



2018 Form M1, Individual Income Tax

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

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth
SIDDHARTHA	CHIKKAVARAPU	008373707	05051994
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address	Check if:	New Address	Foreign Address
3305 HARBOR LN N APT 7303		<input type="checkbox"/>	<input type="checkbox"/>
City	State	ZIP Code	
MINNEAPOLIS	MN	55447	

2018 Federal Filing Status (1) Single (2) Married filing jointly (3) Married filing separately:
 (place an X in one box): (4) Head of household (5) Qualifying widow(er)
 Enter spouse name and Social Security number _____

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

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

Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc.	B IRA, pensions, and annuities	C Unemployment	D Federal taxable income
	59323	0	0	<input type="checkbox"/> 44823

▲Place an X in box if a negative number

1 Federal adjusted gross income (from line 7 of federal Form 1040) (if a negative number, place an X in the box)	1 <input type="checkbox"/>	56823
2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/>	
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/>	56823
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/>	6500
5 Exemptions (determine from instructions)	5 <input type="checkbox"/>	4150
6 State income tax refund from line 10 of federal Schedule 1	6 <input type="checkbox"/>	
7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/>	
8 Total subtractions. Add lines 4 through 7	8 <input type="checkbox"/>	10650
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 <input type="checkbox"/>	46173
10 Tax from the table in the M1 instructions	10 <input type="checkbox"/>	2813
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/>	
12 Add lines 10 and 11	12 <input type="checkbox"/>	2813
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR)	13 <input type="checkbox"/>	2813
a <input type="checkbox"/> b <input type="checkbox"/>	<input type="checkbox"/>	0 (Place an X in box if a negative number)
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 <input type="checkbox"/>	



15 Tax before credits. Add lines 13 and 14	15	2813
16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16	■ _____
17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI)	17	■ _____
18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR)	18	■ _____
19 Other nonrefundable credits (enclose Schedule M1C)	19	■ _____
20 Total nonrefundable credits. Add lines 16 through 19	20	_____
21 Subtract line 20 from line 15 (if result is zero or less, leave blank)	21	2813
22 Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	22	■ _____
23 Add lines 21 and 22	23	2813
24 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	24	■ 3652
25 Minnesota estimated tax and extension payments made for 2018	25	■ _____
26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin, Credit for historic structure rehabilitation, and Enterprise Zone Credit.....	26	■ _____
27 Total payments. Add lines 24 through 26	27	3652
28 REFUND. If line 27 is more than line 23, subtract line 23 from line 27 (see instructions). For direct deposit, complete line 29	28	■ 839
29 Direct deposit of your refund (you must use an account not associated with a foreign bank): Account Type Routing Number Account Number <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings _____ 083900363 145811560138		
30 AMOUNT YOU OWE. If line 23 is more than line 27, subtract line 27 from line 23 (see instructions)	30	■ _____
31 This line intentionally left blank.	31	■ _____
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.		
32 Amount from line 28 you want sent to you	32	■ _____
33 Amount from line 28 you want applied to your 2019 estimated tax	33	■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your Signature	Date	Paid Preparer's Signature	Date
Spouse's Signature (if filing jointly)		Taxpayer's Daytime Phone	Preparer's Daytime Phone
		2702276530	P02090332
Your Email address		Preparer's email address	
Siddu.chikkavarapu@gmail.com			

Include a copy of your 2018 federal return and schedules.

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

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

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

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



2018 Schedule M1W, Minnesota Income Tax Withheld

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

Your First Name and Initial SIDDHARTHA	Last Name CHIKKAVARAPU	Your Social Security Number 008373707
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

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

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

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	<input type="checkbox"/>	MN 3754656	59323	3652
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

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

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 3652

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

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

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

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

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

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 3652**

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



Name as Shown on Return
SIDDHARTHA CHIKKAVARAPU

Social Security No.
008-37-3707

Worksheet for Schedule M1NC, Line 32 - Student Loan Interest

If you are required to complete any of the other worksheets for line 32, you must complete those worksheets before completing this worksheet.

1	Enter the total interest you paid in 2018 on qualified student loans (see instructions for federal Schedule 1, line 33) Do not enter more than \$2,500	1	2,500.
2	Enter the amount from line 6 of federal Form 1040. Include any foreign earned income exclusion, housing exclusion, foreign housing deduction, and any income from Puerto Rico and American Samoa you are excluding	2	
3	Enter the total from the Additions column for lines 1 through 30 of Schedule M1NC	3	0.
4	Enter the total from the Subtractions column for lines 1 through 30 of Schedule M1NC.	4	
5	Subtract step 4 from step 3	5	0.
6	Enter the amount from step 17 of the worksheet for line 32 - Rental Real Estate Losses, step 18 of the worksheet for line 32- Social Security Income, and step 15 of the Worksheet for Line 32 -Minnesota IRA Deduction. If the result is negative, include as a negative amount.	6	
7	Add steps 2, 5 and 6	7	0.
8	Enter the amount from your federal Schedule 1, lines 23 through 32 plus any write in adjustments on line 36	8	0.
9	Subtract step 8 from step 7	9	0.
10	If your filing status is single, head of household, or qualifying widow(er), enter \$65,000. If your filing status is married filing joint, enter \$135,000	10	65,000.
11	Subtract step 10 from step 9. If the result is zero or less, skip steps 12 and 13, and enter the amount from step 1 on step 14	11	-65,000.
12	Divide step 11 by \$15,000 (\$30,000 if married filing jointly).Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter 1.000	12	
13	Multiply step 1 by step 12	13	
14	Subtract step 13 from step 1	14	2,500.
15	Enter the amount from line 33 of your federal Schedule 1	15	2,500.
16	Subtract step 14 from step 15. If the result is positive, enter the result in the Additions column of line 32. If the result is negative, enter the result as a positive amount in the Subtractions column of line 32	16	0.

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

Your first name and initial: **SIDDHARTHA** Last name: **CHIKKAVARAPU** Your social security number: **008-37-3707**

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. **3305 Harbor LN N** Apt. no. **7-303** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **MINNEAPOLIS MN 55447** If more than four dependents, see inst. and here

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

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

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

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

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

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

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

Paid Preparer Use Only

Preparer's name: **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	59,323.
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	59,323.
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	56,823.
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	44,823.
11	a Tax (see inst.) 5,801. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	5,801.
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	5,801.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	5,801.
16	Total tax. Add lines 13 and 14	16	9,175.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	
19	Add any amount from Schedule 5	19	
20a	Add lines 16 and 17. These are your total payments	20a	9,175.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	3,374.
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	3,374.
23	Routing number 083900363 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number 145811560138	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

SIDDHARTHA CHIKKAVARAPU

Your social security number

008-37-3707

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22		
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	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	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33	2,500.	
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36	2,500.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018