14</b> Repairs . . . . .	5,500.		5,500.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import					
Total real estate taxes					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	11,887.		11,887.		
<b>21</b> Income or (loss) . . . . .			-10,987.		
<b>22</b> Deductible rental real estate loss . . . . .			-10,987.		



# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
--	---------------------------------------

**2017 State and Local Income Tax Information**

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

**2017 State Extension Information**

(a) State	(b) Paid With Extension

**2017 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2017 State Estimates Information**

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

**2017 Locality Estimates Information**

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

**2017 State Taxes Due Information**

(a) State	(e) Paid With Return

**2017 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2017 State Refund Applied Information**

(a) State	(g) Applied Amount

**2017 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2017 State Tax Refund Information**

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

**2017 Locality Tax Refund Information**

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

Other Tax and Income Information		2017	2018
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		11,580.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		89,752.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		5,476.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

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

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

► Keep for your records

Name(s) Shown on Return SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI	Social Security Number 473-53-7031
--	---------------------------------------

Description	Amount
<b>Income</b>	
Wages . . . . .	103,958.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	272.
Tax refund . . . . .	666.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income</b> . . . . .	<b>104,896.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments</b> . . . . .	
<b>Modified adjusted gross income</b> . . . . .	<b>104,896.</b>

# Tax Summary Report

2018

Name(s) Shown on Return

SARAT CHANDRA & SREEVALLI SAVITRI DE PIDAPARTHI

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	103,958.
Interest and dividend income . . . . .	272.
Business income (loss) . . . . .	
Capital gains (losses) . . . . .	
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	-15,144.
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	666.
<b>Total Gross Income</b> . . . . .	<b>89,752.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 89,752.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	5,193.
Interest . . . . .	6,387.
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
Phaseout of itemized deductions . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>11,580.</b>
Standard deduction . . . . .	24,000.

**Taxable Income** . . . . . 65,752.

Income tax . . . . .	7,476.
Alternative minimum tax . . . . .	
<b>Total Taxes before Credits</b> . . . . .	<b>7,476.</b>
Nonbusiness credits . . . . .	2,000.
Business credits . . . . .	
<b>Total Credits</b> . . . . .	<b>2,000.</b>
Self-employment tax . . . . .	
Other taxes . . . . .	

**Total Tax** . . . . . 5,476.

Withholding . . . . .	11,605.
Estimated tax payments . . . . .	
Other payments . . . . .	
<b>Total Payments</b> . . . . .	<b>11,605.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 6,129.

**Refund** . . . . . 6,129.

**Amount Applied to Estimate** . . . . .

**Amount Due** . . . . . 0.

Tax bracket . . . . .	12.0 %
Effective tax rate . . . . .	6.10 %

# Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

<p><b>Paid Preparer Smart Worksheet</b></p> <p>If <b>different</b> from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).</p> <p><b>A</b> Enter paid preparer code from Firm/Preparer Info. . . . . <u>  1  </u></p>
---

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

<b>Form 1099-G Electronic Filing Information Smart Worksheet</b> <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
<b>Payer 1</b> If CORRECTED check here <input type="checkbox"/>	<b>Recipient 1</b>
<b>Payer Information:</b> State Identification Number . . . _____ Payer's Federal TIN . . . . . <u>56-1611838</u> Name, street address, city, state, ZIP code and telephone number. <u>State of NC</u> _____ _____ Telephone number                  Ext: _____	<b>Recipient Information:</b> Recipient's TIN . . . . . <u>473-53-7031</u> Name <u>SARAT CHANDRA PIDAPARTHI</u> Street address                                  Apartment No. <u>202 HOSTA LILY CT</u> City    State          Zip code <u>CARY</u> <u>NC</u> <u>27513</u> Account No. (optional) _____
<b>Payer 2</b> If CORRECTED check here . . . . . <input type="checkbox"/>	<b>Recipient 2</b>
<b>Payer Information:</b> State Identification Number . . . _____ Payer's Federal TIN . . . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number                  Ext: _____	<b>Recipient Information:</b> Recipient's TIN . . . . . _____ Name _____ Street address                                  Apartment No. _____ City    State          Zip code _____ Account No. (optional) _____
<b>Payer 3</b> If CORRECTED check here . . . . . <input type="checkbox"/>	<b>Recipient 3</b>
<b>Payer Information:</b> State Identification Number . . . _____ Payer's Federal TIN . . . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number                  Ext: _____	<b>Recipient Information:</b> Recipient's TIN . . . . . _____ Name _____ Street address                                  Apartment No. _____ City    State          Zip code _____ Account No. (optional) _____

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

<b>Line 7 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>6,445.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,507.</u>
<b>C</b>	Enter any amount from Form 8959, line 7 . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>7,952.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>7,952.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . . _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 7 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . . <u>7,952.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (SILVER COUNTY, PHASE-2)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (SILVER COUNTY, PHASE-2)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-4,157.		-4,157.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss. . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-4,157.		-4,157.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss. . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			



SMART WORKSHEET FOR: Schedule E Worksheet (SILVER COUNTY, PHASE-2)

<b>Qualified Business Income Deduction Info</b>									
<b>A</b>	Is this activity a qualified trade or business? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>								
<b>B</b>	Trade or Business Name . . . . . _____								
<b>C</b>	Trade or Business ID Number . . . . . _____								
<b>D</b>	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. . . . . _____ Percentage of qualified income attributable to SSTB _____ %								
<b>E 1</b>	Tentative Schedule E profit (loss) from this business . . . . . _____								
<b>2</b>	Reductions to qualified business income _____								
<b>3</b>	Schedule E qualified business income _____								
<b>4</b>	Allowable Schedule E profit (loss) after passive/at-risk limits _____								
<b>4</b>	Portion of Schedule E profit (loss) attributable to co-owned SSTB _____								
<b>5</b>	Allowable Schedule E profit (loss) allocated to SSTB _____								
<b>6</b>	Allowable Schedule E profit (loss) from this business _____								
<b>F</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">Ordinary G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description of Asset	Ordinary G/L						
Description of Asset	Ordinary G/L								
<b>1</b>	Ordinary gain (loss) from business assets . . . . . _____								
<b>2</b>	Ordinary gain (loss) not part of QBI. . . . . _____								
<b>3</b>	Qualified ordinary gain (loss) . . . . . _____								
<b>4</b>	Allowable ordinary qualified gain (loss) after passive/at-risk limits . . . . . _____								
<b>5</b>	Allowable ordinary gain (loss) allocated to SSTB . . . . . _____								
<b>6</b>	Allowable ordinary gain (loss)/recapture from this business . . . . . _____								
<b>G</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">1231 G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description of Asset	1231 G/L						
Description of Asset	1231 G/L								
<b>1</b>	Section 1231 gain (loss) from business assets . . . . . _____								
<b>2</b>	Section 1231 gain (loss) not related to qualified business income . . . . . _____								
<b>3</b>	Section 1231 gain (loss) from qualified business . . . . . _____								
<b>4</b>	Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. . . . . _____								
<b>5</b>	Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . . _____								
<b>6</b>	Allowable ordinary 1231 gain (loss) from this business . . . . . _____								
<b>H 1</b>	Allowable QBI (E6 plus F6 plus G6) . . . . . _____								
<b>2</b>	Qualified business income allocated to SSTB (E5 plus F5 plus G5). . . . . _____								

SMART WORKSHEET FOR: Schedule E Worksheet (202 HOSTA LILY CT)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-10,987.		-10,987.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-10,987.		-10,987.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			

SMART WORKSHEET FOR: Schedule E Worksheet (202 HOSTA LILY CT)

<b>Qualified Business Income Deduction Info</b>									
<b>A</b>	Is this activity a qualified trade or business? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>								
<b>B</b>	Trade or Business Name . . . . . _____								
<b>C</b>	Trade or Business ID Number . . . . . _____								
<b>D</b>	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. . . . . _____ Percentage of qualified income attributable to SSTB _____ %								
<b>E 1</b>	Tentative Schedule E profit (loss) from this business . . . . . _____								
<b>2</b>	Reductions to qualified business income _____								
<b>3</b>	Schedule E qualified business income _____								
<b>4</b>	Allowable Schedule E profit (loss) after passive/at-risk limits _____								
<b>4</b>	Portion of Schedule E profit (loss) attributable to co-owned SSTB _____								
<b>5</b>	Allowable Schedule E profit (loss) allocated to SSTB _____								
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<b>1</b>	Ordinary gain (loss) from business assets . . . . . _____								
<b>2</b>	Ordinary gain (loss) not part of QBI. . . . . _____								
<b>3</b>	Qualified ordinary gain (loss) . . . . . _____								
<b>4</b>	Allowable ordinary qualified gain (loss) after passive/at-risk limits . . . . . _____								
<b>5</b>	Allowable ordinary gain (loss) allocated to SSTB . . . . . _____								
<b>6</b>	Allowable ordinary gain (loss)/recapture from this business . . . . . _____								
<b>G</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">1231 G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description of Asset	1231 G/L						
Description of Asset	1231 G/L								
<b>1</b>	Section 1231 gain (loss) from business assets . . . . . _____								
<b>2</b>	Section 1231 gain (loss) not related to qualified business income . . . . . _____								
<b>3</b>	Section 1231 gain (loss) from qualified business . . . . . _____								
<b>4</b>	Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. . . . . _____								
<b>5</b>	Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . . _____								
<b>6</b>	Allowable ordinary 1231 gain (loss) from this business . . . . . _____								
<b>H 1</b>	Allowable QBI (E6 plus F6 plus G6) . . . . . _____								
<b>2</b>	Qualified business income allocated to SSTB (E5 plus F5 plus G5). . . . . _____								

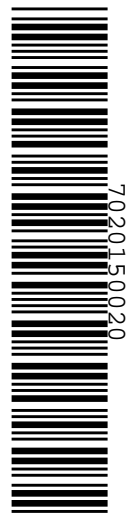
< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SARAT CHANDRA PIDAPARTHI SREEVALLI SAV PIDAPARTHI 202 HOSTA LILY CT CARY NC 27513 CLAY Your SSN: 473537031 Spouse's SSN: 948993070		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year spouse died: <input type="checkbox"/> Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
PIDA	202			27513		DS	N	EA	N	TD				SD	
SARAT CHANDRA						PIDAPARTHI				473537031					
SREEVALLI SAV						PIDAPARTHI				948993070		NC		27513	
202 HOSTA LILY CT										CARY					
06			89752				16			0		26C			0
07			0				18	Y		0		26E			0
09			666				20A		5193			EU			
10A			1				20B			0		27			0
10B			1000				21A			0		29			0
11	S	Y		I	N		21B			0		30			0
11			17500				21C			0		31			0
13							21D			0		32			0
14			70586				26A			0		34		1311	
15			3882				26B			0					
TN		9196379267					PN				PP			P02090332	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>1311</u>		<input type="checkbox"/> <b>Payment Due</b> <u>0</u>	
I certify that, to the best of my knowledge, this return is accurate and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.			
Your Signature: _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		9196379267 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
Paid Preparer's Signature: _____		Preparer's Contact Phone Number (Include area code) _____	
		P02090332 Preparer's FEIN, SSN, or PTIN	

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) PIDAPARTHI

Your Social Security Number

473537031

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	89752
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	89752
9.	Deductions from Federal Adjusted Gross Income	9.	666
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	1
	b. Enter the amount of the child deduction.	10b.	1000
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	17500
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	70586
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	70586
15.	N.C. Income Tax	15.	3882
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3882
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3882

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	5193
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2018 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	5193
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	5193
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	1311

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2019 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	1311

**D-400 Sch S (50)**

8-23-18

**2018 Supplemental Schedule**

North Carolina Department of Revenue

If you complete Schedule S, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Important: Refer to the instructions before completing Parts A, B, or C of this form.

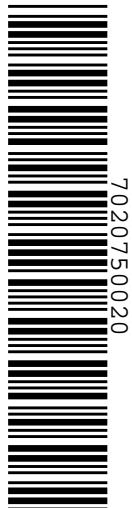
Last Name ( <i>First 10 Characters</i> )	PIDAPARTHI	Your Social Security Number	473537031
--	------------	-----------------------------	-----------

01	0	08	0	11D	0	12E	0	21A	0
02	0	09	0	11E	0	13	0	21B	0
03	0	10	0	12A	0	15	0	21D	0
04	0	11A	0	12B	0	16	0	22	0
05	0	11B	0	12C	0	19	0		
07	666	11C	0	12D	0	20	0		

<b>Part A. Additions to Federal Adjusted Gross Income</b>	
1. Interest income from obligations of states other than North Carolina	1. 0
2. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	2. 0
3. Adjustment for bonus depreciation	3. 0
4. Adjustment for IRC section 179 expense deduction	4. 0
5. Other additions to federal adjusted gross income (Attach explanation or schedule)	5. 0
6. Total additions - Add Lines 1 through 5	6. 0

<b>Part B. Deductions from Federal Adjusted Gross Income</b>	
7. State or local income tax refund	7. 666
8. Interest income from obligations of the United States or United States' possessions	8. 0
9. Taxable portion of Social Security and Railroad Retirement Benefits	9. 0
10. Bailey settlement retirement benefits	10. 0
11. Adjustment for bonus depreciation	
11a. 2013 0	11b. 2014 0
11c. 2015 0	
11d. 2016 0	11e. 2017 0
11f. Total	11f. 0
12. Adjustment for IRC section 179 expense deduction	
12a. 2013 0	12b. 2014 0
12c. 2015 0	
12d. 2016 0	12e. 2017 0
12f. Total	12f. 0
13. Other deductions from federal adjusted gross income (Attach explanation or schedule)	13. 0
14. Total deductions - Add Lines 7 through 10, 11f, 12f and 13	14. 666

<b>Part C. N.C. Standard Deduction or N.C. Itemized Deductions</b>	
15. Home mortgage interest	15. 0
16. Real estate property taxes	16. 0
17. Home mortgage interest and real estate property taxes before limitation	17. 0
18. Home mortgage interest and real estate property taxes limitation	18. 20000
19. Home mortgage interest and real estate property taxes after limitation	19. 0
20. Charitable contributions	20. 0
21. a. Medical and dental expenses before limitation	21a. 0
b. Enter the amount from Form D-400, Line 6	21b. 0
c. Multiply Line 21b by 7.5% (0.075). If zero or less, enter a zero.	21c. 0
d. Medical and dental expenses after limitation	21d. 0
22. Repayment of claim of right income	22. 0
23. Total N.C. itemized deductions - Add Lines 19, 20, 21d, and 22	23. 0



North Carolina Information Worksheet

2018

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . SARAT CHANDRA
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PIDAPARTHI
Social Security No. . . . . 473-53-7031
Date of Birth . . . . . 05/15/1980
or age as of 1-1- 2019 . . . . . 38
Date of Death . . . . .
Daytime phone . . . . . (919) 637-9267

Spouse:

First Name . . . . . SREEVALLI SAV
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PIDAPARTHI
Social Security No. . . . . 948-99-3070
Date of Birth . . . . . 12/11/1980
or age as of 1-1- 2019 . . . . . 38
Date of Death . . . . .
Daytime phone . . . . .

Home phone . . . . .

Check to print phone number on your return . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home

c/o Name (EF only) . . . . .

Street Address . . . . . 202 HOSTA LILY CT Apt No. . . . .
City . . . . . CARY State . . . . . NC ZIP Code . . . . . 27513
County . . . . . CLAY Foreign Country . . . . .

Part II – Resident Status

Taxpayer Spouse

[X]
[ ]
[ ]

[X]
[ ]
[ ]

Form D-400: Full-Year Resident . . . . .
Form D-400: Nonresident . . . . .
Form D-400: Part-Year Resident . . . . .

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet . . . . .

Taxpayer residency dates . . . . . From To

Spouse residency dates . . . . . From To

Part III – Filing Status

[ ]
[X]
[ ]

- 1 Single
2 Married filing jointly
3 Married filing separately
Spouse's name . . . . .
Spouse's Social Security Number . . . . .

[ ]
[ ]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died . . . . .

**Part IV – Other Information**

**Federal Return Attachment:**

Yes No  
  Federal return attachment required

**Dependent Information:**

Yes No  
  Can your parents (or someone else) claim **you** as a dependent?  
  Can your parents (or someone else) claim **your spouse** as a dependent?

**Veteran Information:**

Yes No  
  Are you a veteran?  
  Is your spouse a veteran?

**NC Itemized Deductions or NC Standard Deduction:**

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions  
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

**Consumer Use Tax:**

Check here to certify that NO Consumer Use Tax is due.

**Underpayment Penalty:**

Check here to have North Carolina figure the underpayment penalty Form D-422

**Out of the Country:**

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

**Executor or Administrator:**

Check here if this return is to be filed and signed by an Executor or Administrator

**Executor or Administrator Information:**

First Name . . . . . \_\_\_\_\_ Last Name . . \_\_\_\_\_  
Phone Number . . . . . \_\_\_\_\_

**Part V – Preparer Information**

Enter Preparer Code from Firm/Preparer Info . . . 1  
**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

**Part VI – Electronic Filing Information**

**New! State e-file disclosure consent:**

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

File **state** return electronically

**Electronic PDF Attachments**

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

**EF Status Dates:**

Date return was EFiled . . . . . 03/05/2019 Preparer First name . . APPANA  
Date return was accepted by state . . 03/05/2019 Preparer Middle initial . .  
Date Form D400V was given to client . . \_\_\_\_\_ Preparer Last name . . RUPA VENKATA SATYA SAI MANIKUMAR

**Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)**

See Tax Help for Refund Expectation



**Yes**    **No**  
 Use **direct deposit** for **state tax refund**? (Electronic Filing Only)  
 Do you want **electronic funds withdrawal** of **state tax payment** (EF Only)?

**Enter the following information if you want to directly deposit the state tax refund:**

Name of Financial Institution (optional) . . . PNC Bank

Check the appropriate box:

Checking . . . . .       Routing number . . 054000030

Savings . . . . .       Account number . . 5345605315

**Enter the following information only if you are requesting direct debit of balance due:**

Type of account . . . . .  Personal       Business

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes**    **No**  
 Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

**Part VIII – Extension Status**

If the North Carolina tax return can't be filed by April 15th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

**Yes**    **No**  
 Tax return due date extended?  
 Out of the country on the date that this application was due?  
  Has the tax return due date been extended by filing a NC extension using Form D-410?  
 Extended due date . . . . . \_\_\_\_\_

**Filing and acceptance information (Electronic Filing Only)**

File extension electronically?  
 Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

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

**Yes**    **No**  
 Use electronic funds withdrawal of extension tax payment?  
 Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 Balance-due amount paid with this extension . . . . . \_\_\_\_\_

**QuickZoom** to Form D-410, Application for Extension of Time to File . . . . . ► \_\_\_\_\_

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name SARAT CHANDRA & SREEVALLI SAV PIDAPARTHI	Social Security Number 473-53-7031
--	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2 . . . . .	5,193.	
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-K . . . . .		
13	Other state tax withholding . . . . .		
14	<b>Total income tax withheld</b> . . . . .	5,193.	
15	Date return will be filed and balance paid . . . . .	<b>15</b>	

▶ Keep for your records — Do not file

Name(s) Shown on Return

SARAT CHANDRA & SREEVALLI SAV PIDAPARTHI

Social Security Number

473-53-7031

**Standard Deduction or Itemized Deduction for this return**

Standard deduction from below* . . . . .	17,500.
Total allowable itemized deductions from D-400 Sch S . . . . .	<u>6,387.</u>

\*Married Filing Separately and spouse claimed NC Itemized Deductions;  
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;  
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

\*Married Filing Separately and spouse claimed NC Standard Deduction;  
 or claimed NC Standard Deduction even if less than NC Itemized Deductions . . . . .

**Standard Deduction for your Filing Status**

Single . . . . .	\$8,750	<div style="border-bottom: 1px solid black; margin-top: 10px; text-align: right;">17,500.</div>
Married Filing Jointly . . . . .	\$17,500	
Married Filing Separately . . . . .	\$8,750	
Head of Household . . . . .	\$14,000	
Qualifying Widow(er) / Surviving Spouse . . . . .	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA  
taken as a NC Itemized Deduction Worksheet**

- |   |   |   |  |
|---|---|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan, by a person who has attained the age of 70 1/2, excluded from federal adjusted gross income . . . . . | 1 |  |
| 2 | Enter the amount of the QCD above that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion. . . . .  | 2 |  |

**Repayment of Claim of Right Worksheet**

**Repayment of amounts under a claim of right if \$3,000 or less:**

- |   |   |   |  |
|---|---|---|--|
| 1 | Enter the amount of claim of right income repaid during 2018 . . . . .                        | 1 |  |
| 2 | Enter amount from D-400 Line 6, federal adjusted gross income . . . . .                       | 2 |  |
| 3 | Multiply Line 2 by 2% (0.02) (If negative, enter the number zero) . . . . .                   | 3 |  |
| 4 | Subtract Line 3 from Line 1. Enter amount on Form D-400 Schedule S, Part C, Line 22 . . . . . | 4 |  |

**Repayment of amounts under a claim of right if over \$3,000:**

Enter the repayment of claim of right income included on Line 16 of federal Schedule A  
 Enter amount on Form D-400 Schedule S, Part C, Line 22 . . . . . ▶

**North Carolina  
Child Deduction Worksheet**

▶ Keep for your records — Do not file

Name(s) Shown on Return <u>SARAT CHANDRA &amp; SREEVALLI SAV PIDAPARTHI</u>	Social Security Number <u>473-53-7031</u>
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**Child Deduction Worksheet**

<b>1</b>	Filing status (From D-400, Lines 1 through 5) . . . . .	<b>1</b>	<u>Married Filing Jointly</u>
<b>2</b>	Federal adjusted gross income (From D-400, Line 6) . . . . .	<b>2</b>	<u>89,752.</u>
<b>3</b>	Number of qualifying children under age 17 for whom a federal tax credit was claimed . . . . .	<b>3</b>	<u>1</u>
<b>Enter the amount from Line 3 above on Form D-400, Line 10a.</b>			
<b>4</b>	Deduction amount per qualifying child from the "Child Deduction Table" . . . . .	<b>4</b>	<u>1,000.</u>
<b>5</b>	Child deduction (Multiply Line 3 by Line 4) . . . . .	<b>5</b>	<u>1,000.</u>
<b>Enter the amount from Line 5 above on Form D-400, Line 10b.</b>			

**Child Deduction Table**

Filing Status	Federal Adjusted Gross Income	Deduction Amount Per Qualifying Child
Married Filing Jointly/Qualifying Widow(er)/Surviving Spouse	Up to \$40,000	\$2,500
	Over \$40,000 - Up to \$60,000	\$2,000
	Over \$60,000 - Up to \$80,000	\$1,500
	Over \$80,000 - Up to \$100,000	\$1,000
	Over \$100,000 - Up to \$120,000	\$500
	Over \$120,000	\$0
Head of Household	Up to \$30,000	\$2,500
	Over \$30,000 - Up to \$45,000	\$2,000
	Over \$45,000 - Up to \$60,000	\$1,500
	Over \$60,000 - Up to \$75,000	\$1,000
	Over \$75,000 - Up to \$90,000	\$500
	Over \$90,000	\$0
Single/Married Filing Separately	Up to \$20,000	\$2,500
	Over \$20,000 - Up to \$30,000	\$2,000
	Over \$30,000 - Up to \$40,000	\$1,500
	Over \$40,000 - Up to \$50,000	\$1,000
	Over \$50,000 - Up to \$60,000	\$500
	Over \$60,000	\$0