

IRS e-file Signature Authorization

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) ▶ 5872782019038019y21d

Taxpayer's name SAIRAM BENDHE	Social security number 384-77-1997
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	79,196.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	10,718.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	11,982.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,264.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

7	1	9	9	7
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Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Thank you for participating in IRS *e-file*.

384-77-1997

Taxpayer name SAIRAM BENDHE

Taxpayer address (optional)

10200 PARK MEADOWS DR APT 5112

LITTLE TON CO 80124

1. Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/07/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019038019y21d.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**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 www.irs.gov 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.

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 www.irs.gov/e-pay.

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 www.irs.gov. 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.**

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

Your first name and initial: SAIRAM Last name: BENDHE Your social security number: 384-77-1997

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 10200 PARK MEADOWS DR Apt. no. 5112 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. LITTLE TON CO 80124 If more than four dependents, see inst. and here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

Paid Preparer Use Only

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

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

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	81,045.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-1,849.	6	79,196.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	79,196.
8	Standard deduction or itemized deductions (from Schedule A)		8	12,000.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	67,196.
11	a Tax (see inst.) 10,718. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	10,718.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	10,718.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	10,718.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	10,718.
16	Total tax. Add lines 13 and 14		16	11,982.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	11,982.
19	Add any amount from Schedule 5		19	1,264.
20a	Add lines 16 and 17. These are your total payments		20a	1,264.
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	Routing number 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 381049364235			
25	Amount of line 19 you want applied to your 2019 estimated tax ▶ 25			
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 26			
27	Estimated tax penalty (see instructions) ▶ 27			

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

SAIRAM BENDHE

Your social security number

384-77-1997

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-1,849.
	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	-1,849.	
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 E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SAIRAM BENDHE

Your social security number

384-77-1997

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	HYDERABAD HYDERABAD TELANGANA IN 500031				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		200.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		1,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18		549.		
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		2,049.		
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		-1,849.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-1,849.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		200.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d		549.		
e	Total of all amounts reported on line 20 for all properties	23e		2,049.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(1,849.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26		-1,849.		

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return SAIRAM BENDHE	Business or activity to which this form relates Sch E HYDERABAD	Identifying number 384-77-1997
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	549.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

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

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

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	549.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

SAIRAM BENDHE

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					79,196.
Adjustments to income					
Adjusted gross income					79,196.
Tax expense					3,751.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					67,196.
Tax					10,718.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					11,982.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,264.
Effective tax rate % . .					13.53
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SAIRAM BENDHE) and Social Security Number (384-77-1997)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

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

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 71997 Spouse's PIN (5 numbers) Date 01/31/2019

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name BENDHE
 First name SATRAM
 Middle initial Suffix
 Social security no. 384-77-1997
 Occupation SOFTWARE ENGINEER
 Date of birth 01/20/1987 (mm/dd/yyyy)
 Age as of 1-1-2019 31
 Date of death
 Legally blind
 E-mail address RAMHERE2003@GMAIL.COM
 Work phone (240) 608-8488 Ext
 Cell phone (240) 608-8488
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (240) 608-8488
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 10200 PARK MEADOWS DR Apt no. 5112
 City LITTLE TON State CO ZIP code 80124

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

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5 Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
-----	-----	-----	-----	-----				
-----	-----	-----	-----	-----				
-----	-----	-----	-----	-----				
-----	-----	-----	-----	-----				
-----	-----	-----	-----	-----				

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

► Keep for your records

Name(s) Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

INCOME	Federal Amount	GA Amount
1 Wages, salaries, tips, etc. T	81,045.	5,753.
2 Taxable interest T		
3 Dividends T		
4 State/local tax refunds T		
5 Alimony received T		
6 Business income or loss T		
7 Capital gain or loss T		
8 Other gains and losses T		
9 Taxable IRA distribution T		
10 Taxable pension and annuities T		
11 Rentals, royalties, partnerships, S corporations, trusts T	-1,849.	
12 Farm income or loss T		
13 Unemployment compensation T		
14 a Taxable social security benefits T		
b Taxable railroad retirement benefits T		
15 Other income T		
16 Total income T	79,196.	5,753.

Nonresident State Allocation Worksheet

SAIRAM BENDHE

384-77-1997

	ADJUSTMENTS		Federal Amount	GA Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T		
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Tuition/fees deduction	T		
		S		
29	Reserved	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T		
		S		
32	Adjusted gross income	T	79,196.	5,753.
		S		

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return
SAIRAM BENDHE

Social Security Number
384-77-1997

Driver's License or State Id Information

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

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

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

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

Taxpayer
 Spouse

Note: Alabama does not allow this option

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

Taxpayer
 Spouse

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

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

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

Driver's License Detail

Taxpayer:

Issuing state CO
License number 17-093-2025
Issue date 02/09/2018
Expiration date 02/02/2021
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

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

Additional Verification Information

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

Client Status:

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

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: SAIRAM BENDHE; Social Security Number: 384-77-1997

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer (checkboxes)

Amended Returns

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

State/City * selection box with options: Georgia, Michigan, New York, Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
TIMESQUAREIT INC		51,977.	7,597.	51,977.	2,334.
HNEXUS LLC		29,068.	4,385.	29,068.	1,417.
Totals		81,045.	11,982.	81,045.	3,751.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	81,045.		81,045.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	11,982.		11,982.
3 & 7	Total social security wages/tips	81,045.		81,045.
4	Total social security tax withheld	5,025.		5,025.
5	Total Medicare wages and tips	81,045.		81,045.
6	Total Medicare tax withheld	1,175.		1,175.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	81,045.		81,045.
17	Total state tax withheld	3,751.		3,751.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

Employer EIN 81-4225214
Employer Name TIMESQUAREIT INC
 Name (cont.) _____
Street Address or P. O. Box 11055 CALLAWAY DR
City .DULUTH **State** GA **ZIP** 30097
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	51,977.	2 Federal tax withheld	7,597.
3 Social security wages	51,977.	4 Social sec tax withheld	3,223.
5 Medicare wages and tips	51,977.	6 Medicare tax withheld	754.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CO	41754698	51,977.	2,334.
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code		9 a2d8-39c4-dd69-98f5
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>		10 _____
Dependent care benefits - Amount forfeited from flexible spending account		_____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keep for your records

SAIRAM BENDHE	384-77-1997 Page 2
Employer Name <u>TIMESQUAREIT INC</u>	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <i>If deducting expenses, double click to link to Schedule C</i>		

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

Clergy only:		D E	
D Designated housing or parsonage allowance			
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value			
F If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
Non-Clergy only:			
G If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 384-77-1997

First name SAIRAM M.I. Last name BENDHE Suff. _____

Address 10200 PARK MEADOWS DR, Apt. 5112 City LITTLE TON St CO ZIP code 80124

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Name as shown on return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

Employer EIN 45-5219417
Employer Name HNXEUS LLC
 Name (cont.) _____
Street Address or P. O. Box 5655 PEACHTREE PKWY 105
City PEACHTREE CORNERS **State** GA **ZIP** 30092
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	29,068.	2 Federal tax withheld	4,385.
3 Social security wages	29,068.	4 Social sec tax withheld	1,802.
5 Medicare wages and tips	29,068.	6 Medicare tax withheld	421.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CO	33057264	23,315.	1,045.
GA	33035745	5,753.	372.
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code		9 d351d4e303ff0f41
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10 _____
Dependent care benefits - Amount forfeited from flexible spending account		_____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keep for your records

SAIRAM BENDHE	384-77-1997 Page 2
Employer Name H NEXUS LLC	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <i>If deducting expenses, double click to link to Schedule C</i>		

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

Clergy only:		D E	
D Designated housing or parsonage allowance			
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value			
F If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
Non-Clergy only:			
G If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 384-77-1997

First name M.I. Last name Suff.

SAIRAM BENDHE

Address City St ZIP code

10200 PARK MEADOWS DR, Apt. 5112 LITTLE TON CO 80124

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
---	--

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

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	11,982.	3,751.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	11,982.	3,751.	
20 Total Tax Payments for 2018	11,982.	3,751.	

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

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
---	--

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	81,045.		81,045.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	81,045.		81,045.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	81,045.		81,045.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	81,045.		81,045.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	81,045.		81,045.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	81,045.		81,045.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	81,045.		81,045.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	81,045.		81,045.

Keep for your records

Name(s) shown on return
SAIRAM BENDHE

Social Security No.
384-77-1997

General Information:

Property description BUILDING
Property type. . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) HYDERABAD
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500031 Foreign country India

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk. []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

HYDERABAD, HYDERABAD, TELANGANA, 500031, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest	1,500.		1,500.		
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation	549.		549.		
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	2,049.		2,049.		
21 Income or (loss)			-1,849.		
22 Deductible rental real estate loss			-1,849.		

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2017	2018
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,751.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		79,196.
6	Tax liability for Form 2210 or Form 2210-F		10,718.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

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

Tax Summary Report

2018

Name(s) Shown on Return

SAIRAM BENDHE

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	81,045.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-1,849.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	79,196.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 79,196.

Itemized/Standard Deductions

Medical and dental	
Taxes	3,751.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	3,751.
Standard deduction	12,000.

Taxable Income 67,196.

Income tax	10,718.
Alternative minimum tax	
Total Taxes before Credits	10,718.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 10,718.

Withholding	11,982.
Estimated tax payments	
Other payments	
Total Payments	11,982.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 1,264.

Refund 1,264.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	13.53 %

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017?</p>	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Refer to Tax Help	

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 6

SMART WORKSHEET FOR: Nonresident State Allocation Wks (GA)

Schedule E Income Allocation Smart Worksheet		
A Rentals and royalties	T	-1,849.
	S	
B K-1 Partnerships	T	
	S	
C K-1 S Corporations	T	
	S	
D K-1 Estates and trusts	T	
	S	
E Farm rentals	T	
	S	
F Income or loss from REMICs	T	
	S	

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)
 This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-1,849.		-1,849.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-1,849.		-1,849.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Qualified Business Income Deduction Info									
A	Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>								
B	Trade or Business Name _____								
C	Trade or Business ID Number _____								
D	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. _____ Percentage of qualified income attributable to SSTB _____ %								
E 1	Tentative Schedule E profit (loss) from this business _____								
2	Reductions to qualified business income _____								
3	Schedule E qualified business income _____								
4	Allowable Schedule E profit (loss) after passive/at-risk limits _____								
4	Portion of Schedule E profit (loss) attributable to co-owned SSTB _____								
5	Allowable Schedule E profit (loss) allocated to SSTB _____								
6	Allowable Schedule E profit (loss) from this business _____								
F	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">Ordinary G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description of Asset	Ordinary G/L						
Description of Asset	Ordinary G/L								
1	Ordinary gain (loss) from business assets _____								
2	Ordinary gain (loss) not part of QBI. _____								
3	Qualified ordinary gain (loss) _____								
4	Allowable ordinary qualified gain (loss) after passive/at-risk limits _____								
5	Allowable ordinary gain (loss) allocated to SSTB _____								
6	Allowable ordinary gain (loss)/recapture from this business _____								
G	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">1231 G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description of Asset	1231 G/L						
Description of Asset	1231 G/L								
1	Section 1231 gain (loss) from business assets _____								
2	Section 1231 gain (loss) not related to qualified business income _____								
3	Section 1231 gain (loss) from qualified business _____								
4	Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. _____								
5	Allowable ordinary 1231 gain (loss) allocated to SSTB _____								
6	Allowable ordinary 1231 gain (loss) from this business _____								
H 1	Allowable QBI (E6 plus F6 plus G6) _____								
2	Qualified business income allocated to SSTB (E5 plus F5 plus G5). _____								



ERO MUST RETAIN THIS FORM.
**DO NOT SUBMIT THIS FORM TO
 GEORGIA DEPARTMENT OF REVENUE
 UNLESS REQUESTED TO DO SO.**



**GA-8453
2018**

IRS DCN OR SUBMISSION ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
 SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

First Name and Initial SAIRAM	Last Name BENDHE	Social Security Number 384-77-1997
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) 10200 PARK MEADOWS DR	Apt Number 5112	Daytime Telephone Number 240-608-8488
City, Town or Post Office LITTLE TON	State CO	Zip Code 80124

PART I		TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.		79196
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)	2.		5705
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.		168
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)	4.		
5. Refund (Form 500, Line 41; Form 500X, Line 37; Form 500EZ Line 21)	5.		204

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2018 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN
 HERE TAXPAYER'S SIGNATURE _____ Date _____ SPOUSE'S SIGNATURE (if joint return, both must sign) Date _____

 PRINT NAME EMAIL ADDRESS
 _____ RAMHERE2003@GMAIL.COM

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

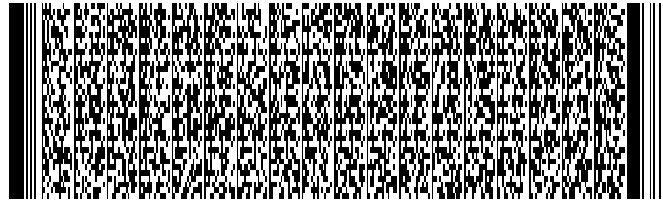
ERO's Use Only	ERO's Signature _____	Date _____
	Firm's Name <u>GLOBAL TAXES LLC</u>	Check also if paid preparer <input checked="" type="checkbox"/>
	Address <u>2530 PEBBLE CREEK LN</u>	FEIN/PTIN <u>30-1017196</u>
	City, State, & Zip Code <u>CUMMING GA 30041</u>	SSN/TIN <u>P02090332</u>

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name <u>GLOBAL TAXES LLC</u>	FID/TIN _____
	Address <u>2530 PEBBLE CREEK LN</u>	SSN/TIN <u>P02090332</u>
	City, State, & Zip Code <u>CUMMING GA 30041</u>	



1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME
1. SAIRAM

MI YOUR SOCIAL SECURITY NUMBER
384-77-1997

LAST NAME (For Name Change See IT-511 Tax Booklet)
BENDHE

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 10200 PARK MEADOWS DR

APT NO 5112

CITY (Please insert a space if the city has multiple names)
3. LITTLE TON

STATE ZIP CODE
CO 80124

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411529

YOUR SOCIAL SECURITY NUMBER
 384-77-1997

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 79196
 (Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



1900411539

YOUR SOCIAL SECURITY NUMBER
 384-77-1997

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	5705
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	168
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero	22.	168

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 455219417

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 33035745

4. GA WAGES / INCOME
 5753

5. GA TAX WITHHELD
 372

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411549

YOUR SOCIAL SECURITY NUMBER
 384-77-1997

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	372
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2018 and Form IT-560	25.	
26. Total prepayment credits (Add Lines 23, 24 and 25).....	26.	372
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment	28.	204
29. Amount to be credited to 2019 ESTIMATED TAX	29.	0
30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	30.	
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	31.	
32. Georgia Cancer Research Fund (No gift of less than \$1.00)	32.	
33. Georgia Land Conservation Program (No gift of less than \$1.00).....	33.	
34. Georgia National Guard Foundation (No gift of less than \$1.00)	34.	
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	35.	
36. Saving the Cure Fund (No gift of less than \$1.00).....	36.	
37. Realizing Educational Achievement Can Happen (REACH) Program	37.	
(No gift of less than \$1.00)		
38. Public Safety Memorial Grant (No gift of less than \$1.00).....	38.	

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
384-77-1997

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 204

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings
Routing Number 021200339
Account Number 381049364235

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

240-608-8488

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1907211519

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds.....	1.	
2. Lump Sum Distributions.....	2.	
3. Federal deduction for income attributable to domestic production activities (IRC Section 199)	3.	
4. Net operating loss carryover deducted on Federal return.....	4.	
5. Other (Specify) DEPRECIATION ADJUSTMENT	5.	527
6. Total Additions (Enter sum of Lines 1-5 here).....	6.	527

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.		
a. Self: Date of Birth	Date of Disability:	Type of Disability:
		7a.
b. Spouse: Date of Birth	Date of Disability:	Type of Disability:
		7b.
8. Social Security Benefits (Taxable portion from Federal return).....	8.	
9. Path2College 529 Plan	9.	
10. Interest on United States Obligations (See IT-511 Tax Booklet)	10.	
11. Georgia Net Operating loss carryover from previous years (List only the amount used in 2018, see IT-511 Tax Booklet)	11.	
12. Other Adjustments (Specify)	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Adjustment	Amount
	Total.....	12.
13. Total Subtractions (Enter sum of Lines 7-12 here).....	13.	
14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X.....	14.	527



1907211529

YOUR SOCIAL SECURITY NUMBER
 384-77-1997

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

(See IT-511 Tax Booklet)

(TAXPAYER)

(SPOUSE)

1. Salary and wages.....		
2. Other Earned Income (Losses).....		
3. Total Earned Income.....		
4. Maximum Earned Income.....	4000	4000
5. Smaller of Line 3 or 4; if zero or less, enter zero		
6. Interest Income.....		
7. Dividend Income		
8. Alimony.....		
9. Capital Gains (Losses).....		
10. Other Income (Losses)..... (See IT-511 Tax Booklet)		
11. Taxable IRA Distributions.....		
12. Taxable Pensions		
13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses).....(See IT-511 Tax Booklet)		
14. Total of Lines 6 through 13; if zero or less, enter zero		
15. Add Lines 5 and 14		
16. Maximum Allowable Exclusion*		
17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....		

*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



1907411519

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Table with 3 columns: FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A), INCOME NOT TAXABLE TO GEORGIA (COLUMN B), and GEORGIA INCOME (COLUMN C). Rows include WAGES, INTEREST, BUSINESS INCOME, OTHER INCOME, TOTAL INCOME, ADJUSTMENTS, ADJUSTED GROSS INCOME, and Deductions/Exemptions.

List the state(s) in which the income in Column B was earned and/or to which it was reported.

Federal/State Adjustment Summary

2018

Name as Shown on Return
SAIRAM BENDHE

Social Security Number
384-77-1997

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit
HYDERABAD	-1,849.	527.		-1,322.	-1,322.	-1,849.

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) 527.

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2018

Name as Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . _____

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2018

Name as Shown on Return SAIRAM BENDHE	Social Security Number 384-77-1997
--	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
SCHEDULE A				
Total Schedule A Depreciation Adjustment (Sum of Column E)				

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	527.
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment		(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(F) Other Adjustments			
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						

Passive/At-Risk/Other Adjustments	
Total Sale of Asset Adjustment	

Part I – Personal Information

Taxpayer:

First Name SAIRAM
 Middle Initial _____ Suffix _____
 Last Name BENDHE
 Social Security No. . . 384-77-1997
 Occupation SOFTWARE ENGINEER
 Date of Birth 01/20/1987
 Date of Death _____
 Daytime Phone (240) 608-8488
 Home Phone _____
 Print phone number on Form 500 Home

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. . . _____
 Occupation _____
 Date of Birth _____
 Date of Death _____
 Daytime Phone _____
 Taxpayer work Spouse work

Street Address . . . 10200 PARK MEADOWS DR Apartment No. . . 5112
 City LITTLE TON State . CO ZIP Code . . 80124
 Country, if foreign . . _____
 Taxpayer email address RAMHERE2003@GMAIL.COM

Part II – Main Form

- Form 500: Resident Tax Return (Long form) ► _____
- Form 500: Nonresident Tax Return ► _____
- Form 500: Part-Year Resident Tax Return . . . From _____ To _____
- Schedule 3: Enter Nonresident and Part-year resident allocations ► _____

Part III – Filing Status

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

Part IV – Other Information

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

Form 500UET calculations (Underpayment of Estimated Tax Penalty):

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the Georgia Department of Revenue, as applicable by law.

- File the Georgia return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename
COLORADO STATE TAX RETURN COPY	bend1997_18i_CC.pdf

EF Status Dates:

Enter the date return was EFiled 02/07/2019
 Enter the date return was accepted by the state 02/07/2019
 Enter the date Form 525-TV was given to client _____

QuickZoom to Form GA-8453: Additional Information Smart Worksheet ► _____

Electronic Filing of Amended Return:

- The amended return will be filed electronically
- Date amended return was EFiled _____
- Date amended return was accepted by the state. _____

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

**Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.

Yes No
[] [X] Is this your first time filing a Georgia income tax return?
** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
[X] [] Elect direct deposit of state tax refund
[] [] Use electronic funds withdrawal for state tax payments (EF Only)
[] [] Use electronic funds withdrawal for tax payments on the amended return? (EF Only)

Bank Information

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) Bank of America
Account type Checking [X] Savings []
Routing number 021200339
Account number. 381049364235

Electronic funds withdrawal amount due with return information:

Payment date to withdraw from the account above
State balance-due amount from this return

Electronic funds withdrawal amount due with amended return information:

Payment date to withdraw from the account above
State balance-due amount paid with this amended return

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead. For refund information see https://dor.georgia.gov/wheres-my-refund.

Part VII – Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . 1
QuickZoom to Firm/Preparer Info

Part VIII – Extension Status

Yes No
[] [X] Tax return due date extended?
Extended due date . . .

QuickZoom to Form IT-303: Application for Extension of Time for Filing
QuickZoom to Form IT-560: Extension Payment Voucher

QuickZoom to Form 500: Income Tax Return (Long form)

Income and Retirement Worksheets

2018

▶ Keep for your records

Name <u>SAIRAM BENDHE</u>	Social Security Number <u>384-77-1997</u>
------------------------------	--

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
Income				
1 Wages	5,753.		75,292.	
2 Federal Interest				
- Georgia Adjustments to federal taxable Interest				
3 Dividends				
- Georgia Adjustments to federal taxable Dividends				
4 Capital/other gains or (losses)				
5 Income from federal Schedules C and F				
6 a Rental/K-1 etc. income	0.		-1,849.	
b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated				
7 a Pension/Annuity and IRA/SEP distributions				
b Lump-sum distributions				
c RRB-1099-R				
d Other Subtraction #2, withdrawals with GA/Fed tax difference				
e Other Subtraction #7, income exempt from state tax				
f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8 Alimony received				
9 Social security				
10 a State income tax refund				
b Unemployment compensation				
11 Other income				
- Gambling winnings				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other				
Federal Form 8814 income included in other income				
Adjustments				
12 IRA deductions				
13 Educator expenses				
14 Reserved				
15 Other federal adjustments				

Activity Worksheet

2018

Name as Shown on Return <u>SAIRAM BENDHE</u>	Social Security Number <u>384-77-1997</u>
---	--

Activity Description HYDERABAD
 Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box
- B** If this activity was operated jointly by taxpayer and spouse, check this box
- C** Check this box if you completely disposed of the property in the current year
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts)
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts)
- F** Did you materially participate in this activity? (Not for K-1's) Yes No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F)
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp)
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F)

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. **L** Commercial property
- K** Royalty property **M** Other passive exceptions

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation
- O** This is a K-1 with rental real estate with material participation
- P** This is a publicly traded partnership
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership)

S At-risk status All
T Passive status Active RE

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	-1,849.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation)	549.
b Other depreciation adjustment(s)	-22.
c Section 179 adjustment	
d Other adjustments	
3 Total	-1,322.
4 At-Risk adjustment. a Adjust amount . . . b	
5 Total	-1,322.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	-1,322.
9 Net federal profit or (loss) allowed	-1,849.
10 Federal/State adjustment	527.

Activity Description HYDERABAD

Part III - Schedule K-1 Partnership and S Corporations	Section 179 Expense	Misc Income	Commercial Revitalization
1 Federal income/loss			
2 Adjustments			
3 Total			
4 a At-Risk adjustment amount			
b At-Risk adjustment			
5 Total			
6 Passive carryover loss			
7 Passive disallowed loss (carryover to next year)			
8 Net profit or (loss) allowed			
9 Net federal profit or (loss) allowed			
10 Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Tax Payments Worksheet

2018

► Keep for your records

Name SAIRAM BENDHE	Social Security Number 384-77-1997
-----------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	372.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	372.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date return was E-Filed ▶ <u>02/07/2019</u>
B	Date return was accepted by the state ▶ <u>02/07/2019</u>
C	Documents to attach to the FRONT of Form GA-8453: Form W-2 (Georgia Copy) _____ _____ _____
D	Documents to attach to the BACK of Form GA-8453: _____ _____ _____
E	Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

SMART WORKSHEET FOR: Schedule 3: Computation of Georgia Taxable Income for Part-Year Residents and Nonresidents

Georgia Adjustments Smart Worksheet	
Line 7:	
A	Retirement Income Exclusion prorated for nonresidents/part year residents _____
B	Interest and Dividend adjustments from Schedule 1, allocated to Georgia on the Income Worksheet _____
C	Georgia NOL Carryover from previous years _____
D	Home mortgage debt forgiveness relief _____
E	Enter the portion of your remaining Schedule 1 adjustments attributed to income or losses that have been allocated to Georgia <u>-527</u>
	QuickZoom to Schedule 1 ▶ _____
F	<input type="checkbox"/> Spouse qualifies as a Nonresident Military spouse (see Tax Help) Military Spouses Residency Relief Act adjustment _____
G	Total Georgia adjustments (add lines A-F and enter on Line 7 below) <u>-527</u>



188453 11555

DR 8453 (09/17/18)
COLORADO DEPARTMENT OF REVENUE
 Denver, CO 80261-0005
 Colorado.gov/Tax

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue **Retain with your records**

Taxpayer SSN		Spouse SSN (If Joint Return)		Submission ID	
384-77-1997					
Taxpayer Last Name			Taxpayer First Name		Middle Initial
BENDHE			SAIRAM		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
Street Address				Phone Number	
10200 PARK MEADOWS DR APT 5112				(240) 608-8488	
City				State	Zip
LITTLE TON				CO	80124

Part I — Tax Return Information

1. Total Income, line 6 from your federal form 1040	1	\$	79196
2. Taxable Income, line 10 on federal form 1040	2	\$	67196
3. Colorado Tax, Line 15 on Colorado form 104	3	\$	2943
4. Colorado Tax Withheld, Line 16 on Colorado form 104	4	\$	3379
5. Refund, Line 30 Colorado form 104	5	\$	436
6. Amount You Owe, Line 35 on Colorado form 104	6	\$	

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2018 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2018 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2018 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
	P02090332

Check if also Preparer

Date (MM/DD/YY)



181778 11555

e-File Attachment Form

For Tax Year (MM/DD/YY)	or fiscal year beginning (MM/DD/YY)
01/01/18	

Tax Type					
<input checked="" type="checkbox"/> Individual Income	<input type="checkbox"/> C-Corp Income	<input type="checkbox"/> Partnership Income	<input type="checkbox"/> S-Corp Income	<input type="checkbox"/> LLC Income	
<input type="checkbox"/> LP Income	<input type="checkbox"/> LLP Income	<input type="checkbox"/> LLLP Income	<input type="checkbox"/> Association Income	<input type="checkbox"/> Non-Profit Income	

Please print or type

Taxpayer Last Name	First Name	Middle Initial
BENDHE	SAIRAM	
Spouse's Last Name (if applicable)	First Name	Middle Initial
Taxpayer SSN	Spouse SSN (if applicable)	FEIN
384-77-1997		
Taxpayer address		
10200 PARK MEADOWS DR APT 5112		
City	State	Zip
LITTLE TON	CO	80124

Mark the box for the documents submitted. See the Colorado Department of Revenue, Taxation Division website at Colorado.gov/Tax for more information about these credits.

<input checked="" type="checkbox"/> Other state(s) income tax return(s)	<input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316
<input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator	<input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission
<input type="checkbox"/> Gross Conservation Easement: DR 1303, DR 1304 and/or DR 1305 and supplemental documentation.	<input type="checkbox"/> Affordable Housing Credit: CHFA certification letter
<input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086	<input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107
<input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice or bill of sale.	<input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc)
<input type="checkbox"/> Child Care Contribution Credit: DR 1317	<input type="checkbox"/> School-to-Career Investment Credit: Certification letter.
<input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate	<input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details)
<input type="checkbox"/> Other	Explain

Signature of Taxpayer or Preparer	Date (MM/DD/YY)



180104 11555

DR 0104 (09/17/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)



2018 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) Mark if Abroad on due date – see instructions
*Must attach DR 0104PN

Your Last Name		Your First Name		Middle Initial
BENDHE		SAIRAM		
Date of Birth (MM/DD/YYYY)	SSN	Deceased <input type="checkbox"/>		
01/20/1987	384-77-1997	If checked and claiming a refund, you must submit the DR 0102 with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	2025	02/09/18
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	Deceased <input type="checkbox"/>		
		If checked and claiming a refund, you must submit the DR 0102 with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address		Phone Number		
10200 PARK MEADOWS DR APT 5112		(240) 608-8488		
City	State	Zip Code	Foreign Country (if applicable)	
LITTLE TON	CO	80124		

Round To The Next Dollar

1. Enter Federal Taxable Income from your federal income tax form: 1040 line 10 • 1 67196 00

Attach W-2s and 1099s with CO withholding here. ◀

Additions to Federal Taxable Income

2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5a (see instructions) • 2 00

3. Other Additions, explain (see instructions) • 3 00

Explain:



180104 21555

Name		SSN
SAIRAM BENDHE		384-77-1997
4. Subtotal, sum of lines 1 through 3	4	67196 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	• 5	00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	67196 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN		
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 7	3111 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	• 8	00
9. Recapture of prior year credits	• 9	00
10. Subtotal, sum of lines 7 through 9	10	3111 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	168 00
12. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 1366 with your return.	• 12	00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13	2943 00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 14	00
15. Net Colorado Tax, sum of lines 13 and 14	15	2943 00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 16	3379 00
17. Prior-year Estimated Tax Carryforward	• 17	00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 18	00
19. Extension Payment remitted with the DR 0158-I	• 19	00
20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079	• 20	00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 21	00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 22	0 00
23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	• 23	00
24. Subtotal, sum of lines 16 through 23	24	3379 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7	• 25	79196 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26	436 00
27. Estimated Tax Credit Carryforward to 2019 first quarter, if any	• 27	00



180104 31555

DR 0104 (09/17/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Name	SAIRAM BENDHE	SSN	384-77-1997
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28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.	• 28	00
29. Subtotal, add lines 27 and 28	29	00
30. Refund, subtract line 29 from line 26 (see instructions)	• 30	436 00

Direct Deposit

Routing Number Type: Checking Savings CollegeInvest 529
 Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.

31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	00
32. Delinquent Payment Penalty (see instructions)	• 32	00
33. Delinquent Payment Interest (see instructions)	• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 34	00
35. Amount You Owe, sum of lines 31 through 34	• 35	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? • No • Yes. Complete the following:

Designee's Name	Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)		
Paid Preparer's Name	Paid Preparer's Phone		
GLOBAL TAXES LLC			
Paid Preparer's Address	City	State	Zip
2530 PEBBLE CREEK LN	CUMMING	GA	30041

REV 11/30/18 PRO

If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



180104CR11555



DR 0104CR (06/29/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Form 104CR

Individual Credit Schedule 2018

Taxpayer's Last Name	First Name	Middle Initial	SSN
BENDHE	SAIRAM		384-77-1997

Use this schedule to calculate your income tax credits. For best results, visit Colorado.gov/Tax to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, attach all required documents to your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, attach to your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return.	• 1	00
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Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and FYI Income 27 for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2018 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of Earned Income calculated for your federal return.	• 2	00
--	-----	----

3. The federal EITC you claimed.	• 3	00
----------------------------------	-----	----

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	• SSN	Deceased*
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>
				• <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2018, see instructions.

4. COEITC, multiply line 3 by 10% (0.10)	4	00
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180104CR21555

Name			SSN	
SAIRAM BENDHE			384-77-1997	
5.	<i>Part-year residents only</i> , multiply line 4 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%).	5		00
6.	Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	6		00
7.	Refundable Renewable Energy Tax Credit from line 88 of the DR 1366. You must submit the DR 1366 with your return.	7		00
8.	Total Refundable Credits, add lines 1, 4 (or 5), 6, and 7. Enter the sum on the DR 0104 line 23.	8		00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 10 through 16 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 9 and complete lines 10 through 16 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

9.	Name of other state:	GA		
10.	Total of lines 7 and 8 Form 104	10	3111	00
11.	Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	11	6280	00
12.	Total modified Colorado adjusted gross income	12	79196	00
13.	Divide line 11 by line 12. Round to four significant digits, e.g. xxx.xxxx	13	7.9297	%
14.	Multiply line 10 by the percentage on line 13	14	247	00
15.	Tax liability to the other state	15	168	00
16.	Allowable credit , the smaller of lines 14 or 15	16	168	00

Part III — Other Credits

Visit *Colorado.gov/Tax* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
17. Plastic recycling investment credit, you must submit required receipts with your return. ● 17	00	00
● Plastic recycling net expenditures amount (fill below):		
18. Colorado Minimum Tax Credit ● 18	00	00
● 2018 Federal Minimum Tax Credit (fill below):		



180104CR31555

Name		SSN	
SAIRAM BENDHE		384-77-1997	
		Available Credit Column (A) ●	Credit Used Column (B) ●
19. Historic Property Preservation credit (per §39-22-514, C.R.S.), you must submit the certification with your return. ● 19		00	00
20. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 20		00	00
21. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 21		00	00
22. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 22		00	00
23. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 23		00	00
24. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 24		00	00
25. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 25		0 00	00
26. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 26		00	00
27. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 27		00	00
28. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 28		00	00
29. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 29		00	00
30. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 30		00	00
31. Affordable Housing credit, you must submit CHFA certification with your return. ● 31		00	00
32. Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 32		00	00
33. Preservation of Historic Structures credit (per §39-22-514.5, C.R.S.) carried forward from a prior year. ● 33		00	00
34. Preservation of Historic Structures credit (per §39-22-514.5, C.R.S.), you must submit the certificate from OEDIT or local granting authority with your return. ● 34		00	00
35. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT or History Colorado. ● 35			
36. Rural Jump–Start Zone credit , you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 36		00	00
37. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 37		00	00
38. Total of column A lines 17 through 37 (exclude line 35 certificate number) ● 38		0 00	
39. Nonrefundable Credits Used, total of column B plus any amount from line 16, exclude line 35 certificate number. Also enter this amount on the DR 0104 line 11. Credit used cannot exceed credit available. ● 39			168 00

Colorado Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name BENDHE
First Name SAIRAM
Middle Initial Suffix
Social Security No. 384-77-1997
Date of Birth 01/20/1987
Date of Death
Work Phone (240) 608-8488 * [X]
Home Phone *

Spouse:

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
Work Phone *

*Check one of these boxes to print daytime phone number on government forms.

Address 10200 PARK MEADOWS DR Apt No. 5112
City LITTLE TON State CO ZIP Code 80124
Foreign Province/County Foreign Postal Code
Foreign Country
Check to confirm address information is correct []

Part II - Main Form

- [X] Form 104: Resident Filing
[] Form 104: Part-Year Resident Filing
[] Form 104: Nonresident Filing
Complete Form 104PN, Part-Year Resident/Nonresident Tax Calculation Schedule

Resident military service persons who served more than 305 days outside the U.S. may now file as a nonresident on their Colorado income tax return. See Tax Help.

Part III - Filing Status

- [X] Single
[] Married filing jointly
[] Married filing separately
[] Head of household
[] Qualifying widow(er)

Part IV - Other Information

2018 Federal Adjusted gross income 79,196.
2017 Colorado tax liability

Underpayment Penalty Calculation:

2017 Federal adjusted gross income (for Form 204)
2017 Colorado filing status (for Form 204)

[] Check this box if you do not want to file Form 204 and want the Colorado Department of Revenue to figure the underpayment penalty (see Tax Help for additional information)

Third Party Designee:

Yes No
[] [X] Do you want to allow another person to discuss your return with the CO Department of Revenue?
If yes, enter the following:
Designee's Name
Designee's Phone Number

Farmer / Fisherman Calculation:

Yes No

- Check Yes to calculate estimated taxes for the farmer/fisherman option. Will the farmer/fisherman filer file and pay the full amount of tax on or before March 1?

Supporting Document Information:

If supporting documentation is required, How will it be submitted to the Revenue Department?

- Submitting via mail with Form DR 1778
Uploading documents via the Colorado Revenue website
ProSeries pdf attachment option

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Colorado Department of Revenue, as applicable by law.

The state return will be filed electronically.

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename. Row 1: Other State tax Return, bend1997_18i_CC.pdf

EF Status Dates:

Date return was EFiled 02/07/2019
Date return was accepted by the state 02/07/2019
Enter the date Form DR 0900 was given to client

QuickZoom to DR 8453: Additional Information SmartWorksheet

Part VI – Direct Deposit and Electronic Funds Withdrawal Information

CAUTION: See tax help for refund expectation

Yes No

- Do you want to elect direct deposit of state tax refund?
Do you want to elect Electronic Funds Withdrawal (Electronic Filing Only)?

If your client requests direct deposit or electronic funds withdrawal, fill out the information below.

Name of Financial Institution Bank of America
Account type Checking [X] Savings [] CollegeInvest 529 []
Routing number 021200339
Account number 381049364235
Enter the payment date to withdraw the account above
Enter the amount to withdraw from the account above

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer Information

Enter the preparer's assigned initials from Preparer's Information Worksheet 1

Part VIII – Extension Status

If the Colorado tax return can't be filed by April 15, a 6-month automatic extension of time to file is allowed.

Yes No

Will the tax return be filed after April 15?
Federal Form 4868 "Out of the Country" checkbox checked?
Has the tax return due date been extended by filing a Colorado extension using Form DR 158-I?
Extended due date _____

Note: An extension of time to file is **not** an extension of time to pay.

Filing and acceptance information (Electronic Filing Only)

File extension electronically?
Extension accepted?

Extension filing date _____
Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____
Balance-due amount paid with this extension _____

QuickZoom to the DR 158-I, Extension Payment Voucher Worksheet ► _____

SAIRAM BENDHE 384-77-1997 Page **3**

QuickZoom to the Form 104: Individual Income Tax Return ► _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name SAIRAM BENDHE	Social Security Number 384-77-1997
-----------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	3,379.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,379.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Colorado Tax Return

SMART WORKSHEET FOR: Form DR 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date return was E-Filed ▶ <u>02/07/2019</u>
B	Date return was accepted by the state ▶ <u>02/07/2019</u>
Retain Form DR 8453 and supporting documents for a period of four years	
DO NOT MAIL TO STATE AUTHORITIES	