

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

Your first name and initial: RANJITH Last name: GOPALAKRISHNAN Your social security number: 405-95-6333

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: REMA Last name: RAJAGOPAL Spouse's social security number: 966-95-3084

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. 4735 148TH AVE NE Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BELLEVUE WA 98007 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
VENBA	RANJITH	047-73-5065	Daughter	<input checked="" 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: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOME MAKER

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: Nagendra Babu Parimi Preparer's signature: Nagendra Babu Parimi PTIN: P018882725 Firm's EIN: [] [] [] [] [] [] [] [] [] []

Firm's name: [] [] [] [] [] [] [] [] [] [] Phone no. [] [] [] [] [] [] [] [] [] []

Firm's address: [] [] [] [] [] [] [] [] [] []

Check if: 3rd Party Designee Self-employed

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	99,793.
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	98,966.
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	98,966.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
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	74,966.
11	a Tax (see inst.) <u>8,616.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	8,616.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	2,000.
13	a Child tax credit/credit for other dependents <u>2,000.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	6,616.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	1,874.
15	Other taxes. Attach Schedule 4	15	8,490.
16	Total tax. Add lines 13 and 14	16	16,347.
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	16,347.
19	Add any amount from Schedule 5	19	7,857.
20a	Add lines 16 and 17. These are your total payments	20a	7,857.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

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

Standard Deduction for—

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

Direct deposit? See instructions.

Routing number: 021202337 Type: Checking Savings

Account number: 128716770

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.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

RANJITH GOPALAKRISHNAN & REMA RAJAGOPAL

Your social security number

405-95-6333

Additional Income	1-9b	Reserved	1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	2,173.	
	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	-3,000.	
	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	-827.	
	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		
34		Reserved	34		
35		Reserved	35		
36	Add lines 23 through 35	36			

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

RANJITH GOPALAKRISHNAN & REMA RAJAGOPAL

Your social security number

405-95-6333

**Other
Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	1,874.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	
63	Section 965 net tax liability installment from Form 965-A	63	
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,874.

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

REV 12/21/18 PRO

Schedule 4 (Form 1040) 2018

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Name(s) shown on return

RANJITH GOPALAKRISHNAN & REMA RAJAGOPAL

Your social security number

405-95-6333

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	22,000.	60,000.		-38,000.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -38,000.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 	16	-38,000.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

RANJITH GOPALAKRISHNAN & REMA RAJAGOPAL

Social security number or taxpayer identification number

405-95-6333

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CRYPTO CURRENCY	Various	03/01/18	22,000.	60,000.			-38,000.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			22,000.	60,000.			-38,000.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return RANJITH GOPALAKRISHNAN & REMA RAJAGOPAL	Your social security number 405-95-6333
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Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	VENBA RANJITH	047-73-5065	H		X	X	X	X	X	X	X	X	X	X	X	X
9	RANJITH GOPALAKRIS	405-95-6333	B							X						
10	RANJITH GOPALAKRIS	405-95-6333	C			X	X	X	X							
11																
12																
13																

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

405-95-6333 GOPA 966-95-3084
RANJITH GOPALAKRISHNAN
REMA RAJAGOPAL

18

4735 148TH AVE NE
BELLEVUE WA 98007

04-07-1987 01-05-1992

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 2 X \$118 = \$ 236

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$118 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$118 = \$

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 1 X \$367 = \$ 367

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 ● 12 <input type="text" value="61877"/> <input type="text" value=".00"/>
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 ● 13 <input type="text" value="98966"/> <input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ● 14 <input type="text" value="2173"/> <input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="96793"/> <input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. ● 16 <input type="text" value=""/> <input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16. ● 17 <input type="text" value="96793"/> <input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions. ● 18 <input type="text" value="47980"/> <input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- ● 19 <input type="text" value="48813"/> <input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 <input type="text" value="971"/> <input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ● 32 <input type="text" value="58877"/> <input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ● 35 <input type="text" value="29691"/> <input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. ● 36 <input type="text" value="0.0199"/>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ● 37 <input type="text" value="591"/> <input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● 38 <input type="text" value="0.6083"/>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ● 39 <input type="text" value="367"/> <input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... ● 40 <input type="text" value="224"/> <input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 <input type="text" value=""/> <input type="text" value=".00"/>
42 Add line 40 and line 41 ● 42 <input type="text" value="224"/> <input type="text" value=".00"/>	

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ● 50 <input type="text" value=""/> <input type="text" value=".00"/>
	51 Credit for joint custody head of household. See instructions ● 51 <input type="text" value=""/> <input type="text" value=".00"/>
	52 Credit for dependent parent. See instructions. ● 52 <input type="text" value=""/> <input type="text" value=".00"/>
	53 Credit for senior head of household. See instructions. ● 53 <input type="text" value=""/> <input type="text" value=".00"/>
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ● 54 <input type="text" value=""/>
	55 Credit amount. See instructions ● 55 <input type="text" value=""/> <input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
	61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="224"/>	.00

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="224"/>	.00

Payments	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="4242"/>	.00
	82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
	84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
	86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text" value="4242"/>	.00

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text" value="4018"/>	.00
	102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00
	103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="4018"/>	.00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	.00

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

Your name:

Your SSN or ITIN:



		<u>Code</u>	<u>Amount</u>	
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Fund	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>	.00
	California Sea Otter Fund	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/>	.00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/>	.00
	Revive the Salton Sea Fund	● 432	<input type="text"/>	.00
	California Domestic Violence Victims Fund	● 433	<input type="text"/>	.00
	Special Olympics Fund	● 434	<input type="text"/>	.00
	Type 1 Diabetes Research Fund	● 435	<input type="text"/>	.00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/>	.00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/>	.00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/>	.00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/>	.00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/>	.00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/>	.00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text"/>	.00	

Your name: Your SSN or ITIN:

Amount You Owe
121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties
122 Interest, late return penalties, and late payment penalties. **122** **.00**
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **123** **.00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **.00**

Refund and Direct Deposit
125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

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

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

● **Type**
● **Routing number** ● **Account number** ● **127** **Direct deposit amount** **.00**
 Checking **Savings**

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address. ● Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● **PTIN**

Firm's address ● **Firm's FEIN**

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. ● **Yes** **No**

Print Third Party Designee's Name Telephone Number

California Adjustments — 2018 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: R. GOPALAKRISHNAN & R. RAJAGOPAL SSN or ITIN: 4 0 5 - 9 5 - 6 3 3 3

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

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

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 99,793.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 99,793.	<input checked="" type="radio"/> 61,877.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/> 2,173.	<input checked="" type="radio"/> 2,173.			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input checked="" type="radio"/> -3,000.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -3,000.	<input checked="" type="radio"/> -3,000.
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20b					
21 Other income.					
a California lottery winnings		<input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input type="radio"/>		
d NOL deduction from FTB 3805V 21	<input type="radio"/>	<input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		<input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 98,966.	<input type="radio"/> 2,173.	<input type="radio"/>	<input type="radio"/> 96,793.	<input type="radio"/> 58,877.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions 37	<input type="radio"/> 98,966.	<input type="radio"/> 2,173.	<input type="radio"/>	<input type="radio"/> 96,793.	<input type="radio"/> 58,877.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses

1	Medical and dental expenses <input type="radio"/> 5,374.	1			
2	Enter amount from federal Form 1040, line 7 <input type="radio"/> 98,966.	2			
3	Multiply line 2 by 7.5% (0.075) <input type="radio"/> 7,422.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input type="radio"/> 0.	4	<input checked="" type="radio"/>		

Taxes You Paid

5a	State and local income tax or general sales taxes <input type="radio"/> 7,474.	5a			
5b	State and local real estate taxes <input type="radio"/>	5b			
5c	State and local personal property taxes <input type="radio"/> 1,740.	5c			
5d	Add lines 5a through 5c <input type="radio"/> 9,214.	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input type="radio"/> 9,214.	5e		<input type="radio"/> 7,474.	<input type="radio"/> 0.
	Enter the difference from line 5d and line 5e, column A in line 5e, column C <input type="radio"/>				
6	Other taxes. List type <input type="radio"/>	6			
7	Add lines 5e and 6 <input type="radio"/> 9,214.	7	<input type="radio"/>	<input type="radio"/> 7,474.	<input type="radio"/> 0.

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input type="radio"/>	8a			
8b	Home mortgage interest not reported to you on Form 1098 <input type="radio"/>	8b			
8c	Points not reported to you on Form 1098 <input type="radio"/>	8c			
8d	Reserved <input type="radio"/>	8d			
8e	Add lines 8a through 8c <input type="radio"/>	8e			
9	Investment interest <input type="radio"/>	9			
10	Add lines 8e and 9 <input type="radio"/>	10			

Gifts to Charity

11	Gifts by cash or check <input type="radio"/> 245.	11			
12	Other than by cash or check <input type="radio"/>	12			
13	Carryover from prior year <input type="radio"/>	13			
14	Add lines 11 through 13 <input type="radio"/> 245.	14			

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input type="radio"/>	15			
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Other Itemized Deductions

16	Other—from list in federal instructions <input type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input type="radio"/> 9,459.	17	<input type="radio"/>	<input type="radio"/> 7,474.	<input type="radio"/> 0.

18	Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C <input type="radio"/> 18				1,985.
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Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19 .

20 Tax preparation fees. 20 .

21 Other expenses- investment, safe deposit box, etc. List type 21 .

22 Add lines 19 through 21. 22 .

23 Enter amount from federal Form 1040, line 7 .

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

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 .

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 .

27 Other adjustments. See instructions. Specify. 27 .

28 Combine line 26 and line 27. 28 .

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 .

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 30 .

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 .

2 Enter your deductions from line 30. 2 .

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 .

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

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 .

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

R GOPALAKRISHNAN & R RAJAGOPAL

405-95-6333

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	5,374.	
2	Enter amount from Form 1040, line 7 2 98,966.			
3	Multiply line 2 by 7.5% (0.075)	3	7,422.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.
Taxes You Paid	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	7,474.	
	b State and local real estate taxes (see instructions)	5b		
	c State and local personal property taxes	5c	1,740.	
	d Add lines 5a through 5c	5d	9,214.	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	9,214.	
	6 Other taxes. List type and amount ▶	6		
	7 Add lines 5e and 6	7		9,214.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a Home mortgage interest and points reported to you on Form 1098	8a		
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
	c Points not reported to you on Form 1098. See instructions for special rules	8c		
	d Reserved	8d		
	e Add lines 8a through 8c	8e		
	9 Investment interest. Attach Form 4952 if required. See instructions	9		
	10 Add lines 8e and 9	10		
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	245.	
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12		
	13 Carryover from prior year	13		
	14 Add lines 11 through 13	14		245.
Casualty and Theft Losses	15 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	15		
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶	16		
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17		9,459.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **129**

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.

Your name RANJITH GOPALAKRISHNAN	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 405-95-6333
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals	Column B Meals
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	3,090.	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	28,596.	
4 Business expenses not included on lines 1 through 3. Don't include meals	11,941.	
5 Meals expenses (see instructions)		8,694.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	43,627.	8,694.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions).	7		
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Step 3 Figure Expenses To Deduct

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 1 (or on Form 1040NR, line 8)	43,627.		8,694.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50)	43,627.		4,347.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 24 (or Form 1040NR, line 34). Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return . . . ▶			47,974.

Part II Vehicle Expenses

Section A—General Information (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11 05/24/2018	
12	Total miles the vehicle was driven during 2018	12 5,974 miles	miles
13	Business miles included on line 12	13 5,670 miles	miles
14	Percent of business use. Divide line 13 by line 12	14 94.91 %	%
15	Average daily roundtrip commuting distance	15 miles	miles
16	Commuting miles included on line 12	16 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17 304 miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section B—Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	3,090.
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Section C—Actual Expenses

		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount (see instructions)	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions)	25	
26	Add lines 23, 24c, and 25.	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation (see instructions)	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions)	30	
31	Enter section 179 deduction and special allowance (see instructions)	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance).	32	
33	Enter depreciation method and percentage (see instructions)	33	
34	Multiply line 32 by the percentage on line 33 (see instructions)	34	
35	Add lines 31 and 34	35	
36	Enter the applicable limit explained in the line 36 instructions	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

Additional information from your 2018 California Tax Return

Form 2106: Employee Business Expense

Ln 3, Col A-Away travel

Itemization Statement

Description	Amount
STAY EXPENSES(12 MONTHS * \$2383 PER MONTH)	28,596.
28,596.00	
Total	28,596.

Form OR-EF



Office use only

Oregon Individual Income Tax Declaration for Electronic Filing

Tax year

2018

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

First name and initial: RANJITH, Last name: GOPALAKRISHNAN, Social Security number (SSN): 405-95-6333, Spouse's first name and initial: REMA, Spouse's last name: RAJAGOPAL, Spouse's SSN: 966-95-3084, Current mailing address: 4735 148TH AVE NE, City: BELLEVUE, State: WA, ZIP code: 98007, Phone:

Part I - Tax return information (whole dollars only)

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) 1. 381.00
2. Amount you owe (Form OR-40, Form OR-40-N, or Form OR-40-P) 2.

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

- 3. Routing number 021202337
4. Account number 128716770
5. Type of account [X] Checking or [] Savings

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

Part III - Declaration of taxpayer(s)

- 6a. [X] I consent that my refund be directly deposited as designated in the electronic portion of my Oregon income tax return (Form OR-40, Form OR-40-N, or Form OR-40-P). If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.
6b. [] I am receiving a refund but I don't want to receive it by direct deposit.
6c. [] I consent that the return payment is made by direct debit using the account designated above. If I have filed a joint return, I am authorizing this payment on behalf of my spouse and myself.
6d. [] I am not receiving a refund or making a payment.

Under penalties for false swearing, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator (ERO) or online service provider (OLSP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Oregon income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be forwarded upon request to the Oregon Department of Revenue (DOR) by my ERO or OLSP. If the processing of my return, payment, or refund is delayed, I authorize the department to disclose to my preparer the reason(s) for the delay and the date the payment was posted to my account or the refund was sent.

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

Form OR-EF



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

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

Electronic return originator's use only

ERO's signature X	Date	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm's name (or your name, if self-employed)	Phone		ERO's license number
ERO's address	City	State	ZIP code

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

Paid preparer's use only

Preparer's signature X	Date	<input type="checkbox"/> Check if self-employed	
Firm's name (or yours if self-employed)	Phone		Certificate/license number
Preparer's address	City	State	ZIP code

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

2018 Form OR-40-P

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Office use only	

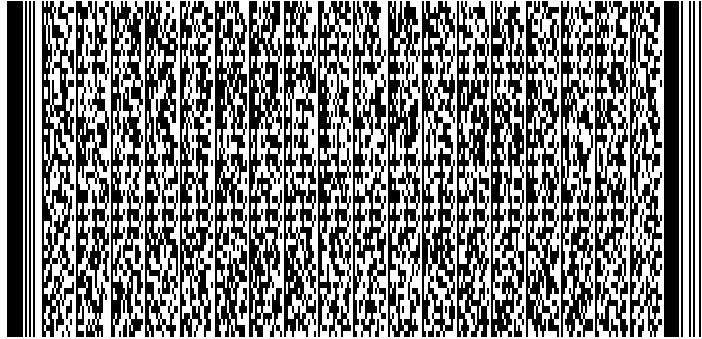
Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

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

Oregon resident: From: To:



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

First name and initial RANJITH	Last name GOPALAKRISHNAN	<input type="checkbox"/> Deceased	Social Security no. (SSN) 405-95-6333	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name and initial REMA	Spouse's last name RAJAGOPAL	<input type="checkbox"/> Deceased	Spouse's SSN 966-95-3084	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 4735 148TH AVE NE			Date of birth (mm/dd/yyyy) 04/07/1987	Spouse's date of birth 01/05/1992	
City BELLEVUE	State WA	ZIP code 98007	Country USA	Phone	

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

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

Exemptions

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

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

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
VENBA	RANJITH	SD	047-73-5065	12/04/2018	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

6c. Total number of dependents **1**
 6d. Total number of dependent children with a qualifying disability (see instructions) **0**
 6e. Total exemptions. Add 6a through 6d. **Total. 6e. 1**

2018 Form OR-40-P



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Name	SSN
RANJITH GOPALAKRISHNAN	405-95-6333

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

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040, line 1. Include all Forms W-2. 7F.	99,793.00	7S. 28,509.00
8. Interest income from federal Form 1040, line 2b. 8F.		8S.
9. Dividend income from federal Form 1040, line 3b. 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 10. 10F.	2,173.00	10S. 0.00
11. Alimony received from federal Schedule 1, line 11. 11F.		11S.
12. Business income or loss from federal Schedule 1, line 12. 12F.		12S.
13. Capital gain or loss from federal Schedule 1, line 13. 13F.	-3,000.00	13S. 0.00
14. Other gains or losses from federal Schedule 1, line 14. 14F.		14S.
15. IRAs, pensions, and annuities from federal Form 1040, line 4b. 15F.		15S.
16. Reserved.		
17. Schedule E income or loss from federal Schedule 1, line 17. 17F.		17S.
18. Farm income or loss from federal Schedule 1, line 18. 18F.		18S.
19. Social Security benefits from federal Form 1040, line 5b and 19F. unemployment and other income from federal Schedule 1, lines 19-21.		19S.
20. Total income. Add lines 7 through 19. 20F.	98,966.00	20S. 28,509.00

Adjustments

21. IRA or SEP and SIMPLE contributions, federal Schedule 1, lines 28 and 32. 21F.		21S.
22. Education deductions from federal Schedule 1, lines 23 and 33. 22F.		22S.
23. Moving expenses from federal Schedule 1, line 26. 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 27. 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 29. 25F.		25S.
26. Alimony paid from federal Schedule 1, line 31a. 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1. 27F.		27S.
28. Total adjustments. Add lines 21 through 27. 28F.		28S.
29. Income after adjustments. Line 20 minus line 28. 29F.	98,966.00	29S. 28,509.00

Additions

30. Total additions from Schedule OR-ASC-NP, section 2. 30F.		30S.
31. Income after additions. Add lines 29 and 30. 31F.	98,966.00	31S. 28,509.00

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F. 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3. 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33. 34F.	98,966.00	34S. 28,509.00
35. Oregon percentage. Line 34S ÷ line 34F (not more than 100.0%). 35.	28.8 %	

2018 Form OR-40-P



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Name RANJITH GOPALAKRISHNAN	SSN 405-95-6333
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Note: Remember to **reprint page 1** if any changes are made on this page.

Deductions and modifications

36. Amount from line 34F.....	36.	98,966.00
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	37.	10,245.00
38. Standard deduction. Enter your standard deduction (see instructions).....	38.	4,435.00
<p>You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind</p>		
39. Enter the larger of line 37 or 38.....	39.	10,245.00
40. 2018 federal tax liability. See instructions for the correct amount: \$0-\$6,650.	40.	6,616.00
41. Total modifications from Schedule OR-ASC-NP, section 4.....	41.	0.00
42. Add lines 39, 40, and 41.....	42.	16,861.00
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter -0-.....	43.	82,105.00

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	44.	6,903.00
<p>44a. <input type="checkbox"/> Schedule OR-FIA-40-P 44b. <input type="checkbox"/> Worksheet OR-FCG 44c. <input type="checkbox"/> Schedule OR-PTE-PY</p>		
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions).	45.	1,988.00
46. Interest on certain installment sales.....	46.	
47. Total tax before credits. Add lines 45 and 46.	47.	1,988.00

Standard and carryforward credits

48. Exemption credit (see instructions).	48.	174.00
49. Total standard credits from Schedule OR-ASC-NP, section 5.	49.	
50. Total standard credits. Add lines 48 and 49.	50.	174.00
51. Tax minus standard credits. Line 47 minus line 50. If line 50 is more than line 47, enter -0-.....	51.	1,814.00
52. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 52 can't be more than line 51 (see Schedule OR-ASC-NP instructions).....	52.	
53. Tax after standard and carryforward credits. Line 51 minus line 52.....	53.	1,814.00

Payments and refundable credits

54. Oregon income tax withheld. Include a copy of Forms W-2 and 1099.	54.	2,195.00
55. Amount applied from your prior year's tax refund.....	55.	
56. Estimated tax payments for 2018. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 55.	56.	
57. Tax payments from a pass-through entity.	57.	
58. Earned income credit (see instructions).	58.	
59. Reserved.		
60. Total refundable credits from Schedule OR-ASC-NP, section 7.....	60.	
61. Total payments and refundable credits. Add lines 54 through 60.	61.	2,195.00

2018 Form OR-40-P



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Name RANJITH GOPALAKRISHNAN	SSN 405-95-6333
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Note: Remember to reprint page 1 if any changes are made on this page.

Tax to pay or refund

62. Overpayment of tax. If line 53 is less than line 61, you overpaid. Line 61 minus line 53.....	62.	381.00
63. Net tax. If line 53 is more than line 61, you have tax to pay. Line 53 minus line 61.....	63.	
64. Penalty and interest for filing or paying late (see instructions).....	64.	
65. Interest on underpayment of estimated tax. Include Form OR-10.	65.	
Exception number from Form OR-10, line 1: 65a. Check box if you annualized: 65b. <input type="checkbox"/>		
66. Total penalty and interest due. Add lines 64 and 65.	66.	
67. Net tax including penalty and interest. Line 63 plus line 66..... This is the amount you owe	67.	
68. Overpayment less penalty and interest. Line 62 minus line 66..... This is your refund	68.	381.00
69. Estimated tax. Fill in the portion of line 68 you want applied to your estimated tax account.....	69.	
70. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	70.	
71. Oregon 529 College Savings Plan deposits from Schedule OR-529 (see instructions).....	71.	
72. Total. Add lines 69 through 71. Total can't be more than your refund on line 68.	72.	
73. Net refund. Line 68 minus line 72..... This is your net refund	73.	381.00

Direct deposit

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

Type of account: Checking or Savings

Routing number: 021202337

Account number: 128716770

Reserved.

2018 Schedule OR-A



Office use only

Oregon Itemized Deductions

Submit original form—do not submit photocopy.

First name and initial RANJITH	Last name GOPALAKRISHNAN	Social Security number (SSN) 405-95-6333
Spouse's first name and initial REMA	Spouse's last name RAJAGOPAL	Spouse's SSN 966-95-3084

Read instructions carefully before completing this schedule.

Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

- 1. Medical and dental expenses, (see instructions) 1. 5,374.00
- 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7 or Form OR-40-N or OR-40-P, line 29F 2. 98,966.00
- 3. AGI threshold. Multiply line 2 by 7.5% (0.075) 3. 7,422.00
- 4. **Medical and dental expense deduction.** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4. 0.00

Taxes you paid

- 5. State and local income taxes. **Don't include Oregon income tax!** 5. 28,537.00
- 6. Real estate taxes, (see instructions) 6.
- 7. Personal property taxes 7. 1,740.00
- 8. Reserved 8.
- 9. Total income and property taxes. Add lines 5 through 8. **Don't enter more than \$10,000 (\$5,000 if married filing separately)** 9. 10,000.00
- 10. Other taxes. List type and amount: _____ 10.
- 11. **Taxes paid deduction.** Add lines 9 and 10 11. 10,000.00

Interest you paid

- 12. Mortgage interest and points reported to you on federal Form 1098 12.
- 13. Mortgage interest not reported to you on federal Form 1098 13.
- 14. Points not reported to you on federal Form 1098 14.
- 15. Reserved 15.
- 16. Investment interest, (see instructions) 16.
- 17. **Interest paid deduction.** Add lines 12 through 16 17.

Gifts to charity

- 18. Gifts by cash or check, (see instructions) 18. 245.00
- 19. Gifts other than by cash or check, (see instructions) 19.
- 20. Carryover from prior year 20.
- 21. Total gifts to charity. Add lines 18 through 20 21. 245.00

Other miscellaneous deductions

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation,** (see instructions). _____ 22.

Oregon itemized deductions

- 23. Add lines 4, 11, 17, 21, and 22 23. 10,245.00
- Enter the amount from line 23 on Form OR-40, line 16 or Form OR-40-N or OR-40-P, line 37.

—You must include this schedule with your Oregon income tax return—