

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 587278201904301bdj5h

Taxpayer's name ADITYA MANOJ YELISETTI		Social security number 196-79-6486
Spouse's name		Spouse's social security number

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

<b>1</b>	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	58,981.
<b>2</b>	Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	6,274.
<b>3</b>	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	8,299.
<b>4</b>	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	2,025.
<b>5</b>	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

**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.

9	6	4	8	6
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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
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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*.

196-79-6486

Taxpayer name ADITYA MANOJ YELISETTI

Taxpayer address (optional)

8101 SHIN OAK DR APT 12214

LIVE OAK TX 78233

1.  Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 02/12/2019 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 587278201904301bdj5h.
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](http://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](http://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.

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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](http://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](http://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: **ADITYA MANOJ** Last name: **YELISETTI** Your social security number: **196-79-6486**

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. **8101 SHIN OAK DR** Apt. no. **12214** 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. **LIVE OAK TX 78233** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **SOFTWARE ENGINEER**

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

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

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

**Paid Preparer Use Only**

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

Firm's name: **GLOBAL TAXES LLC** Phone no.: \_\_\_\_\_

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

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>63,058.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>-4,077.</b>	<b>6</b>	<b>58,981.</b>
<b>7</b>	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	<b>7</b>	<b>58,981.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>46,981.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>6,274.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>6,274.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>6,274.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>6,274.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>8,299.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	<b>8,299.</b>
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>2,025.</b>
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	<b>2,025.</b>
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>23</b>	
<b>24</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>24</b>	
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<b>100</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>100</b>	

**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](http://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

ADITYA MANOJ YELISETTI

Your social security number

196-79-6486

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	-4,077.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
<b>Adjustments to Income</b>	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
	<b>22</b>	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 . . . . .	<b>22</b>	-4,077.
	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
<b>32</b>	IRA deduction . . . . .	<b>32</b>		
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

ADITYA MANOJ YELISETTI

Your social security number

196-79-6486

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	VIVEKANANDA NAGAR HYDERABAD TELANGANA IN 500072					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
<b>A</b>	4		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<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
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		3,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		1,577.		
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,577.		
<b>21</b>	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 . . . . .	<b>21</b>		-4,077.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-4,077.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		1,577.		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,577.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,077.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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. . . . .	<b>26</b>				-4,077.

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR  
**ADITYA MANOJ YELISETTI**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**196-79-6486**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,450.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,450.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter . . . . .	<b>6</b>	3,450.
<b>7</b>	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,450.
<b>9</b>	Employer contributions made to your HSAs for 2018 . . . . .	<b>9</b>	1,000.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,000.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	2,450.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>	0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2018 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	



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.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: ADITYA MANOJ YELISETTI, Sch E VIVEKANANDA NAGAR, 196-79-6486

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.

Table with 5 rows for lines 1-5 and a table for lines 6-13. Line 1: 1,000,000. Line 3: 2,500,000. Line 13: 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.)

Table with 3 rows for lines 14-16. Line 14: 1,577. Line 16: 16

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

Section A

Table with 2 rows for lines 17-18. Line 17: 17

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-19g, h, i

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

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows 20a-20d

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 21: 21. Line 22: 1,577. Line 23: 23



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2018**  
**Massachusetts**  
**Department of**  
**Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2018.**

Your first name and initial <b>ADITYA MANOJ YELISETTI</b>	Last name <b>YELISETTI</b>	Your Social Security number <b>196796486</b>
--	-------------------------------	---

If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
--	-----------	---------------------------------

Present street address (and apartment number) <b>8101 SHIN OAK DR APT NO 12214</b>			
City/Town/Post Office <b>LIVE OAK</b>	State <b>TX</b>	Zip <b>78233</b>	Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

**Part 1. Tax Return Information for Electronic Filing**

<b>1</b>	Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	<b>1</b>	9141
<b>2</b>	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	<b>2</b>	430
<b>3</b>	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	<b>3</b>	
<b>4</b>	Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	<b>4</b>	671
<b>5</b>	Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53) . . . . .	<b>5</b>	241
<b>6</b>	Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54) . . . . .	<b>6</b>	

**Part 2. Declaration and Signature of Taxpayer**

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date
----------------	------	---	------

**Part 3. Declaration and Signature of Electronic Return Originator (ERO)**

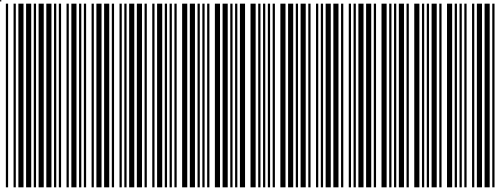
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN <b>P02090332</b>	Date	EIN <b>301017196</b>	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address <b>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING</b>	City/Town	State Zip <b>GA 30041</b>	<input type="checkbox"/> Check if also paid preparer

**Part 4. Declaration and Signature of Paid Preparer (if other than ERO)**

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN <b>P02090332</b>	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address <b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING</b>	City/Town	State Zip <b>GA 30041</b>	



**2018 Form 1-NR/PY**

MA18006011555

Massachusetts Nonresident/Part-Year Resident  
Income Tax Return

For the year January 1–December 31, 2018 or other taxable

Year beginning

Ending

ADITYA MANOJ

YELISETTI

196796486

8101 SHIN OAK DR

LIVE OAK

TX 78233

Fill in if:  Original return     Amended return     Amended return due to federal change

Apt. no. 12214

**State Election Campaign Fund:**

\$1 You    \$1 Spouse    TOTAL    0

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle  
or Sinai Peninsula

You    Spouse

Taxpayer deceased

You    Spouse

Fill in if under age 18

You    Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name/address changed since 2017

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income    58981

b. Federal adjusted gross income    58981

1. Filing status (select one only):  Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From    To

3. Total days as Massachusetts resident    ÷ 365 =    3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

Date

Spouse's signature

Date

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



# 2018 Form 1-NR/PY, pg. 2

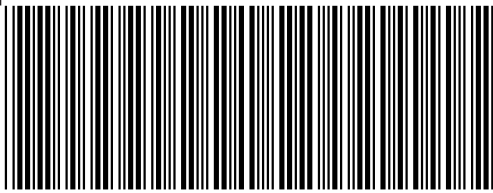
MA18006021555

Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
196796486

## 4. Exemptions:

a. Personal exemptions			<b>4a</b>	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number			× \$1,000 = <b>4b</b>	0
c. Age 65 or over before 2019	You +	Spouse =	× \$700 = <b>4c</b>	0
d. Blindness	You +	Spouse =	× \$2,200 = <b>4d</b>	0
e. Medical/dental			<b>4e</b>	0
f. Adoption			<b>4f</b>	0
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			<b>4g</b>	4400
5. Wages, salaries, tips			<b>5</b>	13218
6. Taxable pensions and annuities			<b>6</b>	0
7. Mass. bank interest: a.	0	- b. exemption	<b>= 7</b>	0
8. Business/profession income/loss a.		0 + b. Farming income/loss	<b>= 8</b>	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss			<b>9</b>	-4077
10a. Unemployment			<b>10a</b>	0
10b. Mass. lottery winnings			<b>10b</b>	0
11. Other income			<b>11</b>	0
12. <b>TOTAL 5.1% INCOME</b>			<b>12</b>	9141
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You <b>cannot</b> apportion Mass. wages as shown on Form W-2. Do <b>not</b> use this worksheet if you know the exact amount of your Mass. source income. <b>Only</b> use when income from employment/business is earned both inside and outside Mass. <b>and</b> the exact Mass. amount is not known. Basis: working days miles sales other:				
Working days (or other basis) outside Massachusetts			<b>13a</b>	0
Working days (or other basis) inside Massachusetts			<b>13b</b>	0
Total working days			<b>13c</b>	0
Nonworking days (holidays, weekends, etc.)			<b>13d</b>	0
Massachusetts ratio			<b>13e</b>	.0000
Total income being apportioned. You <b>cannot</b> apportion Massachusetts wages as shown on Form W-2			<b>13f</b>	0
Massachusetts income			<b>13g</b>	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2018 Form 1-NR/PY, pg. 3

MA18006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

ADITYA MANOJ

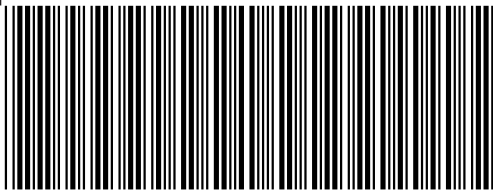
YELISETTI

196796486

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.1% income		14a	9141
b. Interest income		14b	0
c. Total capital gain income		14c	0
d. Total income this return		14d	9141
e. Non-Massachusetts source income. <b>Not less than "0"</b>		14e	48462
f. Total income		14f	57603
g. Deduction and exemption ratio		14g	0.1587
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		15a	0
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		15b	0
16. Child under age 13, or disabled dependent/spouse care expenses		16	0
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s)			
<b>Not more than two.</b> a. <input type="checkbox"/> × \$3,600 = b. <input type="checkbox"/> 0 Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g		17	0
18. Rental deduction. a. <input type="checkbox"/> 0		+ 2 = 18	0
Nonresidents, during 2018, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do <b>not</b> qualify for this deduction.			
19. Other deductions from Schedule Y, line 19		19	0
20. <b>Total deductions.</b> Add lines 15 through 19		20	0
21. <b>5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>		21	9141
22. Exemption amount. a. <input type="checkbox"/> 4400		22	698
23. <b>5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>		23	8443
24. <b>INTEREST AND DIVIDEND INCOME</b>		24	0
25. <b>TOTAL TAXABLE 5.1% INCOME.</b> Add lines 23 and 24		25	8443
26. <b>TAX ON 5.1% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585		26	430

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2018 Form 1-NR/PY, pg. 4**

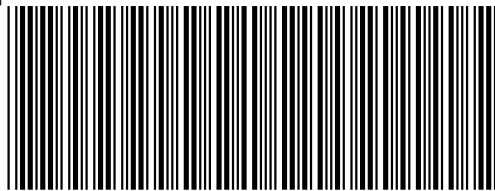
MA18006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

196796486

27.	<b>12% INCOME.</b> Not less than "0." a.	0	× .12 = 27	0
28.	<b>TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS		28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	0
30.	Additional tax on installment sale		30	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	<b>TOTAL INCOME TAX.</b> Add lines 26 through 30		32	430
33.	Limited Income Credit		33	0
34.	Income tax due to another state or jurisdiction		34	0
35.	Other credits (from Credit Manager Schedule)		35	0
36.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	430
37.	<b>Voluntary Contributions</b>			
	a. Endangered Wildlife Conservation		37a	0
	b. Organ Transplant Fund		37b	0
	c. Massachusetts AIDS Fund		37c	0
	d. Massachusetts U.S. Olympic Fund		37d	0
	e. Massachusetts Military Family Relief Fund		37e	0
	f. Homeless Animal Prevention and Care		37f	0
	Total. Add lines 37a through 37f		37	0
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	0
39.	Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty 0		39	0
40.	<b>Amended return only.</b> Overpayment from original return		40	0
41.	<b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40		41	430



2018 Form 1-NR/PY, pg. 5

MA18006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
196796486

Table with 3 columns: Line number, Description, and Amount. Includes lines 42-53 with descriptions like 'Massachusetts income tax withheld', '2017 overpayment applied to your 2018 estimated tax', etc.

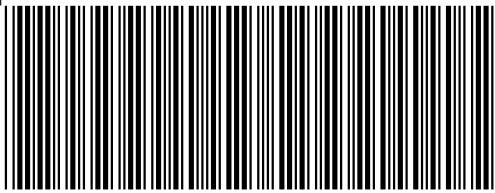
Direct deposit of refund. Type of account X checking savings

RTN # 011000138 account # 004668235695

Table with 3 columns: Line number, Description, and Amount. Includes line 54: Tax due. Pay online at www.mass.gov/dor/payonline.

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund)
Print paid preparer's name Date Check if self-employed
APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332
Paid preparer's signature Paid preparer's phone Paid preparer's EIN

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2018 Schedule INC**

MA18INC011555

ADITYA MANOJ

YELISETTI

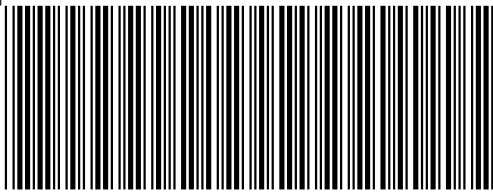
196796486

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
043515240	671	13218	0	0	W2

TOTALS	671	13218	0	0	
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# 2018 Schedule NTS-L-NR/PY

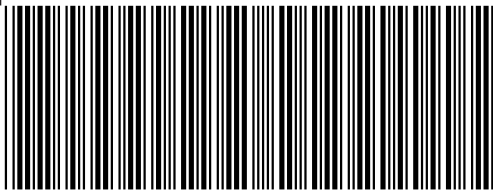
MA18021011555

No Tax Status and Limited Income Credit

196796486

## Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1. Total 5.1% income	1	9141
2. Adjustments to income	2	0
3. Adjusted 5.1% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	9141
4. Interest exemption used	4	0
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	48462
8. Total income. Combine lines 3 through 7	8	57603
9. Additional adjustments to income while a nonresident/part-year resident	9	0
10. Massachusetts Adjusted Gross Income (AGI)	10	57603
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	0
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	0
13. No Tax Status threshold	13	0
14. Income for Limited Income Credit	14	0
15. Tax before adjustments	15	0
16. Tax for Limited Income Credit	16	0
17. Limited Income Credit	17	0



**2018 Schedule E**

MA18013041555

ADITYA MANOJ

YELISETTI

196796486

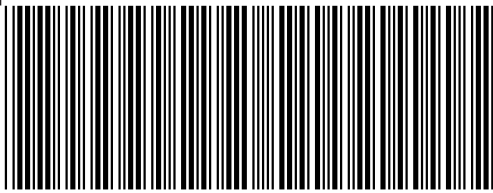
**Income or Loss from Real Estate and Royalties:**

**Income**

1. Rents received	1	500
2. Royalties received	2	0

**Expenses**

3. Advertising	3	0
4. Auto and travel	4	0
5. Cleaning and maintenance	5	0
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	3000
12. Repairs	12	0
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	3000
18. Depreciation expense or depletion	18	1577
19. Total expenses. Add lines 17 and 18	19	4577
20. Income or loss from rental real estate or royalty properties	20	-4077
21. Deductible rental real estate loss	21	-4077
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-4077
24. Rental real estate and royalty income or loss	24	-4077



**2018 Schedule E, pg. 2**

MA18013051555

196796486

**Income or Loss from Partnerships and S Corporations**

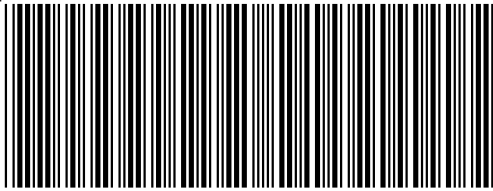
25. Passive loss allowed	25	0
26. Passive income	26	0
27. Non-passive loss	27	0
28. Section 179 expense deduction	28	0
29. Non-passive income	29	0
30. Combine lines 26 and 29	30	0
31. Combine lines 25, 27 and 28	31	0
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32	0
33. Interest (other than MA banks) and dividends if included in line 32	33	0
34. Interest from Massachusetts banks if included in line 32	34	0
35. Total income or loss from partnerships and S corporations	35	0
36. Check! if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

**Income or Loss from Estates and Trusts**

37. Passive deduction or loss allowed	37	0
38. Passive income	38	0
39. Non-passive deduction or loss	39	0
40. Non-passive other income	40	0
41. Add lines 38 and 40	41	0
42. Add lines 37 and 39	42	0
43. Estate and trust income or loss. Combine lines 41 and 42	43	0
44. Estate or non-grantor-type trust income	44	0
45. Grantor-type trust and non-Massachusetts estate and trust income	45	0
46. Interest and dividends if included in line 45	46	0
47. Adjustments to 5.1% income	47	0
48. Subtotal. Combine lines 46 and 47	48	0
49. Income or loss from grantor type and non-Mass estates and trusts	49	0

**Income or Loss from REMICs**

50. Excess inclusion	50	0
51. Taxable income or loss	51	0
52. Income	52	0
53. Combine lines 51 and 52	53	0



**2018 Schedule E, pg. 3**

MA18013061555

196796486

**Farm Income**

54. Net farm rental income or loss

54

0

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-4077

56. Massachusetts differences. Enclose statement

56

0

57. Abandoned building renovation deduction

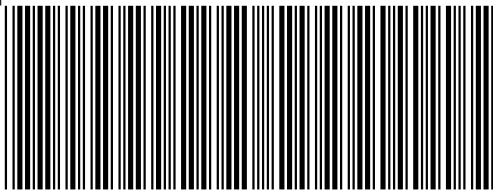
57

0

58. Total income or loss. Combine lines 55, 56 and 57

58

-4077



**2018 Schedule E-1**

MA18013011555

ADITYA MANOJ

YELISETTI

196796486

LAND

VIVEKANANDA NAGAR

HYDERABAD

Check one:  Real estate  Royalty

**Income or Loss from Real Estate and Royalties**

**Income**

1. Rents received	1	500
2. Royalties received	2	0

**Expenses**

3. Advertising	3	0
4. Auto and travel	4	0
5. Cleaning and maintenance	5	0
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	3000
12. Repairs	12	0
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	3000
18. Depreciation expense or depletion	18	1577
19. Total expenses. Add lines 17 and 18	19	4577
20. Income or loss from rental real estate or royalty properties	20	-4077
21. Deductible rental real estate loss	21	-4077
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-4077
24. Rental real estate and royalty income or loss	24	-4077
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Federal/State Adjustment Summary**

**2018**

Name as Shown on Return ADITYA MANOJ YELISETTI	Social Security Number 196796486
---	-------------------------------------

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
VIVEKANANDA NAGAR	-4,077.	1,378.		-2,699.	-2,699.	-4,077.

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . . 1,378.

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  
ADITYA MANOJ YELISETTI

Social Security Number  
196796486

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

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

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

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

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

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

<b>Form 2106</b>			<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> 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 ADITYA MANOJ YELISETTI	Social Security Number 196796486
---	-------------------------------------

<b>Schedule A</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> 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 . . . . .	1,378.
Depreciation Adjustment Included in Schedule A <b>Not</b> Subject to 2% Limitation . . . . .	_____
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . .	_____

**Asset Dispositions**

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



**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

ADITYA MANOJ YELISETTI

Your social security number

196-79-6486

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	VIVEKANANDA NAGAR HYDERABAD TELANGANA IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	4		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		3,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		1,577.		
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,577.		
<b>21</b>	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 . . . . .	<b>21</b>		-4,077.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-4,077.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		1,577.		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,577.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,077.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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. . . . .	<b>26</b>				-4,077.