# Form **8879**

# IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service ► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) 587278201905501fz117		
Taxpayer's name	Social security number	
PRADEEP KUMAR AVUKU	872-34-5575	
Spouse's name	Spouse's social security	number
Part I Tax Return Information — Tax Year Ending Decem	ber 31, 2018 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)		<b>1</b> 80,270.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2 10,960.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 10-		3 12,180.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form		4 1,220.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5
Part II Taxpayer Declaration and Signature Authorization		y of your return)
for the tax year ending December 31, 2018, and to the best of my knowledge and beli in Part I above are the amounts from my electronic income tax return. I consent to originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledge and processing the return or refund, and (c) the date of any refundagent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial of my federal taxes owed on this return and/or a payment of estimated tax, and the fir remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be date. I also authorize the financial institutions involved in the processing of the electanswer inquiries and resolve issues related to the payment. I further acknowledge the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Conservations.	a allow my intermediate service provider, tranowledgement of receipt or reason for rejection d. If applicable, I authorize the U.S. Treasury all institution account indicated in the tax preparancial institution to debit the entry to this accide the authorization. To revoke (cancel) a payor received no later than 2 business days prior tronic payment of taxes to receive confident that the personal identification number (PIN) b	nsmitter, or electronic return n of the transmission, (b) the and its designated Financial aration software for payment ount. This authorization is to nent, I must contact the U.S. to the payment (settlement) ital information necessary to
Taxpayer's PIN: check one box only		
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN 4	5 5 7 5
ERO firm name	_	er five digits, but
as my signature on my tax year 2018 electronically filed income	tax return. don	't enter all zeros
I will enter my PIN as my signature on my tax year 2018 electron entering your own PIN and your return is filed using the Practition		
Your signature ▶	Date ▶	
Spouse's PIN: check one box only		
I authorize	to enter or generate my PIN	
ERO firm name	_	er five digits, but
as my signature on my tax year 2018 electronically filed income	tax return. don	't enter all zeros
I will enter my PIN as my signature on my tax year 2018 electron entering your own PIN <b>and</b> your return is filed using the Practition		
Spouse's signature ▶	Date ▶	
Practitioner PIN Method Returns	s Only—continue below	
Part III Certification and Authentication — Practitioner PIN		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit sel	00.001.00 1 1111	8 1 2 3 4 5 er all zeros
I certify that the above numeric entry is my PIN, which is my signature the taxpayer(s) indicated above. I confirm that I am submitting this returmethod and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	n in accordance with the requirements	
ERO's signature ▶	Date ▶	
ERO Must Retain This Form		

Form **9325** 

Department of the Treasury - Internal Revenue Service

(January 2017)

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> .	
	872-34-5575	
Гахрауе	rname PRADEEP KUMAR AVUKU	
Гахрауе	r address (optional)	
17030 1	N 49TH ST APT 2047	
SCOTTS	DALE AZ 85254	
1. 🛛	Your federal income tax return for 2018	was filed electronically with the Fresno
	Submission Processing Center. The electronic filing	services were provided by GLOBAL TAXES LLC
2. 🗶	<del></del>	ing a Personal Identification Number (PIN) as your electronic ctronic Return Originator (ERO) to enter or generate a PIN is
3.	Your return was accepted on	Allow 4 to 6 weeks for the processing of your return.
		tion on your return may be reduced or disallowed due to a
4.	Your electronic funds withdrawal payment request v	vas accepted for processing.
5.	Your electronic funds withdrawal payment request v Tax" section.	vas not accepted for processing. Refer to the "If You Owe
6.	• •	on of Time to File U.S. Individual Income Tax Return, was abmission ID assigned to your extension

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

#### If You Need to Make a Change to Your Return

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

#### If You Need to Ask About Your Refund

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

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

BAA REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

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

#### If You Owe Tax

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

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

#### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

#### **Tax Refund Related Financial Products**

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

Catalog Number 12901K BAA www.irs.gov REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space OMB No. 1545-0074 X Single Married filing jointly Married filing separately Head of household Qualifying widow(er) Your first name and initial Last name Your social security number PRADEEP KUMAR **AVIJKIJ** 872-34-5575 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 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 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. Apt. no. **Presidential Election Campaign** (see inst.) 2047 17030 N 49th St You Spouse City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and \( \shear \) here \( \brace \) SCOTTSDALE AZ 85254 Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents (1) First name Last name 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, Sign correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. Here Date If the IRS sent you an Identity Protection Your signature Your occupation Joint return? PIN, enter it SOFTWARE ENGINEER here (see inst. See instructions. Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection Date Spouse's occupation Keep a copy for PIN. enter it your records. here (see inst. Preparer's name PTIN Preparer's signature Firm's EIN Check if: **Paid** P02090332 APPANA RUPA VENKATA SATYA SAI MANIKUMAR 3rd Party Designee **Preparer** Firm's name ▶ GLOBAL TAXES LLC Self-employed Phone no. **Use Only** Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Form **1040** (2018) For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)	)					Page <b>2</b>
	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	83,270.
	2a	Tax-exempt interest 2a		<b>b</b> Taxable interest	2b	
Attach Form(s) W-2. Also attach	3a	Qualified dividends 3a		<b>b</b> Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities . 4a		<b>b</b> Taxable amount	4b	
withheld.	5a	Social security benefits 5a		<b>b</b> Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amoun	t from Schedule 1, line 22	3,000.	6	80,270.
	7	Adjusted gross income. If you have no adju	stments to income, enter the	e amount from line 6; otherwise,		00 000
Standard Deduction for—	_	, , , , , , , , , , , , , , , , , , , ,			7	80,270.
Single or married	8	Standard deduction or itemized deductions (for	,		8	12,000.
filing separately, \$12,000	9	Qualified business income deduction (see inst	,		9	60.000
Married filing	10	Taxable income. Subtract lines 8 and 9 from I	,		10	68,270.
jointly or Qualifying widow(er),	11	<b>a</b> Tax (see inst.) $\underline{10,960}$ (check if any from:				
\$24,000		<b>b Add</b> any amount from Schedule 2 and chec			11	10,960.
Head of household.	12	a Child tax credit/credit for other dependents	<b>b Add</b> any amount	from Schedule 3 and check here ►	12	,
\$18,000	13	Subtract line 12 from line 11. If zero or less, e	nter -0		13	10,960.
If you checked any box under	14	Other taxes. Attach Schedule 4			14	0.
Standard	15	Total tax. Add lines 13 and 14			15	10,960.
deduction, see instructions.	16	Federal income tax withheld from Forms W-2	and 1099		16	12,180.
	<sup>)</sup> 17	Refundable credits: a EIC (see inst.) No	<b>b</b> Sch. 8812	<b>c</b> Form 8863		
		Add any amount from Schedule 5			17	
	18	Add lines 16 and 17. These are your total pay	ments		18	12,180.
Refund	19	If line 18 is more than line 15, subtract line 15	from line 18. This is the amou	unt you <b>overpaid</b>	19	1,220.
Herana	20a	Amount of line 19 you want refunded to you.	If Form 8888 is attached, che	eck here	20a	1,220.
Direct deposit?	▶b	Routing number 0 2 1 0 0	0 0 2 1 <b>▶ c</b> Type:	X Checking Savings		
See instructions.	►d	Account number 2 3 2 0 1	7 3 3 2			
	21	Amount of line 19 you want applied to your 201	9 estimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 1	15. For details on how to pay,	see instructions	22	,
	23	Estimated tax penalty (see instructions)		23		
Go to www.irs.go	v/Forr	n1040 for instructions and the latest information	1.	BAA RE	V 04/22/1	9 PRO Form <b>1040</b> (2018)

# SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Income and Adjustments to Income**

► Attach to Form 1040.
 ► Go to www.irs.gov/Form1040 for instructions and the latest information.

2018 Attachment Sequence No. 01

OMB No. 1545-0074

Name(s) shown on Form 1040 Your social security number PRADEEP KUMAR AVUKU 872-34-5575 Additional 1-9b Reserved 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes . 10 Income 11 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 ▶ □ 13 14 14 15a Reserved 15b 16a 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -3,000.18 18 19 19 20a 20b Other income. List type and amount ▶ 21 21 22 Combine the amounts in the far right column. If you don't have any adjustments to -3,000.income, enter here and include on Form 1040, line 6. Otherwise, go to line 23. 22 23 **Adjustments** Educator expenses . . . . . . . . . . . . . . . . 23 24 Certain business expenses of reservists, performing artists, to Income 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 Deductible part of self-employment tax. Attach Schedule SE 27 27 28 Self-employed SEP, SIMPLE, and qualified plans . . 28 29 29 Self-employed health insurance deduction . . . . 30 Penalty on early withdrawal of savings . . . . . . 30 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 32 IRA deduction . . . . . . 33 Student loan interest deduction . . . . 33 34 34 35

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

Add lines 23 through 35

36

Schedule 1 (Form 1040) 2018

36

REV 12/21/18 PRO

#### SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

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

2018
Attachment
Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

| Sequence No. 1 |
| Your social security number

PRADEEP KUMAR AVUKU 872-34-5575 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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) . . . . . **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) 11-4548 HYDERABAD ANDHRA PRADESH IN 5454545 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as 365 Α Α 0 a qualified joint venture. See instructions. В В С C Type of Property: 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:** Α 3 Rents received . 500. 3 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 Cleaning and maintenance . . . 7 7 8 Commissions. . . . . . 8 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,500. Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 15 15 Supplies . Taxes . . . . . 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 3,500. 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 -3,000.Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) . . . . . . . . -3,000.500 23a Total of all amounts reported on line 3 for all rental properties 23a **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 23e Total of all amounts reported on line 20 for all properties 3,500. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 3,000. 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

-3,000.

Arizona Form AZ-8879

## **E-file Signature Authorization**

2018

AZ-0013			
Your First Name and Initial	Last Name		Your Social Security Number*
PRADEEP KUMAR	AVUKU	Enter	872   34   5575
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
DART 4 DURDOSE			*Do Not Truncate
<ul> <li>PART 1 – PURPOSE</li> <li>To certify the truthfulness, correctness, and comp</li> </ul>	oleteness of the taxnaver's ele	ectronic income tax return	
• To authorize the Electronic Return Originator (ER			nic signature to the taxpayer's
federal individual income tax return as the taxpay	er's signature to the taxpaye	r's electronic Arizona individual incom	ie tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTIT	UTION INFORMATION
TAKE TAKE TOTAL IN ORMATION		Must be present when request	
1 Arizona Adjusted Gross Income 39,5	20 00	☐ Foreign Account Deposit/D	
	55 00	TYPE OF ACCOUNT	ROUTING NUMBER
3 Arizona Income Tax Withheld	00	☐ Checking ☐ Savings	
Check box 4 or box 5:	100	ACCOUNT NUMBER	
4☐ REFUND: Enter the amount of refund		<del></del>	
5⊠ AMOUNT YOU OWE: Enter the amount owe			DIRECT DEBIT PAYMENT AMOUNT
AMOUNT FOU OWE: Enter the amount owe	;a <u>955 0</u> 1		\$
Box 4 Checkbox – Refund: You are due a refund b		Foreign Account Deposit/Debit Che	
provided on your tax return. Your refund amount account listed in the Financial Institution Informatio	will be deposited in the Lin Section (Part 3)	Deposit/Debit" box if your deposit w rom a foreign account. If you check	ill be ultimately placed in or come
Box 5 Checkbox – Amount You Owe: You ow		numbers. If this box is checked, we	
information provided on your tax return. You have	e elected to direct debit	account. If you are due a refund, we v	will send you a check instead. If you
for payment. The payment will be withdrawn from		owe tax, you must mail a check to th	
date listed in the Financial Institution Information S	ection (Part 3).	PO Box 52016, Phoenix, AZ 85072-	2016.
DART 4 DECLARATION AND SIGNATURE	E ALITHODIZATION /Cia	n only ofter completing Part 2)	
PART 4 – DECLARATION AND SIGNATURE	• •		ovininator (FDO) or On Line Coming
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and a		I consent to my Electronic Return C Provider (OLSP) sending my electro	
and statements for the year ending December 31, 2	2018, and to the best of	eturn and accompanying schedules	and statements to ADOR, and I
my knowledge and belief, it is true, correct, and com	nplete. I further declare	consent to my ERO or OLSP sending s	
that the amounts of Arizona adjusted gross inco income tax withheld, and refund (or amount owe		ransmitter. I consent to ADOR sendir an acknowledgement of receipt of	
amounts shown on the copy of my electronic Ariz		whether or not the transmission of my	
6a ☐ I consent that my refund be directly deposit	ted as designated in the	s rejected, the reason(s) for the rejec	
electronic portion of my 2018 Arizona indivi	dudi income tax return.	or refund is delayed, I authorize ADO or transmitter the reason(s) for the c	R to disclose to my ERO, OLSP and,
If I have filed a joint return, this is an irrev	Tocable appointment of	of transmitter the reason(s) for the confirmation of the confirmat	ov of my return, any documents of
the other spouse as an agent to receive the <b>6b I</b> do not want direct deposit of my refund	or I am not receiving a	schedules to my return, and/or this au	thorization form, I authorize my ERC
refund.	or rain not receiving a	to release copies of the requested doc	cuments to ADOR.
6c I authorize the Arizona Department of Re	evenue (ADOR) and its		
designated Financial Agent to initiate an	ACH electronic funds $_{ m I}$	authorize GLOBAL TAXES LLC	C
withdrawal (direct debit) entry to the finar	ncial institution account	(ELECTRONIC	RETURN ORIGINATOR)
indicated in the tax preparation software for taxes owed on this return. I also authorize		o make the election that I want my	electronic signature to my electronic
involved in the processing of the electron	ic payment of taxes to f	ederal individual income tax return	
receive confidential information necessary		electronic Arizona individual income	
resolve issues related to the payment.		December 31, 2018. I understand the chat my electronic signature to my fed	
If I have filed a balance due return, I understand th	at if the ADOR does not	serve as my signature to my Arizona	
receive full and timely payment of my tax liability remain liable for the tax liability and all applicable	by April 15, 2019, I Will high	nave signed my Arizona individual ind	come tax return and declared under
When electronically filing my federal and state tax	v returns I understand h	penalties of perjury that to the best of	my knowledge and belief the return
that if there is an error on my federal return, st		s true, correct and complete.	
rejected.			
<b>2</b>			
YOUR PEN AND INK SIGNATURE		DATE	
<u> </u>			
YOUR PEN AND INK SIGNATURE  SPOUSE'S BEN AND INK SIGNATURE			
SPOUSE'S DEN AND INK SIGNATURE			

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Arizona Form
AZ-140V

# Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2018

Your First Name and Middle Initial		Last Name			Your So	ocial Security	/ Number
1 PRADEEP KUMAR		AVUKU		Enter	872	2   34   5	5575
Spouse's First Name and Middle Init	ial	Last Name		your SSN(s	Spouse	e's Social Se	curity No.
1				0011(0			
Current Home Address - number and	d street, rural route		Apt. No.	<u>Da</u> ytir	ne Phone (v	vith area co	(et
2 17030 N 49th St			2047	94 (	203)491	-4445	
City, Town or Post Office	State	ZIP Code		REVENUE USE	ONLY. DO NO	T MARK IN T	HIS AREA.
3 SCOTTSDALE	AZ	85254		88			
				81 PM		80 RCVD	
Enter the amount of paymen	t enclosed				\$[		955 00

If you are mailing this payment

#### To ensure proper application of this payment, be sure that you:

- Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2018 Tax" on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

# You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2019. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (18) 1555

THE RETURI			Arizona Form 140PY	Part-Year Resident Personal Income Tax Return 2018										
E	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI	NNINO	G L∐	1 <sub>M</sub> DDD	12,0,1	8	AND ENDING	M M	l <sub>I</sub> D <sub>I</sub> D	2,0,7,7,	66F
Ξ.		our F	First Name and Middle Initial				Name			Enter	Y		ial Security Nu	
2	1]	PRAI	DEEP KUMAR		AVUKU							872 ,	34 , 55'	75
EMS	_	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	_		Name			your	s	pouse's	Social Securit	y No.
<u>≅</u> [	1									SSN(	s).	ı	1	
	(	Curre	nt Home Address - number and	street, rural route				Apt. No.		Dayti	me Ph	one (wit	h area code)	
=    }			30 N 49th St					2047		94 (	(203)	491-	4445	
		•	own or Post Office	State			ZIP Code		L	ast Names Used	d in Last	Four Pri	or Year(s) (if diffe	erent)
DO NOT STAPLE	=	SCO:	TTSDALE	AZ			85254							97
ST/	STATUS	4	☐ Married filing joint return	4a 🔲 Injured Spouse F	Protec	ction	of Joint Ov	erpayment		_	ONLY. D	O NOT N	MARK IN THIS A	REA.
	M	5 Head of household: Enter name of qualifying child or dependent on next line:												
ž	GS													
2	FILING	6	• .	urn: Enter spouse's name ar	nd Soci	ial Se	curity Numb	er above.						
	-	7	Single											
	EXEMPTIONS	_	<b>♦</b> Enter the number claims	•	nark.					<sub>1P</sub> PM		-	RCVD	
	١Ĕ١	8 9	Age 65 or over (you and/o		If c	omp	leting line	s 8	8	1 <u>P</u> · ···		80	RICOLD	
		10	Dependents: <b>Do not inclu</b>			_	11, also d							
		11	Qualifying parents and gra	<u>-</u>	line	es 49	through !	54.	_					
	٦	12-1			sident	Othe	er than Act	ive Military	13	☐ Part-Year	Reside	nt Active	e Military	
	-		(Box 10): Dependent Informa	ation: Children and other of	depen	dents	s. For mo	re space, (d	chec	k) 🔲 and cor	nplete	page 3		
			(a) FIRST AND LAS	ET NAME C	COCIAI	(b)		(c) RELATIONS	מושי	(d) NO. OF MONTHS	✓ if t	(e) his person	✓ (f)	t claim
			(Do not list yourself		OUGAL	SEC	URIT NO.	RELATIONS	ПР	LIVED IN YOUR	did not	qualify as a	this person on	your lue to
										HOME IN 2018	feder	al return	educational cr	edits
	ents	10a											+ +	
ز_	Dependents	<b>10</b> b	(Box 11): Qualifying parents	and grandparents. See in	etructi	ione	For more	enace (che	ock)	and comple	oto nad	<u> </u>	<u> </u>	
9	Dep		(a)	and grandparents. See in	Suucu	(b)		space, (crie	eck)	(d)		(e)	(f)	
17			FIRST AND LAS (Do not list yourself		SOCIAL	SEC	URITY NO.	RELATIONS	SHIP NO. OF MONTHS				✓ if	
Ē			(Do not list yourself	or spouse.)						HOME IN 2018	age 6	5 or over died in 2018		8
Ĕ		11a										<u> </u>	<del>                                     </del>	
<u>E</u>		11b	Dates of Arizona residency: From	0 7 3 1 2 0 1 8	(Ito II)	1 2	13 11 2	0 1 8 .		2018 FEDE	DAI			_
ments after Form 140PY.			List other state(s) of residency: $\square$		_ 10 [_	VI (171	18,517		An	nount from Feder		ll ll	Amount Only	<b>^</b>
ent			Wages, salaries, tips, etc						15	83,	270	00	39,520	00
			Interest						16		(	00		00
ರ		17	Dividends						17		(	00		00
ğ		18	Arizona income tax refunds						18		(	00		00
the	me		Business income (or loss) from									00		00
5	0 1	20	Gains (or losses) from federal	Schedule D. See instruction	s for Al	RIZOI	NA column		1	_		00		00
S 0	ona		Rents, royalties, partnerships, esta		•					-3,	000		0	100
<u>=</u>	Arizona Income		Other income reported on your						22	0.0		00	0 39,520	
ed		23	Total income: Add lines 15 throu	•						80,	270	00	39,520	00
schedules or other docu			Other federal adjustments: Inc Federal adjusted gross income	=						80.	270			100
<b>N</b>			Arizona gross income: Subtrac							•			39,520	00
þ			Arizona income ratio: Divide										0.492	
an	S	This	box may be blank or may contain a	printed barcode of data from	your re	turn.	28 Total dep	reciation inclu	ded ii	n Arizona gross in	come	28		00
ā	Additions			SET PROFES CONTROL PROPERTY OF BASET TALL ST. MALEY, LA SAME PER COLT THAN SEC.	THE NOTE I					ge of legal tender				00
ge	Addi		74, 1944, 1944, 1944, 1944, 1944, 1945, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944 Augusta 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944, 1944,				30 Other Ad	dditions to Inc	come			30		00
Ę			\$\delta \delta \	▞▞▞█▃▐▞▟▞▗▐▀▗▞▚▗▊▊▍▖▗▆▐▞▞▗▙▃▊▊▞▞█▘▊▗▙▆▜▖▍▋▗▋ ▟▗▘▆▆▘▗█▗▝▆▆▗▐▞▗▆▆▗▐▟▗▝▆▆▗▐▙▗▆▆▗▐▟▗▝▆▆▗▐▟▗▐▆▗			31 Subtot	al: Add lines	s 26,	28, 29 and 30	- 1		39,520	00
<u>s</u>	page 2		' Pall' de l'ent, d Par l'alle l'ent, de	Loren, Lloren,			32 AZ sour	ced gain/loss	32			00		
II b	n pa							rm gain/loss				00		
9	cont. on							m gain/loss.				00		
any	8							-term gain			0			00
Place any required federal and AZ	ions		- DO PARKE BATAN BANKAN B - DO PARKE BANKAN B					-		(.25)				00
<u>ă</u>	Subtractions		ament permis is in the property of the bands in the contract of the contract o	N NEI #111 ₩ 271 ₩ 27 K ₩ 11 11 17 12 14 17 11 14	1.447 / <b>1876</b>		· ·	ū	•	fied small busine ange of legal ten				00
ات	Sub									, 37, and 38)			39,520	
	A	DOR 1	10149 (18)		ΑZ	For	m 140PY (	2018)		, 5., 5114 00/		I		1 of 3

REV 11/06/18 PRO

	Your Name (as shown on page 1)			Your Social Security Number			
	PRA	DEEP KUMAR AVUKU					-
Ē	40	Enter the amount from page 1, line 39	Г	39,520			
. fro	41	Recalculated Arizona depreciation				00	
cont	42	Contributions to 529 College Savings Plans	Г		00		
ons – o	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00		
tion	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000)					00
Subtractions – cont. from page 1	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income			Г		00
gng	46	Other Subtractions from Income: See instructions and include your own schedule			Г		00
	47	Subtract lines 41 through 46 from line 40				39,520	00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100			00		
<u>0</u>	49	Blind: Multiply the number in box 9 by \$1,500			00		
tion	50	Dependents: Multiply the number in box 10 by \$2,300			00		
Exemptions	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000			00		
Ĕ	52	Add lines 48 through 51			00		T
	53	Multiply line 52 by the Arizona income ratio on line 27					00
	54	Arizona adjusted gross income: Subtract line 53 from line 47				39,520	
	55	<b>Deductions:</b> Check box and enter amount. See instructions55I		<del></del>	Г	5,312	
	56	Personal exemptions: See instructions			Г	1,082	$\overline{}$
Тах	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"			Г	33,126	
of	58	Compute the tax using amount from line 57 and Tax Table X or Y			Г	955	$\overline{}$
Balance of Tax	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 36				055	00
Bala	60	Subtotal of tax: Add lines 58 and 59 and enter the total				955	
	61	Family income tax credit (from the worksheet - see instructions)					00
	62	Nonrefundable credits from Arizona Form 301, Part 2, line 69			1	٥٢٢	00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more the				955	+
and	64	2018 AZ income tax withheld					00
Total Payments and Refundable Credits	65	2018 AZ estimated tax payments65a 00 Claim of Right 65b 2018 AZ extension payment (Form 204)	00 Add 65a and 65			00	
ayme	66						00
al Pa	67	Increased Excise Tax Credit (from the worksheet - see instructions)			Г		00
Re	68	Other refundable credits: Check the box(es) and enter the total amount			1		00
=	<u>69</u> 70	Total payments and refundable credits: Add lines 64 through 68 and enter the total  TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax				955	
Tax Due or Overpayment	71	<b>OVERPAYMENT:</b> If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of tax	-		1		00
x Du		Amount of line 71 to be applied to 2019 estimated tax			Г		00
O Ta		Balance of overpayment: Subtract line 72 from line 71					00
S			na Wildlife		0		100
Gift			al Gift		0		
ary			ans' Donations F		0		
Voluntary Gift			Neuter of Anima		0		
Š	85	Political Party (if amount is entered on line 78 - check only one): 851 Democratic 852 Gr			_	ublican	
>	86	Estimated payment penalty			Ī		00
Penalty	87	871 □ Annualized/Other 872 □ Farmer or Fisherman 873 □ Form 221 included					
a a	88	Add lines 74 through 84 and 86; enter the total			. 88		00
_	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90					00
Refund or Amount Owed		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign		_	_ ` '		
fund		C☐ Checking or ROUTING NUMBER ACCOUNT NUMBER					
Re.		98 S Savings			ļ		
		AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Rev				955	
Ä	L	Under penalties of perjury, I declare that I have read this return and any documents wit rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	th it, and to	the best of my know	nowled	ge and belief, they	are
岜	<b>→</b>	ad, correct and complete. Declaration of preparer (dater than taxpayor) to bacca of an information		OFTWARE EN	•	ER	
I	_ 7	OUR SIGNATURE DATE		CCUPATION			_
PLEASE SIGN HERE	→ [	PPOUSE'S SIGNATURE DATE		OUSE'S OCCUPATION	1		
S	5	POUSE'S SIGNATURE DATE GLOBAL T					
띘		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (P		SELF-EMPLOYED)			— [
A		2530 Pebble Creek Ln		P0209033			
Ш		AID PREPARER'S STREET ADDRESS Cumming GA 30041		PAID PREPARER	SIN		
		INID DEEDADED'S CITY STATE 7/D CODE		PAID PREPARER	S DHON	E NI IMPED	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

ADOR 10149 (18) 1555

AZ Form 140PY (2018)

REV 11/06/18 PRO Page 2 of 3

#### DF-8453

#### DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2018

	DO NOT WAIL:
YOUR SOCIAL SECURITY NUMBER 872345575	SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S) AND INITIAL(S) PRADEEP KUMAR	LAST NAME AVUKU
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) $17030\ \mathrm{N}\ 49\mathrm{T}$	
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE SCOTTSDALE	AZ 85254 <b>Δ</b>
DAYTIME TELEPHONE NUMBER (203)491-4445	T
PART 1 TAX RETURN INFORMATION	I (WHOLE DOLLARS ONLY)
TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 c)	or FORM 200-02, LINE 37 1. 80270
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42)	) <b>2</b> . 2217
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM	200-02, LINE 48) 3. 2050
4. NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59)	4.
5. NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)	<b>5</b> . 107 <b>F</b>
PART 2 Direct Deposit of Refund (O	ptional - See instructions.)
6. Type of Account Checking Savings 7.	Routing number
8. Account number	
9. Is this refund going to or through an account that is located outside of the U	Inited States? Yes No
PART 3 DECLARATION (	OF TAXPAYER
<ol> <li>I consent that my refund be directly deposited as designated in Part 2, and d joint return, this is an irrevocable appointment of the other spouse as an agen</li> </ol>	eclare that the information shown on lines 6 through 9 is correct. If I have filed a to receive the refund.
$\boldsymbol{X}$ I do not want direct deposit of my refund or am not receiving a refund.	W
I authorize the Division of Revenue and its designated financial agent to initia account indicated in the tax preparation software for payment of my state tax	te an electronic funds withdrawal (direct Debit) entry to the financial institution es owed on this return.
If I have filed a balance due return, I understand that if the Delaware Division of Revenu	re does not receive full and timely payment of my tax liability, I will remain liable

or the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2018 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

#### PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND 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. THAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE "2018 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROS WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDERSON THE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDERSON THE DELAWARE INDIVIDUAL INCOME TAX RETURNS" AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDERSON THE DELAWARE DIVISION OF REVENUE. 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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE

30-1017196 SIGN ERO'S SIGNATURE DATE EIN. SSN. OR PTIN.

**HERE** GLOBAL TAXES LLC

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF ALSO PREPARER **CHECK IF SELF-EMPLOYED ERO** 2530 PEBBLE CREEK LN CUMMING GA 30041 (646)727-7157

ADDRESS (STREET, CITY, STATE & ZIP CODE)

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. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN P02090332 PREPARER'S SIGNATURE EIN. SSN. OR PTIN DATE

HERE APPANA RUPA VENKATA SATYA SAI MANIKUMAR

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF SELF-EMPLOYED PAID

2530 PEBBLE CREEK LN CUMMING 30041 GA PRE-PARER ADDRESS (STREET, CITY, STATE & ZIP CODE)

1555 REV 12/13/18 PRO (Revised 08/2018)

## 2018

#### DELAWARE DIVISION OF REVENUE Electronic Filer Payment Voucher Individual Form 200-V

1. Social Security Number 2. First four letters of your last name 3. Amount of the payment you are making

8 7 2 3 4 5 5 7 5 A V U K \$ 107

4. Spouse's Social Security Number if a joint return

5. Name(s)

PRADEEP KUMAR AVUKU

Address

17030 N 49TH ST , APT. 2047

City State Zip Code SCOTTSDALE AZ 85254

(Rev 09/2018)

**Mail To:**Delaware Division of Revenue P.O. Box 830

Wilmington, DE 19899-0830

1555 REV 03/01/19 PRO

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT

Χ

STAPLE W-2 FORMS HERE

For Fiscal year beginning

Your Social Security No.

and ending

Spouse's Social Security No.

8 7 2 3 4 5 5 7 5

Your Last Name First Name and Middle Initial

AVUKU PRADEEP KUMAR

Spouse's First Name, Spouse's Last Name Jr., Sr., III, etc.



Present Home Address (Number and Street) Apt.# 17030 N 49TH ST 2047 Check if FILING STATUS (MUST CHECK ONE) City State Zip Code **FULL-YEAR** Single, Divorced, 3 Married & Filing Separate SCOTTSDALE AZ85254 Χ Non-resident Widow(er) Forms Form DE2210 If you were a part-year resident in 2018, give the dates you resided in in 2018 2. Head of Household Joint 5 0 1 0 1 2018 to 0 7 3 1 2018 Attached Month Day Month Day 80270 00 (a) If you elect the STANDARD DEDUCTION check here ..... Filing Statuses 1, 3, & 5 - \$3250 Filing Status 2 - \$6500 (b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36...... 38 3250 00 (Not allowed with Itemized Deductions - see instructions) ADDITIONAL STANDARD DEDUCTIONS CHECK BOX(ES) If SPOUSE was 65 or over and/or blind If YOU were 65 or over and/or blind 30 3250 00 TOTAL DEDUCTIONS - Add Lines 38 & 39 and enter here 40 40 TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount ...... 77020 00 41 41 Tax Liability Computation **Proration Decimal** Tax Liability from Tax Rate (See instructions, Page 10) Table/Schedule Amount 43750 00 A Line 30 A B Line 30 B 80270 00 = 0 .. 5 4 5 0 4067 00 42 2217 00 PERSONAL CREDITS See instructions on page 10 1 X \$110 = 110 Enter the number of exemptions Multiply this amount by the proration decimal on Line 42 (X 0.5450 ) and enter total here ..... 43a 60 00 CHECK BOX(ES) Spouse 60 or over (if filing status 2) Self 60 or over Enter number of boxes checked on Line 43b X \$110 = Multiply this amount by the proration decimal on Line 42 (X ) and enter total here ... 43b (Must attach copy of DE Sch I and other state return) Tax imposed by state of 00 44 (Part-Year Residents Only. See instructions, page 11) .....45 Other Non-Refundable Credits (see instructions, page 11) ..... 00 45 45. 46. Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45 60 00 BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero) 2157 00 47 48. ......48 Delaware Tax Withheld (Attach W-2s/1099s) ... 2050 00 48 2018 Estimated Tax Paid & Payments with Extensions 49 00 49 49 50. S Corp Payments and Refundable Business Credits (See Instructions, Page 12) 00 50 51. 00 51 TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, 50 and 51 ..... 52 52 2050 00 53. 107 00 If Line 52 is greater than Line 47, subtract 47 from 52 and enter here .......OVERPAYMENT 54. CONTRIBUTIONS TO SPECIAL FUNDS 55 AMOUNT OF LINE 54 TO BE APPLIED TO 2019 ESTIMATED TAX ACCOUNT ...... ENTER 56 PENALTIES AND INTEREST DUE. If Line 53 is greater than \$800, see estimated tax instructions '..... 107 00 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct, and complete. Your Signature Spouse's Signature (if filing joint) Date Home Phone Business Phone: (203)491-4445

**Business Phone** P02090332 EIN. SSN. or PTIN

1555

Signature of Paid Preparer

2530 PEBBLE CREEK LN CUMMING GA 30041 **Email Address** 

Address of Paid Preparer

Email Address

DF20318011555

Date

Delaware Source

## 2018 NR

#### 2018 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2



		Federal COLUMN 1	Income/Loss COLUMN 2
1. Wages, salaries, tips, etc.	1	83270 00	43750 0
Interest			
Dividends	3		
State refunds, credits or offsets of state & local income taxes	4		
Alimony received			
Business income or (loss) (See instructions on page 6)			
a. Capital gain or (loss)			
b. Other gains or (losses)			
IRA distributions			
Taxable pensions and annuities			
0. Rents, royalties, partnerships, S corps, estates, trusts, etc.		-3000 00	0 0
Farm income or (loss)		00	0
2. Unemployment compensation (insurance)	17.7		
3. Taxable Social Security benefits			
Other income (state nature and source)	13 14		
5. Total income. Add Lines 1 through 14		80270 00	43750
6. Total Federal Adjustments (see instructions on Page 6)		00270	43/50 0
	17	80270 00	43750 0
SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)		COLUMN 1	COLUMN 2
8. Interest received on obligations of any state other than Delaware			
9. Fiduciary adjustment, oil depletion			
D. TOTAL - Add Lines 18 & 19			
1. Add Lines 17 & 20	21	80270 00	43750
ECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)		COLUMN 1	COLUMN 2
2. Interest received on U.S. obligations	22		
3. Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7)	•		
Learning Delaware State tax refund	24		
5. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	25		
5. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	26		
7. TOTAL - Add lines 22 through 26	27		
3. Subtract Line 27 from Line 21 and enter here	28	80270 00	43750
Exclusion for certain persons 60 and over or disabled (see instructions on Page 8)	29		
DA Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income		204	40770
Enter on front side Line 42, Box A		30A	43750
Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income			
Enter on front side Line 37 and Line 42, Box B	30B	80270 00	
ECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)		COLUMN 1	
Enter total Itemized Deductions (If Filing Status 3, See instructions on Page 8)	31		
Enter Foreign Taxes Paid (See instructions on Page 8)			
Enter Charitable Mileage Deduction (See instructions on Page 8)			
TOTAL - Add Lines 31, 32, and 33			
ia Enter State Income Tax included in Line 31 above (see Instructions on Page 8)			
is Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)			
ECTION E - DIRECT DEPOSIT INFORMATION			
you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, an			Contract
a. Routing Number	D.	Type: Checking	Savings

c. Account Number

d. Is this refund going to or through an account that is located outside of the United states?

No

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

**BALANCE DUE W/PAYMENT ENCLOSED (LINE 58):** DELAWARE DIVISION OF REVENUE

P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): DELAWARE DIVISION OF REVENUE P.O. BOX 8710, WILMINGTON, DE 19899-8710 **ALL OTHER RETURNS:** DELAWARE DIVISION OF REVENUE P.O. BOX 8711, WILMINGTON, DE 19899-8711

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space OMB No. 1545-0074 X Single Married filing jointly Married filing separately Head of household Qualifying widow(er) Your first name and initial Last name Your social security number PRADEEP KUMAR **AVIJKIJ** 872-34-5575 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 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 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. Apt. no. **Presidential Election Campaign** (see inst.) 2047 17030 N 49th St You Spouse City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and \( \shear \) here \( \brace \) SCOTTSDALE AZ 85254 Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents (1) First name Last name 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, Sign correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. Here Date If the IRS sent you an Identity Protection Your signature Your occupation Joint return? PIN, enter it SOFTWARE ENGINEER here (see inst. See instructions. Spouse's signature. If a joint return, both must sign. If the IRS sent you an Identity Protection Date Spouse's occupation Keep a copy for PIN. enter it your records. here (see inst. Preparer's name PTIN Preparer's signature Firm's EIN Check if: **Paid** P02090332 APPANA RUPA VENKATA SATYA SAI MANIKUMAR 3rd Party Designee **Preparer** Firm's name ▶ GLOBAL TAXES LLC Self-employed Phone no. **Use Only** Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Form **1040** (2018) For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)	)					Page <b>2</b>
	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	83,270.
	2a	Tax-exempt interest 2a		<b>b</b> Taxable interest	2b	
Attach Form(s) W-2. Also attach	3a	Qualified dividends 3a		<b>b</b> Ordinary dividends	3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities . 4a		<b>b</b> Taxable amount	4b	
withheld.	5a	Social security benefits 5a		<b>b</b> Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amoun	t from Schedule 1, line 22	3,000.	6	80,270.
	7	Adjusted gross income. If you have no adju	stments to income, enter the	e amount from line 6; otherwise,		00 000
Standard Deduction for—	_	, , , , , , , , , , , , , , , , , , , ,			7	80,270.
Single or married	8	Standard deduction or itemized deductions (for	,		8	12,000.
filing separately, \$12,000	9	Qualified business income deduction (see inst	,		9	60.000
Married filing	10	Taxable income. Subtract lines 8 and 9 from I	,		10	68,270.
jointly or Qualifying widow(er),	11	<b>a</b> Tax (see inst.) $\underline{10,960}$ (check if any from:				
\$24,000		<b>b Add</b> any amount from Schedule 2 and chec			11	10,960.
Head of household.	12	a Child tax credit/credit for other dependents	<b>b Add</b> any amount	from Schedule 3 and check here ►	12	,
\$18,000	13	Subtract line 12 from line 11. If zero or less, e	nter -0		13	10,960.
If you checked any box under	14	Other taxes. Attach Schedule 4			14	0.
Standard	15	Total tax. Add lines 13 and 14			15	10,960.
deduction, see instructions.	16	Federal income tax withheld from Forms W-2	and 1099		16	12,180.
	<sup>)</sup> 17	Refundable credits: a EIC (see inst.) No	<b>b</b> Sch. 8812	<b>c</b> Form 8863		
		Add any amount from Schedule 5			17	
	18	Add lines 16 and 17. These are your total pay	ments		18	12,180.
Refund	19	If line 18 is more than line 15, subtract line 15	from line 18. This is the amou	unt you <b>overpaid</b>	19	1,220.
Herana	20a	Amount of line 19 you want refunded to you.	If Form 8888 is attached, che	eck here	20a	1,220.
Direct deposit?	▶b	Routing number 0 2 1 0 0	0 0 2 1 <b>▶ c</b> Type:	X Checking Savings		
See instructions.	►d	Account number 2 3 2 0 1	7 3 3 2			
	21	Amount of line 19 you want applied to your 201	9 estimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 1	15. For details on how to pay,	see instructions	22	,
	23	Estimated tax penalty (see instructions)		23		
Go to www.irs.go	v/Forr	n1040 for instructions and the latest information	1.	BAA RE	V 04/22/1	9 PRO Form <b>1040</b> (2018)

# SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Income and Adjustments to Income**

► Attach to Form 1040.
 ► Go to www.irs.gov/Form1040 for instructions and the latest information.

2018 Attachment Sequence No. 01

OMB No. 1545-0074

Name(s) shown on Form 1040 Your social security number PRADEEP KUMAR AVUKU 872-34-5575 Additional 1-9b Reserved 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes . 10 Income 11 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 ▶ □ 13 14 14 15a Reserved 15b 16a 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -3,000.18 18 19 19 20a 20b Other income. List type and amount ▶ 21 21 22 Combine the amounts in the far right column. If you don't have any adjustments to -3,000.income, enter here and include on Form 1040, line 6. Otherwise, go to line 23. 22 23 **Adjustments** Educator expenses . . . . . . . . . . . . . . . . 23 24 Certain business expenses of reservists, performing artists, to Income 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 Deductible part of self-employment tax. Attach Schedule SE 27 27 28 Self-employed SEP, SIMPLE, and qualified plans . . 28 29 29 Self-employed health insurance deduction . . . . 30 Penalty on early withdrawal of savings . . . . . . 30 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 32 IRA deduction . . . . . . 33 Student loan interest deduction . . . . 33 34 34 35

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

Add lines 23 through 35

36

Schedule 1 (Form 1040) 2018

36

REV 12/21/18 PRO

#### SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

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

2018
Attachment
Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

| Sequence No. 1 |
| Your social security number

PRADEEP KUMAR AVUKU 872-34-5575 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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) . . . . . **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) 11-4548 HYDERABAD ANDHRA PRADESH IN 5454545 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as 365 Α Α 0 a qualified joint venture. See instructions. В В С C Type of Property: 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:** Α 3 Rents received . 500. 3 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 Cleaning and maintenance . . . 7 7 8 Commissions. . . . . . 8 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,500. Other interest. . . . . . . . . 14 Repairs. . . . . . . . 14 15 15 Supplies . Taxes . . . . . 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 3,500. 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 -3,000.Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) . . . . . . . . -3,000.500 23a Total of all amounts reported on line 3 for all rental properties 23a **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 23e Total of all amounts reported on line 20 for all properties 3,500. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 3,000. 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

-3,000.