Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

2018

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
SRAVAN VEMULAPALLI	001-17-6122
Spouse's name	Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	41,110.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	3,305.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	5,279.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,974.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (ERO firm name) to enter or generate my PIN 7 6 1 2 2 (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2018 electronically filed income tax return.

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

Your signature ▶ ____________ Date ▶ ____________

Spouse's PIN: check one box only

☐ I authorize ____________ (ERO firm name) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2018 electronically filed income tax return.

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

Spouse's signature ▶ ____________ Date ▶ ____________

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 1 2 3 4 5 (**Don't enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ ____________ Date ▶ ____________

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040NR** Department of the Treasury Internal Revenue Service

U.S. Nonresident Alien Income Tax Return

▶ Go to *www.irs.gov/Form1040NR* for instructions and the latest information.

For the year January 1–December 31, 2018, or other tax year beginning , 2018, and ending , 20

OMB No. 1545-0074

2018

Please print or type

Your first name and initial	Last name	Identifying number (see instructions)
SRAVAN	VEMULAPALLI	001-17-6122

Present home address (number and street or rural route). If you have a P.O. box, see instructions.	Apt. no.	Check if:
1030 WESTMEADE DR		☒ Individual ☐ Estate or Trust

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

CHESTERFIELD MO 63005

Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

1 ☐ Reserved
2 ☒ Single nonresident alien
3 ☐ Reserved
4 ☐ Reserved
5 ☐ Married nonresident alien
6 ☐ Qualifying widow(er) (see instructions)

Child's name ▶

Dependents

If more than four dependents, see instructions and check here. ☐

7 Dependents: (see instructions) (1) First name / Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) ✔ if qualifies for (see instr.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

8	Wages, salaries, tips, etc. Attach Form(s) W-2			8	43,760.
9a	**Taxable** interest			9a	
b	**Tax-exempt** interest. **Do not** include on line 9a	9b			
10a	Ordinary dividends			10a	
b	Qualified dividends (see instructions)	10b			
11	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)			11	
12	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)			12	
13	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)			13	
14	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here ☐			14	
15	Other gains or (losses). Attach Form 4797			15	
16	Reserved			16	
17a	IRAs, pensions, and annuities	17a			
17b	Taxable amount (see instr.)			17b	
18	Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)			18	-2,650.
19	Farm income or (loss). Attach Schedule F (Form 1040)			19	
20	Unemployment compensation			20	
21	Other income. List type and amount (see instructions)			21	
22	Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)	22	0.		
23	Combine the amounts in the far right column for lines 8 through 21. This is your **total effectively connected income** ▶			23	41,110.

Adjusted Gross Income

24	Educator expenses (see instructions)	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE (Form 1040)	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction (see instructions)	29			
30	Penalty on early withdrawal of savings	30			
31	Scholarship and fellowship grants excluded	31			
32	IRA deduction (see instructions)	32			
33	Student loan interest deduction (see instructions)	33			
34	Add lines 24 through 33			34	
35	**Adjusted Gross Income.** Subtract line 34 from line 23 ▶			35	41,110.

Tax and Credits

36	Amount from line 35 (adjusted gross income)	36	41,110.
37	**Itemized deductions** from page 3, Schedule A, line 8 Std Dedn US/India Treaty	37	12,000.
38	Qualified business income deduction (see instructions)	38	
39	Exemptions for estates and trusts only (see instructions)	39	

Tax and Credits (continued)

40	Add lines 37 through 39			40	12,000.
41	**Taxable income.** Subtract line 40 from line 36. If zero or less, enter -0-			41	29,110.
42	**Tax** (see instr.). Check if any is from Form(s): a ☐ 8814 b ☐ 4972 c ☐			42	3,305.
43	**Alternative minimum tax** (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	3,305.
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 ☐ 3800 b ☐ 8801 c ☐	51			
52	Add lines 46 through 51. These are your **total credits**			52	
53	Subtract line 52 from line 45. If zero or less, enter -0- ▶			53	3,305.

Other Taxes

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 ☐ 4137 b ☐ 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	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Instructions; enter code(s)	60	
61	**Total tax.** Add lines 53 through 60 ▶	61	3,305.

Payments

62	Federal income tax withheld from:				
a	Form(s) W-2 and 1099	62a	5,279.		
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 ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	69			
70	Credit for amount paid with Form 1040-C	70			
71	Add lines 62a through 70. These are your **total payments** ▶			71	5,279.

Refund

Direct deposit? See instructions.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**			72	1,974.
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here . ▶ ☐			73a	1,974.
b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: ☒ Checking ☐ Savings				
d	Account number 3 2 5 0 6 2 7 6 1 4 1 5				
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 **applied to your 2019 estimated tax** ▶	74			

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see instructions ▶			75	
76	Estimated tax penalty (see instructions)	76			

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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.

Keep a copy of this return for your records.

Your signature	Date	Your occupation in the United States	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		SOFTWARE ENGINEER	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANIKUMAR				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

Taxes You Paid	1	State and local income taxes				
	a	State and local income taxes	1a			
	b	Enter the smaller of line 1a and $10,000 ($5,000 if married)			1b	
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of $250 or more, see instructions	2			
If you made a gift and received a benefit in return, see instructions.	3	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if the amount of your deduction is over $500	3			
	4	Carryover from prior year	4			
	5	Add lines 2 through 4			5	
Casualty and Theft Losses	6	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			6	
Other Itemized Deductions	7	Other—from list in instructions. List type and amount ▶			7	
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040NR, line 37			8	

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

15 **Tax on income not effectively connected with a U.S. trade or business.** Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 ▶ 15

Capital Gains and Losses From Sales or Exchanges of Property

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.

16 **(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) LOSS** If (e) is more than (d), subtract (d) from (e)	**(g) GAIN** If (d) is more than (e), subtract (e) from (d)

17 Add columns (f) and (g) of line 16 . . . 17 ( )

18 **Capital gain.** Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶ 18

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 365 , 2017 365 , 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.
(e) Total. 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 ▶ ☐

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. **13**

Name(s) shown on return: SRAVAN VEMULAPALLI

Your social security number: 001-17-6122

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)
A	HYDERABAD HYDERABAD TELANGANA IN 500072
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		A	365	0	☐
B			B			☐
C			C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	**Properties:**		A	B	C
3	Rents received . . .	3	200.		
4	Royalties received . . .	4			
Expenses:					
5	Advertising . . .	5			
6	Auto and travel (see instructions) . . .	6			
7	Cleaning and maintenance . . .	7			
8	Commissions. . . .	8			
9	Insurance . . .	9			
10	Legal and other professional fees . . .	10			
11	Management fees . . .	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest. . . .	13	2,000.		
14	Repairs. . . .	14			
15	Supplies . . .	15			
16	Taxes . . .	16			
17	Utilities . . .	17			
18	Depreciation expense or depletion . . .	18	850.		
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19 . . .	20	2,850.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . .	21	-2,650.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . .	22	(-2,650.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties . . .	23a	200.
b	Total of all amounts reported on line 4 for all royalty properties . . .	23b	
c	Total of all amounts reported on line 12 for all properties . . .	23c	
d	Total of all amounts reported on line 18 for all properties . . .	23d	850.
e	Total of all amounts reported on line 20 for all properties . . .	23e	2,850.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses . . .	24	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	25	(2,650.)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . .	26	-2,650.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SRAVAN VEMULAPALLI	Sch E HYDERABAD	001-17-6122

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	850.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	850.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

IRS *e-file* Authentication Statement 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
SRAVAN VEMULAPALLI	001-17-6122

A — Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information . . . . ►

Taxpayer entered PIN . . . . ► [ ]

ERO entered Taxpayer's PIN . . . . ► X

B — Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . EFIN 587278 Self-Select PIN 12345

C — Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. . . . . ► ______

Taxpayer's PIN (5 numbers) 76122

Date 02/16/2019

D — Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Nonresident Alien Information Worksheet 2018

► Keep for your records

QuickZoom to Form 1040NR . . . . ►
QuickZoom to Client Status . . . . ►

Part I — Personal Information

Last name . . . . . . VEMULAPALLI
Middle initial . . . .
First name . . . . . . SRAVAN
Suffix . . . .
Social security number 001-17-6122
Occupation (in the U.S.) . . SOFTWARE ENGINEER
Date of birth (mm/dd/yyyy) . . 08/06/1986
or age as of 1-1-2019 32
Work phone . . . . (510)766-4536
Home phone . . . .
Extension . . . .
E-mail address . . . . VEMULAPALLISRAVAN@GMAIL.COM
Cell phone . . . . (510)766-4536
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 (510)766-4536

Present home address:

US Address:

Address . . . . . 1030 WESTMEADE DR Apt no. . .
City . . . . CHESTERFIELD State . . . . MO U.S. ZIP code . . . 63005

Foreign Address: Check this box to use foreign address . . ► ☐

Address . . . . . Apt no. . .
City . . . .
Country code . . Country . . . .
Province/county . . . . 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'.

Part II — Federal Filing Status

Check the box 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	Check this box if client **did not** live with spouse at any time during the year . . . . ► ☐
6	☐ Qualifying widow(er) with dependent child Check the appropriate box for the year the spouse died . . . . ► ☐ 2016 ☐ 2017 If the 'qualifying person' is your child but **not** your dependent: Child's First name ______ MI ___ Last Name ______ Suff ___ Child's social security number . . . ______	

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

Identity Verification Worksheet 2018

► See tax help for more information on identity verification

Name(s) Shown on Return	Social Security Number
SRAVAN VEMULAPALLI	001-17-6122

Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

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

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

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

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

☐ Taxpayer **Note:** Alabama does not allow this option

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

☐ Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:		**Spouse:**	
Issuing state	MI	Issuing state	
License number	V541775001430	License number	
Issue date	11/16/2017	Issue date	
Expiration date	12/30/2019	Expiration date	
Does not expire	☐	Does not expire	☐
NY Document number (first 3 chars)*		NY Document number (first 3 chars)*	

State Identification Card Detail

Taxpayer:		**Spouse:**	
Issuing state		Issuing state	
Identification number		Identification number	
Issue date		Issue date	
Expiration date		Expiration date	
Does not expire	☐	Does not expire	☐
NY Document number (first 3 chars)*		NY Document number (first 3 chars)*	

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

Additional Verification Information

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

Client Status:

☐ New client
☐ Returning client to same preparer and firm
☐ Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

Driver's license (complete detail above)

State issued identification card (complete detail above)

Electronic Filing Information Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
SRAVAN VEMULAPALLI	001-17-6122

Payment by Check (Form 1040-V) ─ Federal Balance Due
Electronic Return Originator Information

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

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

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . ►

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

Paid Preparer Information

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

Non Paid Preparer Information

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

IRS-reviewed . . . . ► ☐
IRS-prepared . . . . ► ☐
Prepared by taxpayer or other non-paid preparer . . . . ► ☐

Amended Returns

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

* Select the state and/or city amended return(s) to file electronically.

	State/City *
☐	
☐	
☐	
☐	
☐	

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable . . . ► ______

Name of personal representative for deceased returns . . . ► ______

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

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

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

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

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

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

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

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

Form 1040

Forms W-2 & W-2G Summary

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
SRAVAN VEMULAPALLI	001-17-6122

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax	
SRK SYSTEMS INC		43,760.	5,279.	43,760.	1,709.	
Totals		43,760.	5,279.	43,760.	1,709.	

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	43,760.		43,760.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips	0.		0.
2	Total federal tax withheld	5,279.		5,279.
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	43,760.		43,760.
17	Total state tax withheld	1,709.		1,709.
19	Total local tax withheld			

Form 1040

Forms W-2 & W-2G Summary

2018

► Keep for your records

SRAVAN VEMULAPALLI | 001-17-6122 | Page **2**

Form W-2G Payer	SP	Winnings	Federal Tax	State Tax	Local Tax	
Totals						

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			

Form 1040

Form W-2 Worksheet

2018

► Keep for your records

Name as shown on return	Social Security Number
SRAVAN VEMULAPALLI	001-17-6122

Employer EIN 45-5488835
Employer Name . . . . SRK SYSTEMS INC
Name (cont.)
Street Address or P. O. Box 1811 WEST DELHI RD STE 400
City . NAPERVILLE State IL ZIP 60563
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 . .	43,760.	2	Federal tax withheld	5,279.
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: ☐ 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
MO	22182659	43,760.	1,709.

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) . . . ► ☐	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).

Form W-2 Worksheet Additional Information

► Keep for your records

SRAVAN VEMULAPALLI | 001-17-6122 | Page 2

Employer Name . . . . SRK SYSTEMS INC

Part I Statutory employees

- **A** ☐ Box 13a. Statutory employee
- **B** ☐ Deducting expenses in connection with this income
- **C** *If deducting expenses, double click to link to Schedule C* . . . . **C** ________

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

Clergy only:

- **D** Designated housing or parsonage allowance . . . . **D** ________
- **E** Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . **E** ________
- **F** **If no FICA was withheld,** check the applicable box below
  - **1** ☐ Pay self-employment tax on housing or parsonage allowance only
  - **2** ☐ Pay self-employment tax on W-2 income only
  - **3** ☐ Pay self-employment tax on W-2 income and housing allowance
  - **4** ☐ Exempt from self-employment tax and has approved Form 4361

Non-Clergy only:

- **G** **If no FICA was withheld,** check the applicable box below
  - **1** ☐ Pay self-employment tax on this W-2 income
  - **2** ☐ Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

- **I 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. 001-17-6122

First name	M.I.	Last name	Suff.
SRAVAN		VEMULAPALLI	

Address	City	St	ZIP code
1030 WESTMEADE DR	CHESTERFIELD	MO	63005

Foreign Province/County	Foreign Postal Code

Foreign Country

Tax Payments Worksheet — 2018

► Keep for your records

Name(s) Shown on Return: SRAVAN VEMULAPALLI

Social Security Number: 001-17-6122

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	**Federal**	**State**	**Local**
10 Forms W-2	5,279.	1,709.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B . . . . St Loc			
18 a Other withholding . . . . St Loc			
b Other withholding . . . . St Loc			
c Other withholding . . . . St Loc			
d Additional Medicare Tax			
e Form 8288-A and Form 8805			
19 **Total Withholding** Lines 10 through 18e	5,279.	1,709.	0.
20 **Total Tax Payments for 2018**	5,279.	1,709.	0.

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

Schedule E	Schedule E Worksheet ► Keep for your records	2018

Name(s) shown on return	Social Security No.
SRAVAN VEMULAPALLI	001-17-6122

General Information:

Property description . . . . BUILDING
Property type. . . 1 Single Family Residence If type is other, enter a description . . ______
Location (street address) . . . . . HYDERABAD
City . . . . HYDERABAD State . . . . ____ ZIP code . . . . ______
If a foreign address: Foreign province or state . . TELANGANA
Foreign postal code . . . . 500072 Foreign country . . . . India

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

A	Owned by spouse	[ ]	**B**	Owned jointly	[ ]
C	Active participation.	[X]	**D**	Material participation	[ ]
E	Qualified joint venture	[ ]	**F**	Some investment is not at risk.	[ ]
G	Other passive exceptions	[ ]	**H**	Complete taxable disposition - See Help .	[ ]

I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX . . . . [ ]

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

Property Location
HYDERABAD, HYDERABAD, TELANGANA, 500072, India

Income			% if Different	Total
3	**Enter** rental income (not reported elsewhere)	200.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	200.	100.000000	200.
4	**Enter** royalties received (not reported elsewhere)			
	Royalty income from Form 1099-MISC			
	Royalty income from Form 1099-K			
	Royalty Income from Cancellation of Debt Wks			
	Royalty Income from Schedule K-1			
	Total royalties received			

	Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5	Advertising					
6 a	Auto					
b	Travel					
7	Cleaning and maint					
8	Commissions					
9 a	Mort insur qualified					
	From Form 1098 import					
	Total mort insur qual					
b	Other Insurance					
10	Legal & other prof fees					
11	Management fees					
12 a	Mortgage int qualified					
	From Form 1098 import					
	Total mort int qualified					
b	Mort int other					
	From Form 1098 import					
	Total mort int other					
13	Other interest	2,000.		2,000.		
14	Repairs					
15	Supplies					
16 a	Real estate taxes					
	From Form 1098 import					
	Total real estate taxes					
b	Other taxes					
17	Utilities					
18 a	Depreciation	850.		850.		
b	Depletion					
c	Depreciation carryover					
19	Other expenses					
a						
b						
c						
d						
e	Indirect operating exp					
f	Operating exp carryover					
g	Vehicle rental					
h	Amortization					
20	Add lines 5 through 19	2,850.		2,850.		
21	Income or (loss)			-2,650.		
22	Deductible rental real estate loss			-2,650.		

Federal Carryover Worksheet 2018

► Keep for your records

Name(s) Shown on Return: SRAVAN VEMULAPALLI

Social Security Number: 001-17-6122

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
Totals . .						

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

SRAVAN VEMULAPALLI 001-17-6122

Other Tax and Income Information		2017	2018
1 Filing status	1		1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3		1,709.
4 Check box if required to itemize deductions	4	☐	☐
5 Adjusted gross income	5		41,110.
6 Tax liability for Form 2210 or Form 2210-F	6		
7 Alternative minimum tax	7		0.
8 Federal overpayment applied to next year estimated tax	8		

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

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

SRAVAN VEMULAPALLI 001-17-6122

Credit Carryovers				2017	2018
18	General business credit		18		
19	Adoption credit from:	a 2018	19a		
		b 2017	b		
		c 2016	c		
		d 2015	d		
		e 2014	e		
		f 2013	f		
20	Mortgage interest credit from:	a 2018	20a		
		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 foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25a		
		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					

Form 4562

Depreciation and Amortization Report

2018

Tax Year 2018

► Keep for your records

SRAVAN VEMULAPALLI

Sch E - HYDERABAD

001-17-6122

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
CELL PHONE		02/21/18	850		100.00		850	0	7.0	200DB/HY		0
SUBTOTAL CURRENT YEAR			850	0		0	850	0			0	0
TOTALS			850	0		0	850	0			0	0

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

2018

Tax Year 2018

► Keep for your records

SRAVAN VEMULAPALLI

Sch E - HYDERABAD

001-17-6122

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation	Adjustments Preferences
DEPRECIATION													
CELL PHONE		02/21/18	850		100.00		850	0	7.0	200DB/HY		0	0.
SUBTOTAL CURRENT YEAR			850	0		0	850	0			0	0	0.
TOTALS			850	0		0	850	0			0	0	0.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

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	3,305.
	Check if from:	
1	Tax Table	X
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**	3,305.

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** [X]

Refer to Tax Help

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

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

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Active RE		
	Schedule E			
D	Tentative profit (loss)	-2,650.		-2,650.
E	Other adjustments			
F	At risk disallowed loss			
G	Passive carryover loss			
H	Passive disallowed loss			
I	Net profit (loss) allowed	-2,650.		-2,650.
	Related Dispositions			
J	Tentative profit (loss)			
K	At risk disallowed loss			
L	Passive carryover loss			
M	Passive disallowed loss			
N	Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Qualified Business Income Deduction Info

A Is this activity a qualified trade or business? ☐ **Yes** ☒ **No**

This rental qualifies as a business under the safe harbor requirements of Notice 2019-07 ☐

B Trade or Business Name . . . . ____

C Trade or Business ID Number . . . . ____

D Specified Service Trade or Business (SSTB)? . . ☐ Yes ☐ No

If No, is income attributable to SSTB? . . . . ☐ Yes ☐ No

If income is attributable to SSTB, select QBI worksheet of associated SSTB . . . . . . ____

Percentage of qualified income attributable to SSTB ____%

E 1 Tentative Schedule E profit (loss) from this business . . . . ____

2 Reductions to qualified business income ____

3 Schedule E qualified business income ____

4 Allowable Schedule E profit (loss) after passive/at-risk limits ____

4 Portion of Schedule E profit (loss) attributable to co-owned SSTB ____

5 Allowable Schedule E profit (loss) allocated to SSTB ____

6 Allowable Schedule E profit (loss) from this business ____

F

Description of Asset	Ordinary G/L

1 Ordinary gain (loss) from business assets . . . . ____

2 Ordinary gain (loss) not part of QBI. . . . . ____

3 Qualified ordinary gain (loss) . . . . ____

4 Allowable ordinary qualified gain (loss) after passive/at-risk limits . . . . ____

5 Allowable ordinary gain (loss) allocated to SSTB . . . . ____

6 Allowable ordinary gain (loss)/recapture from this business . . . . ____

G

Description of Asset	1231 G/L

1 Section 1231 gain (loss) from business assets . . . . ____

2 Section 1231 gain (loss) not related to qualified business income . . . . ____

3 Section 1231 gain (loss) from qualified business . . . . ____

4 Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. . . . . ____

5 Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . ____

6 Allowable ordinary 1231 gain (loss) from this business . . . . ____

H 1 Allowable QBI (E6 plus F6 plus G6) . . . . ____

2 Qualified business income allocated to SSTB (E5 plus F5 plus G5) . . . . ____