

beginning , 2018, and ending , 20

Identifying information section including name (ROHITH BABU, ACHA), address (455 14TH STREET NW, ATLANTA GA 30318), and identifying number (047-43-1377).

Filing Status section with checkboxes for Single nonresident alien (checked), Married nonresident alien, and Qualifying widow(er).

Table for Dependents with columns for First name, Last name, Identifying number, Relationship, Child tax credit, and Credit for other dependents.

Main income table with rows 8 through 23, including wages, interest, dividends, and total effectively connected income of 75,595.

Adjusted Gross Income section with rows 24 through 35, showing adjustments and final adjusted gross income of 75,595.

Tax and Credits section with rows 36 through 39, showing itemized deductions and exemptions.

<b>Tax and Credits</b> <i>(continued)</i>	40	Add lines 37 through 39	40	12,000.
	41	<b>Taxable income.</b> Subtract line 40 from line 36. If zero or less, enter -0-	41	63,595.
	42	<b>Tax</b> (see instr.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>	42	9,926.
	43	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	43	
	44	Excess advance premium tax credit repayment. Attach Form 8962	44	
	45	Add lines 42, 43, and 44	45	9,926.
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit and credit for other dependents (see instructions)	49	
	50	Residential energy credit. Attach Form 5695	50	
	51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51	
	52	Add lines 46 through 51. These are your <b>total credits</b>	52	
	53	Subtract line 52 from line 45. If zero or less, enter -0-	53	9,926.

<b>Other Taxes</b>	54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
	55	Self-employment tax. Attach Schedule SE (Form 1040)	55	
	56	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	58	Transportation tax (see instructions)	58	
	59a	Household employment taxes from Schedule H (Form 1040)	59a	
	59b	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
	61	<b>Total tax.</b> Add lines 53 through 60	61	9,926.

<b>Payments</b>	62	Federal income tax withheld from:		
	a	Form(s) W-2 and 1099	62a	10,091.
	b	Form(s) 8805	62b	
	c	Form(s) 8288-A	62c	
	d	Form(s) 1042-S	62d	
	63	2018 estimated tax payments and amount applied from 2017 return	63	
	64	Additional child tax credit. Attach Schedule 8812	64	
	65	Net premium tax credit. Attach Form 8962	65	
	66	Amount paid with request for extension to file (see instructions)	66	
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
	68	Credit for federal tax on fuels. Attach Form 4136	68	
	69	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69	
70	Credit for amount paid with Form 1040-C	70		
71	Add lines 62a through 70. These are your <b>total payments</b>	71	10,091.	

<b>Refund</b> Direct deposit? See instructions.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you <b>overpaid</b>	72	165.															
	73a	Amount of line 72 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	73a	165.															
	b	Routing number <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>5</td></tr> </table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	1	1	0	0	0	0	2	5								
1	1	1	0	0	0	0	2	5											
d	Account number <table border="1"> <tr><td>4</td><td>8</td><td>8</td><td>0</td><td>5</td><td>7</td><td>5</td><td>3</td><td>5</td><td>1</td><td>0</td><td>8</td><td></td><td></td><td></td><td></td></tr> </table>	4	8	8	0	5	7	5	3	5	1	0	8						
4	8	8	0	5	7	5	3	5	1	0	8								
e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.																		
74	Amount of line 72 you want <b>applied to your 2019 estimated tax</b>	74																	

<b>Amount You Owe</b>	75	<b>Amount you owe.</b> Subtract line 71 from line 61. For details on how to pay, see instructions	75	
	76	Estimated tax penalty (see instructions)	76	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>							
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					

<b>Sign Here</b> Keep a copy of this return for your records.	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.								
	Your signature ▶	Date	Your occupation in the United States SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					

<b>Paid Preparer Use Only</b>	Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02090332
	Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶			
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no.			

**Schedule A—Itemized Deductions** (see instructions)

07

<b>Taxes You Paid</b>	<b>1</b>	State and local income taxes		
	<b>a</b>	State and local income taxes . . . . .	<b>1a</b>	
	<b>b</b>	Enter the smaller of line 1a and \$10,000 (\$5,000 if married) . . . . .		<b>1b</b>
<b>Gifts to U.S. Charities</b>	<b>2</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>2</b>	
	<b>3</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if the amount of your deduction is over \$500 . . . . .	<b>3</b>	
	<b>4</b>	Carryover from prior year . . . . .	<b>4</b>	
	<b>5</b>	Add lines 2 through 4 . . . . .		<b>5</b>
	<b>6</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .		<b>6</b>
<b>Other Itemized Deductions</b>	<b>7</b>	Other—from list in instructions. List type and amount ► ----- ----- ----- ----- ----- ----- -----		<b>7</b>
	<b>8</b>	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040NR, line 37 . . . . .		<b>8</b>

**Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business** (see instructions)

Nature of income	Enter amount of income under the appropriate rate of tax (see instructions)	Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
<b>1</b> Dividends and dividend equivalents:						
<b>a</b> Dividends paid by U.S. corporations . . . . .	<b>1a</b>					
<b>b</b> Dividends paid by foreign corporations . . . . .	<b>1b</b>					
<b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions . . . . .	<b>1c</b>					
<b>2</b> Interest:						
<b>a</b> Mortgage . . . . .	<b>2a</b>					
<b>b</b> Paid by foreign corporations . . . . .	<b>2b</b>					
<b>c</b> Other . . . . .	<b>2c</b>					
<b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .	<b>3</b>					
<b>4</b> Motion picture or T.V. copyright royalties . . . . .	<b>4</b>					
<b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .	<b>5</b>					
<b>6</b> Real property income and natural resources royalties . . . . .	<b>6</b>					
<b>7</b> Pensions and annuities . . . . .	<b>7</b>					
<b>8</b> Social security benefits . . . . .	<b>8</b>					
<b>9</b> Capital gain from line 18 below . . . . .	<b>9</b>					
<b>10</b> Gambling—Residents of Canada only. Enter net income in column (c). <b>If zero or less, enter -0-.</b>						
<b>a</b> Winnings _____						
<b>b</b> Losses _____	<b>10c</b>					
<b>11</b> Gambling winnings—Residents of countries other than Canada. <b>Note:</b> Losses not allowed . . . . .	<b>11</b>					
<b>12</b> Other (specify) ► _____	<b>12</b>					
<b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .	<b>13</b>					
<b>14</b> <b>Multiply line 13 by rate of tax at top of each column</b> . . . . .	<b>14</b>					
<b>15</b> <b>Tax on income not effectively connected with a U.S. trade or business.</b> Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 . . . . .						<b>15</b>

**Capital Gains and Losses From Sales or Exchanges of Property**

	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) <b>LOSS</b> If (e) is more than (d), subtract (d) from (e)	(g) <b>GAIN</b> If (d) is more than (e), subtract (e) from (d)
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).  Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.							
<b>17</b>	Add columns (f) and (g) of line 16 . . . . .					<b>17</b> ( )	
<b>18</b>	<b>Capital gain.</b> Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ►					<b>18</b>	

**Schedule OI—Other Information** (see instructions)

Answer all questions

**A** Of what country or countries were you a citizen or national during the tax year? INDIA

**B** In what country did you claim residence for tax purposes during the tax year? India

**C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States?  Yes  No

**D** Were you ever:

1. A U.S. citizen?  Yes  No

2. A green card holder (lawful permanent resident) of the United States?  Yes  No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

**E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

**F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  Yes  No

If you answered "Yes," indicate the date and nature of the change. ▶ \_\_\_\_\_

**G** List all dates you entered and left the United States during 2018. See instructions.

**Note:** If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H.  Canada  Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

**H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2016 \_\_\_\_\_, 2017 \_\_\_\_\_, and 2018 365.

**I** Did you file a U.S. income tax return for any prior year?  Yes  No

If "Yes," give the latest year and form number you filed. ▶ 1040NR

**J** Are you filing a return for a trust?  Yes  No

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person?  Yes  No

**K** Did you receive total compensation of \$250,000 or more during the tax year?  Yes  No

If "Yes," did you use an alternative method to determine the source of this compensation?  Yes  No

**L** Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
India	ARTICLE 21 (2)	0	0.
<b>(e) Total.</b> Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12. ▶			0.

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?  Yes  No

3. Are you claiming treaty benefits pursuant to a Competent Authority determination?  Yes  No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

**M** Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

Nonresident Alien Information Worksheet

2018

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name: ACHA, Middle initial:
First name: ROHITH BABU, Suffix:
Social security number: 047-43-1377, Occupation: SOFTWARE ENGINEER
Date of birth: 04/05/1991, or age as of 1-1-2019: 27
Work phone: (469) 562-2497, Home phone:
Extension: , E-mail address: Acha.rohith@gmail.com
Cell phone: (469) 562-2497, Foreign phone:
Fax number:

Country of which client was a citizen or national during year: INDIA
Check this box if your client is a resident of the Republic of Korea (ROK):

Best contact phone number: Taxpayer work phone (469) 562-2497

Present home address:

US Address:

Address: 455 14TH STREET NW, Apt no.: 344
City: ATLANTA, State: GA, U.S. ZIP code: 30318

Foreign Address: Check this box to use foreign address:

Address: , Apt no.:
City:
Country code: , Country:
Province/country: , Postal Code:

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address:
City: , Province:
Country code: , Postal Code:

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Address lines for permanent resident

Part II - Federal Filing Status

Check the box for filing status:

Form with checkboxes for filing status: 2 (Single resident of Canada or Mexico, or a single U.S. national / Other single nonresident alien), 5 (Married resident of Canada or Mexico, or married U.S. national / Married resident of the Republic of Korea / Other married nonresident alien), 6 (Qualifying widow(er) with dependent child). Includes a box for 'Check this box if client did not live with spouse at any time during the year'.

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty:

► Keep for your records

Name(s) Shown on Return  
ROHITH BABU ACHA

Social Security Number  
047-43-1377

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
21 STAFF LLC		75,595.	10,091.	75,595.	4,208.
<b>Totals</b> . . . . .		75,595.	10,091.	75,595.	4,208.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	75,595.		75,595.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	10,091.		10,091.
3 & 7	Total social security wages/tips . . . . .			
4	Total social security tax withheld . . . . .			
5	Total Medicare wages and tips . . . . .			
6	Total Medicare tax withheld . . . . .			
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	75,595.		75,595.
17	Total state tax withheld . . . . .	4,208.		4,208.
19	Total local tax withheld. . . . .			

► Keep for your records

ROHITH BABU ACHA

047-43-1377 Page 2

Form W-2G Payer	SP	Winnings	Federal Tax	State Tax	Local Tax	
<b>Totals . . . . .</b>						

**Form W-2G Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total reportable winnings . . . . .			
4	Total federal tax withheld . . . . .			
15	Total state tax withheld . . . . .			
17	Total local tax withheld . . . . .			



► Keep for your records

Name as shown on return ROHITH BABU ACHA	Social Security Number 047-43-1377
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Employer EIN . . . . . 81-4083144  
 Employer Name . . . . . 21 STAFF LLC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 5980 STONERIDGE DRIVE SUITE103  
 City PLEASANTON State CA ZIP 94588  
 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.

1	Wages, tips, other comp . . . . .	75,595.	2	Federal tax withheld . . . . .	10,091.
3	Social security wages . . . . .	_____	4	Social sec tax withheld . . . . .	_____
5	Medicare wages and tips . . . . .	_____	6	Medicare tax withheld . . . . .	_____
7	Social security tips . . . . .	_____	8	Allocated tips . . . . .	_____

13 b  Retirement plan  
 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 not 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
GA	32377026-AY	75,595.	4,208.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

ROHITH BABU ACHA	047-43-1377 Page 2
<b>Employer Name . . . . .</b> 21 STAFF LLC	

**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</b> <b>If no FICA was withheld</b> , check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only		
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
<b>Non-Clergy only:</b>		
<b>G</b> <b>If no FICA was withheld</b> , check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income		
2 <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. . . . . 047-43-1377

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suff. \_\_\_\_\_

ROHITH BABU \_\_\_\_\_ ACHA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP code \_\_\_\_\_

455 14TH STREET NW, Apt. 344 \_\_\_\_\_ ATLANTA \_\_\_\_\_ GA 30318

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

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



# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return ROHITH BABU ACHA	Social Security Number 047-43-1377
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**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 . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		4,208.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		75,595.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		
7	Alternative minimum tax . . . . .		0.
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 . . . . .

Credit Carryovers				2017	2018
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2018 . . . . .	19 a	
		b	2017 . . . . .	b	
		c	2016 . . . . .	c	
		d	2015 . . . . .	d	
		e	2014 . . . . .	e	
		f	2013 . . . . .	f	
20	Mortgage interest credit from:	a	2018 . . . . .	20 a	
		b	2017 . . . . .	b	
		c	2016 . . . . .	c	
		d	2015 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

26	2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017 . . . . .					
b	2016 . . . . .					
c	2015 . . . . .					
d	2014 . . . . .					
e	2013 . . . . .					
27	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018 . . . . .					
b	2017 . . . . .					
c	2016 . . . . .					
d	2015 . . . . .					
e	2014 . . . . .					

# Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

**Students/Business Apprentices from India Smart Worksheet**

Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty.

**A** Standard deduction allowed under United States – India Income Tax Treaty . . . 12,000.  
**B** Net Qualified Disaster Loss . . . . . \_\_\_\_\_  
**C** Standard deduction claimed with Qualified Disaster Loss . . . . . 12,000.

**Note:** If your client is married and the spouse itemizes deductions on a separate return **do not** enter an amount on line **A** above.

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

**Tax Smart Worksheet**

**A** Tax . . . . . 9,926.  
 Check if from:  
**1** Tax Table . . . . .   
**2** Tax Computation Worksheet (see instructions) . . . . .   
**3** Schedule D Tax Worksheet . . . . .   
**4** Qualified Dividends and Capital Gain Tax Worksheet . . . . .   
**5** Schedule J . . . . .   
**6** Form 8615 . . . . .   
**B** Additional tax from Form 8814 . . . . . \_\_\_\_\_  
**C** Additional tax from Form 4972 . . . . . \_\_\_\_\_  
**D** Tax from additional Form(s) 4972 . . . . . \_\_\_\_\_  
**E** IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . \_\_\_\_\_  
**F** Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount . . . . . \_\_\_\_\_  
**G Tax.** Add lines A through F. Enter the result here and on line **42** . . . . . 9,926.

SMART WORKSHEET FOR: Nonresident Alien Information Worksheet

**2017 Tax Cuts & Jobs Act**  
**Apply 15-year recovery period to qualified improvement property**  
**(asset types J2, J3, J4 and J5)**  
**placed in service after December 31, 2017?**  
 Yes  No   
 Refer to Tax Help