

TAXABLE YEAR

FORM

2018

California e-file Return Authorization for Individuals

8453

Your first name and initial Last name Suffix Your SSN or ITIN
ANUDEEP VATTIKUTI 719-02-2475
If joint return, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number
2431 NE WESSEX WAY (845) 541-2490
City State ZIP code
HILLSBORO OR 97124
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount.
1 California adjusted gross income. See instructions. 1 38,936.
2 Refund or no amount due. See instructions 2 216.
3 Amount you owe. See instructions 3

Part II Settle Your Account Electronically for Taxable Year 2018 (Payment due 4/15/2019)

4 [X] Direct deposit of refund 5 [] Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2019 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Description, First Payment Due 4/15/2019, Second Payment Due 6/17/2019, Third Payment Due 9/16/2019, Fourth Payment Due 1/15/2020.
6 Amount
7 Withdrawal date

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 216. 12 The remaining amount of my refund for direct deposit
9 Routing number 021200339 13 Routing number
10 Account number 381041134955 14 Account number
11 Type of account: [X] Checking [] Savings 15 Type of account: [] Checking [] Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2018 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here
Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date
It is unlawful to forge a spouse's/RDP's signature.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign
ERO's signature Date Check if also paid preparer [] Check if self-employed [] ERO's PTIN P02090332
Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC FEIN 30-1017196
2530 PEBBLE CREEK LN CUMMING GA ZIP code 30041

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign
Paid preparer's signature Date Check if self-employed [] Paid preparer's PTIN P02090332
Firm's name (or yours if self-employed) and address APPANA RUPA VENKATA SATYA SAI MANIKUMAR FEIN
2530 PEBBLE CREEK LN CUMMING GA ZIP code 30041

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

719-02-2475 VATT
ANUDEEP VATTIKUTI

18

2431 NE WESSEX WAY
HILLSBORO OR 97124

05-24-1991

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

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 <input checked="" type="radio"/> 12 <input type="text" value="38936"/> <input type="text" value=".00"/>		
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 <input checked="" type="radio"/> 13 <input type="text" value="79532"/> <input type="text" value=".00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B <input checked="" type="radio"/> 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="79532"/> <input type="text" value=".00"/>		
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/>		
	17 Adjusted gross income from all sources. Combine line 15 and line 16 <input checked="" type="radio"/> 17 <input type="text" value="79532"/> <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 <input checked="" type="radio"/> 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- <input checked="" type="radio"/> 19 <input type="text" value="75131"/> <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 checked="" type="radio"/> 31 <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 <input type="text" value="4238"/> <input type="text" value=".00"/>		
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 <input checked="" type="radio"/> 32 <input type="text" value="38936"/> <input type="text" value=".00"/>		
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 <input checked="" type="radio"/> 35 <input type="text" value="36781"/> <input type="text" value=".00"/>		
	36 CA Tax Rate. Divide line 31 by line 19 <input checked="" type="radio"/> 36 <input type="text" value="0.0564"/>		
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 <input checked="" type="radio"/> 37 <input type="text" value="2074"/> <input type="text" value=".00"/>		
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 <input checked="" type="radio"/> 38 <input type="text" value="0.4896"/>		
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions <input checked="" type="radio"/> 39 <input type="text" value="58"/> <input type="text" value=".00"/>		
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="2016"/> <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 <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>			
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="2016"/> <input type="text" value=".00"/>			

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/>	
	51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/>	
	52 Credit for dependent parent. See instructions ... <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/>	
	53 Credit for senior head of household. See instructions <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 54 <input type="text" value=""/>	
	55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... 58 .00

59 Enter credit name code and amount... 59 .00

60 To claim more than two credits. See instructions 60 .00

61 Nonrefundable renter's credit. See instructions 61 .00

62 Add line 50 and line 55 through 61. These are your total credits 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- 63 .00

Other Taxes

71 Alternative minimum tax. Attach Schedule P (540NR) 71 .00

72 Mental Health Services Tax. See instructions 72 .00

73 Other taxes and credit recapture. See instructions 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax 74 .00

Payments

81 California income tax withheld. See instructions. 81 .00

82 2018 CA estimated tax and other payments. See instructions 82 .00

83 Withholding (Form 592-B and/or 593). See instructions 83 .00

84 Excess SDI (or VPD) withheld. See instructions 84 .00

85 Earned Income Tax Credit (EITC) 85 .00

86 Add lines 81 through 85. These are your total payments. See instructions. 86 .00

Overpaid Tax/Tax Due

101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. 101 .00

102 Amount of line 101 you want applied to your 2019 estimated tax. 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 103 .00

104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. 104 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions.	<input type="radio"/> 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.	<input type="radio"/> 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	<input type="radio"/> 403	<input type="text"/> .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:

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

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

● **127** Direct deposit amount **.00**
● Type
● Routing number ● Account number
 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.
Joint tax return? (See instructions)

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

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 — 2018 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 <u>A N U D E E P V A T T I K U T I</u>	SSN or ITIN <u>7 1 9 - 0 2 - 2 4 7 5</u>
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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 Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> <u>CA</u>	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> OR <u>0 8 / 0 1 / 2 0 1 8</u>	<input type="radio"/> ___/___/___
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> OR _____	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> <u>2 1 3</u>	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> _____
8 Before 2018: I was a CA resident for the period of	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

Part II Income Adjustment Schedule

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
Section A — Income from federal Form 1040					
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 79,532.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 79,532.	<input checked="" type="radio"/> 38,936.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		<input type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	<input type="radio"/>	d <input type="text"/>	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input type="radio"/>	e <input type="text"/>		
f Other (describe): <input type="radio"/>		<input type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 79,532.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 79,532.	<input type="radio"/> 38,936.

	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 type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input type="radio"/> 79,532.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 79,532.	<input type="radio"/> 38,936.

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"/> 79,532	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 5,965	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	5,574.	<input checked="" type="radio"/>	5,574.	
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"/> 5,574	5d	5,574.			
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	5,574.	<input checked="" type="radio"/>	5,574.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/>	7	5,574.	<input checked="" type="radio"/>	5,574.	<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			<input checked="" type="radio"/>
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"/>
----	---	----	--	----------------------------------	----------------------------------

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"/> 5,574	17	5,574.	<input checked="" type="radio"/>	5,574.

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 79,532.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 1,591.

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 38,936.

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 0.4896

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 2,155.

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 36,781.

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

Your first name and initial: ANUDEEP Last name: VATTIKUTI Your social security number: 719-02-2475

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. 2431 NE WESSEX WAY Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. HILLSBORO OR 97124 If more than four dependents, see inst. and ✓ here

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

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

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

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

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no. 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	79,532.
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	79,532.
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	79,532.
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	67,532.
11	a Tax (see inst.) 10,795. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	10,795.
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	10,795.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	10,795.
16	Total tax. Add lines 13 and 14		16	13,359.
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 Add any amount from Schedule 5		18	13,359.
19	Add lines 16 and 17. These are your total payments		19	2,564.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		20a	2,564.
21	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			
22	Routing number 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
23	Account number 381041134955			
24	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21			
25	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22			
26	Estimated tax penalty (see instructions) ▶ 23			

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ANUDEEP VATTIKUTI 2431 NE WESSEX WAY HILLSBO OR 97124 FORE		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input type="checkbox"/>
Your SSN: 719022475 Spouse's SSN:		
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Year spouse died:
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of death:
<input type="checkbox"/> Return for deceased taxpayer.		Date of death:
<input type="checkbox"/> Return for deceased spouse.		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT

VATT 2431 97124 DS N EA N TD SD

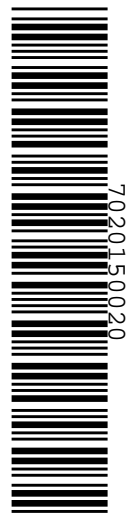
ANUDEEP VATTIKUTI 719022475

OR 97124

2431 NE WESSEX WAY

HILLSBORO

06	79532	16	0	26C	0
07	0	18	Y	26E	0
09	0	20A		532 EU	
10A	0	20B		0 27	0
10B	0	21A		0 29	0
11	S Y I N	21B		0 30	0
11	8750	21C		0 31	0
13	01242	21D		0 32	0
14	8791	26A		0 34	49
15	483	26B		0	
TN	8455412490	PN		PP	P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>49</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I certify that, to the best of my knowledge, this return is accurate and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.			
Your Signature: _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		8455412490 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
Paid Preparer's Signature: _____		Preparer's Contact Phone Number (Include area code) _____	
		P02090332 Preparer's FEIN, SSN, or PTIN	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640			

Last Name (First 10 Characters) VATTIKUTI

Your Social Security Number 719022475

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	79532
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	79532
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	
	b. Enter the amount of the child deduction.	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	8750
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	70782
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1242
14.	N.C. Taxable Income	14.	8791
15.	N.C. Income Tax	15.	483
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	483
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	483

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	532
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2018 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	532
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	532
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	49

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2019 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	49

D-400 Sch PN (50)

8-29-18

2018 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

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

Last Name (First 10 Characters) VATTIKUTI	Your Social Security Number 719022475
--	--

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	9876
NRS	N	PYS	N	23	79532

Part A. Residency Status			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended	

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	79532	9876
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	79532	9876
North Carolina Adjustments			
17. Additions		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b.	0	0
c. Adjustment for bonus depreciation	17c.	0	0
d. Adjustment for IRC section 179 expense deduction	17d.	0	0
e. Other additions to federal adjusted gross income that relate to gross income	17e.	0	0
18. Total additions	18.	0	0

Last Name (First 10 Characters) VATTIKUTI	Your Social Security Number	719022475
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for IRC section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 79532	9876

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 9876
23. Enter the amount from Column A, Line 21		23. 79532
24. Part-year residents and nonresident taxable percentage		24. 0.1242

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

Your first name and initial: **ANUDEEP** Last name: **VATTIKUTI** Your social security number: **719-02-2475**

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. **2431 NE WESSEX WAY** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **HILLSBORO OR 97124** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **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: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

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	79,532.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	79,532.
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	79,532.
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	67,532.
11	a Tax (see inst.) <u>10,795.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	10,795.
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	10,795.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	10,795.
16	Total tax. Add lines 13 and 14	16	13,359.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 _____ c Form 8863 _____	18	
19	Add any amount from Schedule 5	19	2,564.
20a	Add lines 16 and 17. These are your total payments	20a	2,564.
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	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

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.

▶ **b** Routing number 021200339 ▶ **c** Type: Checking Savings

▶ **d** Account number 381041134955

Form OR-EF



01611801011555

Office use only

Oregon Individual Income Tax Declaration for Electronic Filing

Tax year

2018

Don't mail this form to the Oregon Department of Revenue

First name and initial: ANUDEEP, Last name: VATTIKUTI, Social Security number (SSN): 719-02-2475

Current mailing address: 2431 NE WESSEX WAY, HILLSBORO, OR 97124, Phone: (845) 541-2490

Part I - Tax return information (whole dollars only)

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) 134.00
2. Amount you owe (Form OR-40, Form OR-40-N, or Form OR-40-P) 2.

Part II - Direct deposit of refund or direct debit (see instructions)

- 3. Routing number 021200339
4. Account number 381041134955
5. Type of account [X] Checking or [] Savings

Caution: Oregon is unable to change account information. Verify that your banking information is correct. Entering incorrect information will cause a delay in your refund or rejection of your payment.

Part III - Declaration of taxpayer(s)

- 6a. [X] I consent that my refund be directly deposited as designated in the electronic portion of my Oregon income tax return
6b. [] I am receiving a refund but I don't want to receive it by direct deposit.
6c. [] I consent that the return payment is made by direct debit using the account designated above.
6d. [] I am not receiving a refund or making a payment.

Under penalties for false swearing, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator (ERO) or online service provider (OLSP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Oregon income tax return.

Sign here: Your signature, Spouse's signature (if filing jointly, both must sign), Date

Form OR-EF



01611801021555

Part IV—Declaration of electronic return originator (ERO) or paid preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with Oregon, and have followed all other requirements described in the *Modernized Electronic Filing Handbook for Software Developers and Tax Preparers*. If I am also the paid preparer, under penalty of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Electronic return originator's use only

ERO's signature X	Date	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm's name (or your name, if self-employed) GLOBAL TAXES LLC	Phone (646) 727-7157	ERO's license number	
ERO's address 2530 PEBBLE CREEK LN	City CUMMING	State GA	ZIP code 30041

Under penalty of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid preparer's use only

Preparer's signature X	Date	<input type="checkbox"/> Check if self-employed	
Firm's name (or yours if self-employed) GLOBAL TAXES LLC	Phone (646) 727-7157	Certificate/license number	
Preparer's address 2530 PEBBLE CREEK LN	City CUMMING	State GA	ZIP code 30041

Don't mail this form or your paper return to the Oregon Department of Revenue

2018 Form OR-40-P

Page 1 of 5, 150-101-055 (Rev. 12-18) Oregon Department of Revenue



00611801011555

Office use only	

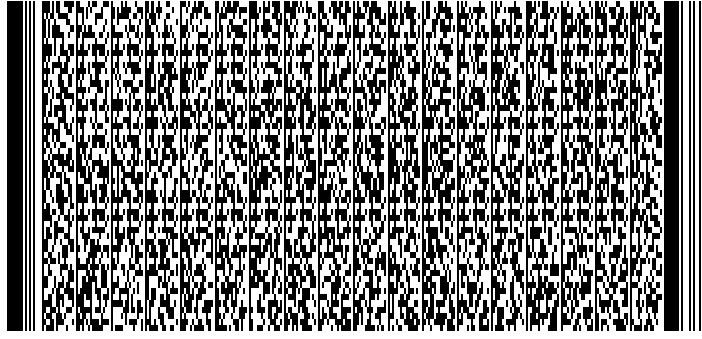
Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

Oregon resident: From: To:



- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24. Military. Employment exception.

First name and initial ANUDEEP	Last name VATTIKUTI	<input type="checkbox"/> Deceased	Social Security no. (SSN) 719-02-2475	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 2431 NE WESSEX WAY			Date of birth (mm/dd/yyyy) 05/24/1991	Spouse's date of birth	
City HILLSBORO	State OR	ZIP code 97124	Country USA	Phone (845) 541-2490	

Filing status (check only **one** box)

1. Single.
2. Married filing jointly.
3. Married filing separately (enter spouse's information **above**).
4. Head of household (with qualifying dependent).
5. Qualifying widow(er) with dependent child.

Exemptions

- | | | | |
|---------------------------|---|--|-------------------|
| 6a. Credits for yourself: | <input checked="" type="checkbox"/> Regular | <input type="checkbox"/> Severely disabled 6a. | Total
1 |
| | <input type="checkbox"/> Check box if someone else can claim you as a dependent | | |
| 6b. Credits for spouse: | <input type="checkbox"/> Regular | <input type="checkbox"/> Severely disabled 6b. | |
| | <input type="checkbox"/> Check box if someone else can claim your spouse as a dependent | | |

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code—Please see instructions to determine the appropriate code.

6c. Total number of dependents 6c.
 6d. Total number of dependent children with a qualifying disability (see instructions) 6d.
 6e. Total exemptions. Add 6a through 6d. **Total.** 6e.

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Name ANUDEEP VATTIKUTI	SSN 719-02-2475
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Note: Remember to **reprint page 1** if any changes are made on this page.

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040, line 1. Include all Forms W-2. 7F.	79,532.00	30,720.00
8. Interest income from federal Form 1040, line 2b. 8F.		8S.
9. Dividend income from federal Form 1040, line 3b. 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 10. 10F.		10S.
11. Alimony received from federal Schedule 1, line 11. 11F.		11S.
12. Business income or loss from federal Schedule 1, line 12. 12F.		12S.
13. Capital gain or loss from federal Schedule 1, line 13. 13F.		13S.
14. Other gains or losses from federal Schedule 1, line 14. 14F.		14S.
15. IRAs, pensions, and annuities from federal Form 1040, line 4b. 15F.		15S.
16. Reserved.		
17. Schedule E income or loss from federal Schedule 1, line 17. 17F.		17S.
18. Farm income or loss from federal Schedule 1, line 18. 18F.		18S.
19. Social Security benefits from federal Form 1040, line 5b and 19F. unemployment and other income from federal Schedule 1, lines 19-21.		19S.
20. Total income. Add lines 7 through 19. 20F.	79,532.00	30,720.00

Adjustments		
21. IRA or SEP and SIMPLE contributions, federal Schedule 1, lines 28 and 32. 21F.		21S.
22. Education deductions from federal Schedule 1, lines 23 and 33. 22F.		22S.
23. Moving expenses from federal Schedule 1, line 26. 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 27. 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 29. 25F.		25S.
26. Alimony paid from federal Schedule 1, line 31a. 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1. 27F.		27S.
28. Total adjustments. Add lines 21 through 27. 28F.		28S.
29. Income after adjustments. Line 20 minus line 28. 29F.	79,532.00	30,720.00

Additions		
30. Total additions from Schedule OR-ASC-NP, section 2. 30F.		30S.
31. Income after additions. Add lines 29 and 30. 31F.	79,532.00	30,720.00

Subtractions		
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F. 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3. 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33. 34F.	79,532.00	30,720.00
35. Oregon percentage. Line 34S ÷ line 34F (not more than 100.0%). 35.	38.6 %	

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Name ANUDEEP VATTIKUTI	SSN 719-02-2475
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Deductions and modifications

36. Amount from line 34F.....	36.	79,532.00
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	37.	0.00
38. Standard deduction. Enter your standard deduction (see instructions).....	38.	2,215.00
You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind		
39. Enter the larger of line 37 or 38.....	39.	2,215.00
40. 2018 federal tax liability. See instructions for the correct amount: \$0-\$6,650.	40.	6,650.00
41. Total modifications from Schedule OR-ASC-NP, section 4.....	41.	
42. Add lines 39, 40, and 41.....	42.	8,865.00
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter -0-.....	43.	70,667.00

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	44.	6,117.00
44a. <input type="checkbox"/> Schedule OR-FIA-40-P 44b. <input type="checkbox"/> Worksheet OR-FCG 44c. <input type="checkbox"/> Schedule OR-PTE-PY		
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions).	45.	2,361.00
46. Interest on certain installment sales.....	46.	
47. Total tax before credits. Add lines 45 and 46.	47.	2,361.00

Standard and carryforward credits

48. Exemption credit (see instructions).	48.	78.00
49. Total standard credits from Schedule OR-ASC-NP, section 5.	49.	
50. Total standard credits. Add lines 48 and 49.	50.	78.00
51. Tax minus standard credits. Line 47 minus line 50. If line 50 is more than line 47, enter -0-.....	51.	2,283.00
52. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 52 can't be more than line 51 (see Schedule OR-ASC-NP instructions).....	52.	
53. Tax after standard and carryforward credits. Line 51 minus line 52.....	53.	2,283.00

Payments and refundable credits

54. Oregon income tax withheld. Include a copy of Forms W-2 and 1099.	54.	2,417.00
55. Amount applied from your prior year's tax refund.....	55.	
56. Estimated tax payments for 2018. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 55.	56.	
57. Tax payments from a pass-through entity.	57.	
58. Earned income credit (see instructions).	58.	
59. Reserved.		
60. Total refundable credits from Schedule OR-ASC-NP, section 7.....	60.	
61. Total payments and refundable credits. Add lines 54 through 60.	61.	2,417.00

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Name ANUDEEP VATTIKUTI	SSN 719-02-2475
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Tax to pay or refund

62. Overpayment of tax. If line 53 is less than line 61, you overpaid. Line 61 minus line 53.....	62.	134.00
63. Net tax. If line 53 is more than line 61, you have tax to pay. Line 53 minus line 61.....	63.	
64. Penalty and interest for filing or paying late (see instructions).....	64.	
65. Interest on underpayment of estimated tax. Include Form OR-10.	65.	
Exception number from Form OR-10, line 1: 65a. Check box if you annualized: 65b. <input type="checkbox"/>		
66. Total penalty and interest due. Add lines 64 and 65.	66.	
67. Net tax including penalty and interest. Line 63 plus line 66..... This is the amount you owe	67.	
68. Overpayment less penalty and interest. Line 62 minus line 66..... This is your refund	68.	134.00
69. Estimated tax. Fill in the portion of line 68 you want applied to your estimated tax account.....	69.	
70. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	70.	
71. Oregon 529 College Savings Plan deposits from Schedule OR-529 (see instructions).....	71.	
72. Total. Add lines 69 through 71. Total can't be more than your refund on line 68.	72.	
73. Net refund. Line 68 minus line 72..... This is your net refund	73.	134.00

Direct deposit

74. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States:

Type of account: Checking or Savings

Routing number: 021200339

Account number: 381041134955

Reserved.

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Name	SSN
<u>ANUDEEP VATTIKUTI</u>	<u>719-02-2475</u>

Note: Remember to reprint page 1 if any changes are made on this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date		
X			
Spouse's signature (if filing jointly, both must sign)	Date		
X			
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
X			
Preparer address	City	State	ZIP code
<u>2530 PEBBLE CREEK LN</u>	<u>CUMMING</u>	<u>GA</u>	<u>30041</u>

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 67)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2018 Oregon Form OR-40-P" and the last four digits of your SSN or ITIN on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Only complete this section if submitting an amended return or filing with a new SSN.

If filing an amended return, complete this statement with an explanation of what you are amending. Indicate the return line numbers and the reason for each change. If your filing status has changed, explain why.

If filing with a new SSN, enter your former identification number.

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

Your first name and initial: ANUDEEP Last name: VATTIKUTI Your social security number: 719-02-2475

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. 2431 NE WESSEX WAY Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. HILLSBORO OR 97124 If more than four dependents, see inst. and ✓ here

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

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

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

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

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no.: 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	79,532.
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	79,532.
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	79,532.
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	67,532.
11	a Tax (see inst.) 10,795. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	10,795.
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	10,795.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	10,795.
16	Total tax. Add lines 13 and 14		16	13,359.
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 Add any amount from Schedule 5		18	13,359.
19	Add lines 16 and 17. These are your total payments		19	2,564.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		20a	2,564.
21	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			
22	Routing number 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
23	Account number 381041134955			
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21			
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			