

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶ 587278201905001ecsc4

Taxpayer's name NIKHIL RANGA	Social security number 159-31-8444
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	48,983.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	4,247.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	6,080.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,833.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

1	8	4	4	4
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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*.

159-31-8444

Taxpayer name NIKHIL RANGA

Taxpayer address (optional)

111 S MARQUETTE AVE APT 609

MINNEAPOLIS MN 55401

- 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.
- Your return was accepted on 02/19/2019 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 587278201905001ecsc4.
- Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: **NIKHIL** Last name: **RANGA** Your social security number: **159-31-8444**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **111 S MARQUETTE AVE** Apt. no. **609** 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. **MINNEAPOLIS MN 55401** If more than four dependents, see inst. and here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

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

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

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

Paid Preparer Use Only

Preparer's name: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Preparer's signature: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** PTIN: **P02082703** Firm's EIN: **30-1017196** Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: **(212) 920-4151**

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018) Page **2**

	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	48,983.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRAs, pensions, and annuities	4a	
	5a Social security benefits	5a	
	6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	48,983.
	7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	48,983.
	8 Standard deduction or itemized deductions (from Schedule A)	8	12,000.
	9 Qualified business income deduction (see instructions)	9	
	10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	36,983.
	11 a Tax (see inst.) 4,247. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	4,247.
	12 a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	4,247.
	13 Subtract line 12 from line 11. If zero or less, enter -0-	13	4,247.
	14 Other taxes. Attach Schedule 4	14	0.
	15 Total tax. Add lines 13 and 14	15	4,247.
	16 Federal income tax withheld from Forms W-2 and 1099	16	6,080.
	17 Refundable credits: a EIC (see inst.) No b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5	17	
	18 Add lines 16 and 17. These are your total payments	18	6,080.
	19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,833.
	20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	1,833.
	b Routing number 111000025 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 488056569515		
	21 Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
	23 Estimated tax penalty (see instructions)	23	

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.

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values: NIKHIL RANGA, 159-31-8444.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Values: 1 California Adjusted Gross Income... 17,798.; 2 Amount You Owe...; 3 Refund or No Amount Due... 503.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 1 8 4 4 4 as my signature on my 2018 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Your signature Date

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

- I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros

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

ERO's signature Date 11/06/2019

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

159-31-8444 RANG
NIKHIL RANGA

18

111 S MARQUETTE AVE
MINNEAPOLIS MN 55401

APT 609

10-21-1990

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

Filing Status

1 [X] Single 4 [] Head of household (with qualifying person). See instructions.

2 [] Married/RDP filing jointly. See inst. 5 [] Qualifying widow(er). Enter year spouse/RDP died.

3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 1 X \$118 = \$ 118

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$118 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$118 = \$

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

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

Total dependent exemptions 10 [] X \$367 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 ● 12 <input type="text" value="17798"/> <input type="text" value=".00"/>
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 ● 13 <input type="text" value="48983"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ● 14 <input type="text" value=""/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="48983"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. ● 16 <input type="text" value=""/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. ● 17 <input type="text" value="48983"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions. ● 18 <input type="text" value="4401"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- ● 19 <input type="text" value="44582"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 <input type="text" value="1551"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ● 32 <input type="text" value="17798"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ● 35 <input type="text" value="16199"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. ● 36 <input type="text" value="0.0348"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ● 37 <input type="text" value="564"/> <input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● 38 <input type="text" value="0.3634"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ● 39 <input type="text" value="43"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... ● 40 <input type="text" value="521"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 <input type="text" value=""/> <input type="text" value=".00"/>
42 Add line 40 and line 41 ● 42 <input type="text" value="521"/> <input type="text" value=".00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ● 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions ● 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. ● 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. ● 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ● 54 <input type="text" value=""/>
55 Credit amount. See instructions ● 55 <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:

Your SSN or ITIN:



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

Your name: Your SSN or ITIN:

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

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

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

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

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

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

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

IMPORTANT: Attach a copy of your complete federal return.

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

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

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

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

Sign Here

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

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

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

Firm's address ● **Firm's FEIN**

Joint tax return? (See instructions)

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: N I K H I L R A N G A SSN or ITIN: 1 5 9 - 3 1 - 8 4 4 4

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

During 2018:

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

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows 1-17 detailing income adjustments.

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="text"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d <input type="text"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e <input type="text"/>		
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input checked="" type="radio"/> 48,983.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48,983.	<input checked="" type="radio"/> 17,798.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 48,983.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 48,983.	<input checked="" type="radio"/> 17,798.

Part III Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 48,983	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3,674	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	2,939.	<input checked="" type="radio"/>	2,939.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 2,939	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	2,939.	<input checked="" type="radio"/>	2,939.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6				
7	Add lines 5e and 6 <input checked="" type="radio"/> 2,939	7		<input checked="" type="radio"/>	2,939.	<input checked="" type="radio"/> 0.

Interest You Paid

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

Gifts to Charity

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

Casualty and Theft Losses

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 2,939	17		<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.

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

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

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

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 48,983.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 980.

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

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

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

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

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

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

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

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 17,798.

2 Enter your deductions from line 30. 2 4,401.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 0.3634

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 1,599.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 16,199.

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

Your first name and initial: **NIKHIL** Last name: **RANGA** Your social security number: **159-31-8444**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **111 S MARQUETTE AVE** Apt. no. **609** 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. **MINNEAPOLIS MN 55401** If more than four dependents, see inst. and here

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703	30-1017196	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC	Phone no. (212) 920-4151	<input type="checkbox"/> Self-employed		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	48,983.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRAs, pensions, and annuities	4a	
5a Social security benefits	5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	48,983.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	48,983.
8 Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9 Qualified business income deduction (see instructions)	9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	36,983.
11 a Tax (see inst.) 4,247. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	4,247.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	4,247.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	4,247.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
14 Other taxes. Attach Schedule 4	15	4,247.
15 Total tax. Add lines 13 and 14	16	6,080.
16 Federal income tax withheld from Forms W-2 and 1099	17	
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	6,080.
Add any amount from Schedule 5	19	1,833.
18 Add lines 16 and 17. These are your total payments	20a	1,833.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
▶ b Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
▶ d Account number 4 8 8 0 5 6 5 6 9 5 1 5		
21 Amount of line 19 you want applied to your 2019 estimated tax		
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions		
23 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.



2018 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial NIKHIL	Last Name RANGA	Your Social Security Number 159318444	Your Date of Birth 10211990
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address 111 S MARQUETTE AVE APT 609	Check if: <input type="checkbox"/> New Address	<input type="checkbox"/> Foreign Address
City MINNEAPOLIS	State MN	ZIP Code 55401

2018 Federal Filing Status (place an X in one box):

(1) Single (2) Married filing jointly (3) Married filing separately: Enter spouse name and Social Security number _____

(4) Head of household (5) Qualifying widow(er) _____

State Elections Campaign Fund
If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:		Your code _____
Republican 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now 17
Democratic/Farmer-Labor . 12	Green 15	General Campaign
Independence 13	Libertarian 16	Fund 99


Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. _____ 48983	B IRA, pensions, and annuities _____ 0	C Unemployment _____ 0	D Federal taxable income _____ 36983
-------------------------------------------------------	-----------------------------------------------------	--------------------------------------------------	----------------------------------	------------------------------------------------

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 7 of federal Form 1040) (if a negative number, place an X in the box)	1 <input type="checkbox"/> _____	48983
2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/> _____	
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/> _____	48983
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/> _____	6500
5 Exemptions (determine from instructions)	5 <input type="checkbox"/> _____	4150
6 State income tax refund from line 10 of federal Schedule 1	6 <input type="checkbox"/> _____	
7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/> _____	
8 Total subtractions. Add lines 4 through 7	8 _____	10650
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 _____	38333
10 Tax from the table in the M1 instructions	10 _____	2264
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/> _____	
12 Add lines 10 and 11	12 _____	2264
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR)	13 _____	1441
a <input type="checkbox"/> _____ 31185 b <input type="checkbox"/> _____ 48983 (Place an X in box if a negative number)		
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 <input type="checkbox"/> _____	



- 15 Tax before credits. Add lines 13 and 14 15 1441
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____
 - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____
 - 19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 _____
 - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 1441
 - 22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____
 - 23 Add lines 21 and 22 23 1441
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ 1915
 - 25 Minnesota estimated tax and extension payments made for 2018 25 ■ _____
 - 26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin,
Credit for historic structure rehabilitation, and Enterprise Zone Credit..... 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 1915
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ 474
 - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings 111000025 488056569515
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract
line 27 from line 23 (see instructions) 30 ■ _____
 - 31 This line intentionally left blank. 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2019 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your Signature	Date	Paid Preparer's Signature	Date
_____	_____	SYAM PRIYA RAM SA	11062019
Spouse's Signature (if filing jointly)	Taxpayer's Daytime Phone	Preparer's Daytime Phone	PTIN or VITA/TCE # (required)
_____	5104581918	2129204151	P02082703
Your Email address	Preparer's email address		
RANGANIKHIL1241@GMAIL.COM	syam@gtaxfile.com		

Include a copy of your 2018 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.

To check on the status of your refund, visit www.revenue.state.mn.us



2018 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial NIKHIL	Last Name RANGA	Your Social Security Number 159318444
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
1	<input type="checkbox"/>	MN 5599776	31185	1915
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional Forms W-2 (from line 5 on the back) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 1915

2 Minnesota tax withheld on Forms 1099 and W-2G . If you have more than four forms, complete line 6 on the back.

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld <i>(round to nearest whole dollar)</i>
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional Forms 1099 and W-2G (from line 6 on the back) _____

Total Minnesota tax withheld on all Forms 1099 and W-2G (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 1915**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**





2018 Schedule M1NR, Nonresidents/Part-Year Residents

Other State (see inst.)

Your Last Name RANGA	Social Security Number 159318444	<input type="checkbox"/> Full-year Nonresident of MN	Other State (see inst.)
Spouse's Last Name	Spouse's Social Security Number	<input checked="" type="checkbox"/> Part-year MN Resident From 06102018 to 12312018 (mm/dd/yyyy)	CA
		<input type="checkbox"/> Full-year Nonresident of MN	
		<input type="checkbox"/> Part-year MN Resident From _____ to _____(mm/dd/yyyy)	

Before you complete this schedule, read the instructions.

Also, complete lines 1 through 11 of Form M1.

	A. Total Amount	B. Minnesota Portion (see instructions)
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040)	48983	31185
2 Taxable interest and ordinary dividend income (add lines 2b and 3b of Form 1040)		
3 Business income or loss (from line 12 of federal Schedule 1)		
4 Capital gain or loss (from line 13 of federal Schedule 1)		
5 IRA distributions, pensions, and annuities (from line 4b of Form 1040)		
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 17 of federal Schedule 1)		
7 Farm income or loss (from line 18 of federal Schedule 1)		
8 Other income (add lines 5b of Form 1040 and lines 10, 11, 14, 19, and 21 of federal Schedule 1)		
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)		
10 Other required additions (add lines 3, 4, 6, 8, 10, 12 of Schedule M1M)		
11 Federal Adjustments (from line 34 of Schedule M1NC)	0	0
12 Add lines 1 through 11 for each column	48983	31185
If your Minnesota gross income is below \$10,650, see instructions.		
13 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 23, 24, and 26 of federal Schedule 1)		
14 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 28 and 32 of federal Schedule 1)		
15 Health savings account and Archer MSA deductions (add lines 25 and Archer MSA amount included on line 36 of federal Schedule 1)		
16 Federal adjustments (from line 35 of Schedule M1NC)		
17 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of federal Schedule 1)		
18 Deductions for alimony paid and student loan interest (see instructions for line 18, column B)		
19 Penalty on early withdrawal of savings (from line 30 of federal Schedule 1)		
20 Other required subtractions (add lines 19, 33, 34, 37, and 39 of Schedule M1M)		
21 Net U.S. bond interest and active military pay received while a nonresident (add lines 16 and 27 of Schedule M1M)		
22 Subtraction for federal section 179 expensing (from line 20 of Schedule M1M)		
23 Add lines 13 through 22 for each column	0	0
24 Subtract line 23, column B, from line 12, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$10,650 or the result is less than zero, enter 0		31185
25 Subtract line 23, column A, from line 12, column A. Enter the result here and on line 13b of Form M1	48983	
26 Divide line 24 by line 25, and enter the result as a decimal (carry to five decimal places). If line 24 is more than line 25, enter 1.0. If line 24 is zero, enter 063665
27 Amount from line 12 of Form M1		2264
28 Multiply line 26 by line 27. Enter the result here and on line 13 of Form M1		1441

You must include this schedule with Form M1. Enter the amounts from lines 24 and 25 of this schedule on Form M1, lines 13a and 13b.

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

Your first name and initial: **NIKHIL** Last name: **RANGA** Your social security number: **159-31-8444**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **111 S MARQUETTE AVE** Apt. no. **609** 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. **MINNEAPOLIS MN 55401** If more than four dependents, see inst. and here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

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

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

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

Paid Preparer Use Only

Preparer's name: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Preparer's signature: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** PTIN: **P02082703** Firm's EIN: **30-1017196** Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: **(212) 920-4151**

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	48,983.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	48,983.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	48,983.
8	Standard deduction or itemized deductions (from Schedule A)		8	12,000.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	36,983.
11	a Tax (see inst.) 4,247. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	4,247.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	4,247.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	4,247.
16	Total tax. Add lines 13 and 14		16	6,080.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	
19	Add any amount from Schedule 5		19	1,833.
20a	Add lines 16 and 17. These are your total payments		20a	1,833.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		22	
23	Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 4 8 8 0 5 6 5 6 9 5 1 5		24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	27		



Illinois Department of Revenue
2018 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

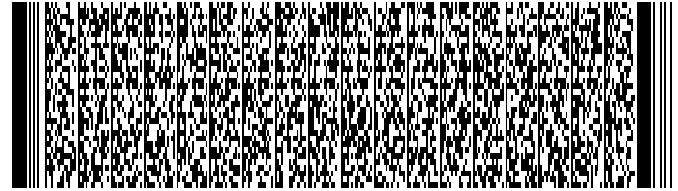
Step 1: Personal Information

A

159-31-8444

NIKHIL

RANGA



111 S MARQUETTE AVE

609

MINNEAPOLIS

MN

55401

B Filing status: Single or head of household Married filing jointly Married filing separately Widowed

C **Check** if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D **Check** the box if this applies to you during 2018: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040, Line 7.	1	48,983.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	48,983.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 2 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	6	.00
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	48,983.00

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,225.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines a through d.	10	2,225.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	0.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	0.00

Step 6: Tax After Nonrefundable Credits

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

Step 7: Other Taxes

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

IL-1040 Front (R-12/18)

Printed by authority of the State of Illinois, 1.

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

ID: 3WM REV 01/08/19 PRO



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24 Total tax from Page 1, Line 23. 24 0.00

Step 8: Payments and Refundable Credit

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

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 .00
 31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 0.00

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

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

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your **overpayment**. 35 .00
 36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 .00
 37 I choose to receive my refund by
 a **direct deposit** - Complete the information below if you check this box.

Routing number	<input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	<input type="text"/>		

b **Illinois Individual Income Tax refund debit card.**
 c **paper check.**
 38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
 If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 0.00

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

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

Sign Here					(510) 458-1918
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM		11/06/2019
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
					<input type="checkbox"/> Check if self-employed
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN	301017196	
	Firm's address	2530 Pebble Creek LnCumming GA 30041		Firm's phone	(212) 920-4151
Third Party Designee				()	
	Designee's name (please print)			Designee's phone number	
<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.					



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



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





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

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

NIKHIL RANGA
 Your name as shown on your Form IL-1040

1 5 9 - 3 1 - 8 4 4 4
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.
 - I lived in **Illinois** from ___ / ___ / **1 8** to ___ / ___ / **1 8** I lived in _____ from ___ / ___ / **1 8** to ___ / ___ / **1 8**
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - My spouse lived in **Illinois** from ___ / ___ / **1 8** to ___ / ___ / **1 8**, and _____ from ___ / ___ / **1 8** to ___ / ___ / **1 8**
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

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

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

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

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040, Line 1)	5 48,983.00	.00
6 Taxable interest (federal Form 1040, Line 2b)	6 .00	.00
7 Ordinary dividends (federal Form 1040, Line 3b)	7 .00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	8 .00	.00
9 Alimony received (federal Form 1040, Schedule 1, Line 11)	9 .00	.00
10 Business income or loss (federal Form 1040, Schedule 1, Line 12)	10 .00	.00
11 Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	11 .00	.00
12 Other gains or losses (federal Form 1040, Schedule 1, Line 14)	12 .00	.00
13 Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	13 .00	.00
14 RESERVED	14	
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	15 .00	.00
16 Farm income or loss (federal Form 1040, Schedule 1, Line 18)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040, Line 5b)	18 .00	.00
19 Other income. See instructions. (federal Form 1040, Schedule 1, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 .00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	.00



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	.00
	22 Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	23	.00
	24 Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	24	.00
	25 Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	29	.00
	30 Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00
	31 IRA deduction (federal Form 1040, Schedule 1, Line 32)	31	.00
	32 Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	32	.00
	33 RESERVED	33	
	34 RESERVED	34	
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	48,983.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	.00

Step 4: Figure your Illinois additions and subtractions

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

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

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	0.00
	47 Enter the base income from Form IL-1040, Line 9.	47	.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.000
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	0.00

