

**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) ▶ 587278201903901abpw8

Taxpayer's name VIJAYA MADHURI DEVARAPALLI	Social security number 693-11-1026
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>	79,726.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	10,839.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	12,755.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	1,916.
<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 

1	1	0	2	6
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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name
  - 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 

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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name
  - 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*.

693-11-1026

Taxpayer name VIJAYA MADHURI DEVARAPALLI

Taxpayer address (optional)

2900 NORTH 22ND STREET APT F9

ROGERS AR 72756

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 02/08/2019 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 587278201903901abpw8.
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: VIJAYA MADHURI Last name: DEVARAPALLI Your social security number: 693-11-1026

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. 2900 NORTH 22ND STREET Apt. no. F-9 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. ROGERS AR 72756 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.): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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	79,726.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	79,726.
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	79,726.
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	67,726.
11	a Tax (see inst.) 10,839. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	10,839.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	10,839.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	10,839.
16	Total tax. Add lines 13 and 14	16	12,755.
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	12,755.
19	Add any amount from Schedule 5	19	1,916.
20a	Add lines 16 and 17. These are your total payments	20a	1,916.
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 1 1 1 0 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number 4 8 8 0 6 6 4 0 3 0 2 7	24	
25	Amount of line 19 you want applied to your 2019 estimated tax ▶ 25	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 26	26	
27	Estimated tax penalty (see instructions) ▶ 27	27	

# Tax History Report

▶ Keep for your records

**2018**

Name(s) Shown on Return

VIJAYA MADHURI DEVARAPALLI

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .					Single
Total income . . . . .					79,726.
Adjustments to income					
Adjusted gross income					79,726.
Tax expense . . . . .					4,409.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					67,726.
Tax . . . . .					10,839.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					12,755.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					1,916.
Effective tax rate % . .					13.60
**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 (VIJAYA MADHURI DEVARAPALLI) and Social Security Number (693-11-1026)

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 checkboxes (one checked '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) . . . . . 11026 Spouse's PIN (5 numbers) . . . . . Date . . . . . 01/29/2019

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

# Federal Information Worksheet

2018

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . DEVARAPALLI  
 First name . . . . . VIJAYA MADHURI  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 693-11-1026  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/28/1991 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 27  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . DMADHURI91@GMAIL.COM  
 Work phone . . . . . (940) 337-6675 Ext \_\_\_\_\_  
 Cell phone . . . . . (940) 337-6675  
 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 work phone (940) 337-6675  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 2900 NORTH 22ND STREET Apt no. . . . . F-9  
 City . . . . . ROGERS State . . . . . AR ZIP code . . . . . 72756

**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

## Identity Verification Worksheet

**2018**

▶ See tax help for more information on identity verification

Name(s) Shown on Return VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
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### 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                      **Note:** Alabama does not allow this option  
 Spouse

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

- Taxpayer                      **Note:** Alabama, New Mexico, New York and Ohio do not allow this option  
 Spouse

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 . . . . . AR  
 License number . . . . . 942694657  
 Issue date . . . . . 12/08/2017  
 Expiration date . . . . . 10/08/2019  
 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: VIJAYA MADHURI DEVARAPALLI; Social Security Number: 693-11-1026

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

Paid Preparer Information

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

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 [ ]

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 \*
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: VIJAYA MADHURI DEVARAPALLI  
 Social Security Number: 693-11-1026

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
WAL-MART ASSOCIATES INC		79,726.	12,755.	79,726.	4,409.
<b>Totals</b>		79,726.	12,755.	79,726.	4,409.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	79,726.		79,726.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	12,755.		12,755.
3 & 7	Total social security wages/tips . . . . .	17,294.		17,294.
4	Total social security tax withheld . . . . .	1,072.		1,072.
5	Total Medicare wages and tips . . . . .	17,294.		17,294.
6	Total Medicare tax withheld . . . . .	251.		251.
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 . . . . .	7,683.		7,683.
b	Elective deferrals to qualified plans . . . . .	3,157.		3,157.
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 . . . . .	4,526.		4,526.
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 . . . . .	79,726.		79,726.
17	Total state tax withheld . . . . .	4,409.		4,409.
19	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
---	---------------------------------------

**Employer EIN** . . . . . 71-0794409  
**Employer Name** . . . . . WAL-MART ASSOCIATES INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 702 SW 8TH STREET  
**City** BENTONVILLE **State** AR **ZIP** 72716-0135  
**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.

<b>1</b> Wages, tips, other comp . . . . .	79,726.	<b>2</b> Federal tax withheld . . . . .	12,755.
<b>3</b> Social security wages . . . . .	17,294.	<b>4</b> Social sec tax withheld . . . . .	1,072.
<b>5</b> Medicare wages and tips . . . . .	17,294.	<b>6</b> Medicare tax withheld . . . . .	251.
<b>7</b> Social security tips . . . . .		<b>8</b> 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:
DD	4,526.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
D	3,157.	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 <b>not</b> 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
AR	12286157WHW	79,726.	4,409.

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** \_\_\_\_\_  
**10** Dependent care benefits (Check if employer furnished care at work) . . . . .  **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

VIJAYA MADHURI DEVARAPALLI

693-11-1026 Page 2

Employer Name . . . . . WAL-MART ASSOCIATES INC

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

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

Clergy only:
D [ ] Designated housing or parsonage allowance . . . . . D
E [ ] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . E
F If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on housing or parsonage allowance only
2 [ ] Pay self-employment tax on W-2 income only
3 [ ] Pay self-employment tax on W-2 income and housing allowance
4 [ ] 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 [ ] Pay self-employment tax on this W-2 income
2 [ ] 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
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] 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. . . . . 693-11-1026
First name M.I. Last name Suff.
VIJAYA MADHURI DEVARAPALLI
Address City St ZIP code
2900 NORTH 22ND STREET, Apt. F-9 ROGERS AR 72756
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 <b>VIJAYA MADHURI DEVARAPALLI</b>	Social Security Number <b>693-11-1026</b>
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**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								
<b>Tot Estimated Payments . . .</b>								

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	12,755.	4,409.	
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 <b>Total Withholding</b> Lines 10 through 18d . . . . .	12,755.	4,409.	
20 <b>Total Tax Payments for 2018</b> . . . . .	12,755.	4,409.	

	State	ID	Local	ID
<b>Prior Year Taxes Paid In 2018</b> (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 <b>VIJAYA MADHURI DEVARAPALLI</b>	Social Security Number <b>693-11-1026</b>
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## Part I – Earned Income Credit Worksheet Computation

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

## 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 . . . . .	79,726.		79,726.
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	79,726.		79,726.
9 <b>a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	79,726.		79,726.
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 . . . . .	79,726.		79,726.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .			
16 Wages, salaries, tips, etc . . . . .	79,726.		79,726.
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. . . . .	79,726.		79,726.

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

23 Self-employed, church and statutory employees . . . . .			
24 Wages, salaries, tips, etc . . . . .	79,726.		79,726.
25 Nontaxable combat pay . . . . .			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	79,726.		79,726.

# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
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**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
<b>Totals . .</b>						

**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 . . . . .		4,409.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		79,726.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		10,839.
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  
 VIJAYA MADHURI DEVARAPALLI

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	79,726.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>79,726.</b>

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 79,726.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,409.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>4,409.</b>
Standard deduction . . . . .	12,000.

**Taxable Income** . . . . . 67,726.

Income tax . . . . .	10,839.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>10,839.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 10,839.

Withholding . . . . .	12,755.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>12,755.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 1,916.

**Refund** . . . . . 1,916.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	22.0 %
Effective tax rate . . . . .	13.60 %

# Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

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 . . . . .

2018 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

Primary's Legal First Name: VIJAYA MADHURI, Last Name: DEVARAPALLI, Social Security Number: 693-11-1026. Spouse's Legal First Name, Last Name, Social Security Number. Mailing Address: 2900 NORTH 22ND STREET, APT. F-9, ROGERS, AR 72756.

FILING STATUS: 1. Single (checked), 2. Married Filing Joint, 3. Head of Household, 4. Married Filing Separately on the Same Return, 5. Married Filing Separately on Different Returns, 6. Qualifying Widow(er) with dependent child.

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension.

7A. Yourself (checked), Spouse, 65 or Over, 65 Special, Blind, Deaf, Head of Household/Qualifying Widow(er). Multiply number of boxes checked: 7A 1 x \$26 = 26.00.

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Includes dependents 1, 2, and 3.

7B. Multiply number of DEPENDENTS from above: 7B 0 x \$26 = 00. 7C. First name of Qualifying Individual(s) from AR1000RC5: 7C 0 x \$500 = 00. 7D. TOTAL PERSONAL TAX CREDITS: 26.00.

Table with 4 columns: Description, Amount, (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only. Rows include Wages, salaries, tips, etc. (79,726.00), U.S. Military compensation, Interest income, Dividend income, Alimony, Business or professional income, Capital gains/losses, Other gains or losses, Non-Qualified IRA distributions, U.S. Military pension, Your/Spouse's Employer pension plan(s), Rents, royalties, farm income, Unemployment, Other income/depreciation differences, TOTAL INCOME (79,726.00), TOTAL ADJUSTMENTS, and ADJUSTED GROSS INCOME (79,726.00).





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: VIJAYA MADHURI; Last Name: DEVARAPALLI; Primary's Social Security Number: 693-11-1026; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 2900 NORTH 22ND STREET, APT. F-9; Telephone: (940) 337-6675; City: ROGERS; State or Province: AR; ZIP: 72756; Check if address is outside U.S. Foreign Country: [ ]

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income, 79,726.00; Row 2: Net Tax, 3,849.00; Row 3: State Income Tax Withheld, 4,409.00; Row 4: Refund, 560.00; Row 5: Tax Due, 00.00

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 50. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

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

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature Date Check if paid preparer [ ] Check if self-employed [ ] P02090332 Your SSN or PTIN GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196 Firm's name and address FEIN

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

Paid Preparer's Use Only Preparer's Signature Date Check if self-employed [ ] P02090332 Preparer's SSN or PTIN APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's name and address FEIN





**Part IV – Other Information**

**Dependents:**

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* Check box if totally & permanently disabled	Select type if developmentally disabled ▼
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

**Farmers and Fisherman:**

At least two-thirds of your total gross income is from farming or fishing

**Name Change:**

Check if Taxpayer changed name  
 Check if Spouse changed name

**Standard Deduction/Itemized Deductions:**

Itemize even if itemized deductions are less than the standard deduction  
 Filing status is married filing separately and spouse itemizes deductions  
 Take the standard deduction even if less than itemized deductions

**Authorization:**

Yes No  
  Can the Arkansas Revenue Agency discuss this return with the tax preparer?

**Underpayment Penalty:**

Do Not Calculate the Arkansas underpayment penalty statement

**Nonresident Military Spouse (Filing Status 2 or 4 only):**

Yes No  
  The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.  
**QuickZoom** to see if you qualify under the Military Spouses Residency Relief Act. . . . . ➔

**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 **Arkansas Income Tax Section**, as applicable by law.

File **state** return electronically

**Electronic PDF Attachments**

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

Description	Filename

**Driver's License**

Note: Please enter driver's license information on Federal Identification Verification Worksheet.

	Taxpayer	Spouse
State Issued Driver's License . . . . .	<u>Arkansas</u>	_____
Driver's License Number . . . . .	<u>942694657</u>	_____
Date Driver's License Issued	<u>12/08/2017</u>	_____
Date Driver's License Expires	<u>10/08/2019</u>	_____

**State ID**

	Taxpayer	Spouse
Issuing State . . . . .	_____	_____
State Identification number . . . . .	_____	_____
State ID Issue Date . . . . .	_____	_____
State ID Expiration Date . . . . .	_____	_____

Date return was EFiled . . . . . ▶ 02/08/2019  
Date return was accepted by the state . . . . . ▶ 02/08/2019  
Enter the date Form AR1000-V was given to client . . . . . ▶ \_\_\_\_\_  
Date Form AR8453 mailed to the state (IF NEEDED) . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form AR8453 Additional Information SmartWorksheet . . . . . ▶

**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

**Yes No**  
  Do you want to elect **direct deposit** of state tax refund?  
  Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Bank of America

Check the appropriate box:

Checking . . . . . ▶  Routing number . . . . . ▶ 111000025  
Savings . . . . . ▶  Account number . ▶ 488066403027

Enter payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
State balance-due amount from this return . . . . . ▶ \_\_\_\_\_

**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 code from Preparer's Information Worksheet . . . . . ▶ 1

**Part VIII – Extension Status**

**Yes No**  
  Has the tax return due date been extended by filing IRS Form 4868?  
  Federal Form 4868 "Out of the Country" checkbox checked?  
  Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?  
Extended due date . . . . . \_\_\_\_\_

**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 Form AR1055, Application for Extension of Time to File. . . . . **➔** \_\_\_\_\_

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# Income Allocation Worksheet

**2018**

► Keep for your records

Name as Shown on Return  
VIJAYA MADHURI DEVARAPALLI

Social Security Number  
693-11-1026

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR100NR)
<b>1 a</b> Taxpayer wages, salaries, tips, etc. . . . .	79,726.			
<b>b</b> Spouse wages, salaries, tips, etc. . . . .				
<b>Line 1 total</b> . . . . .			79,726.	
Note: Excess moving expense reimbursement included in line 1a or 1b . . . . .				
<b>2 a</b> Taxpayer military compensation pay . . . . .				
<b>b</b> Spouse military compensation pay . . . . .				
<b>Line 2 total</b> . . . . .				
<b>3</b> Interest income . . . . .				
<b>4</b> Dividend income . . . . .				
<b>5</b> Alimony and separate maintenance received . . . . .				
<b>6</b> Business or professional income . . . . .				
<b>7</b> Capital gains and losses . . . . .				
<b>8</b> Other gains or (losses) . . . . .				
<b>9</b> Nonqualified IRA distributions and taxable annuities . . . . .				
<b>10 a</b> Taxpayer U.S. Military pension . . . . .				
<b>b</b> Spouse U.S. Military pension . . . . .				
<b>Line 10 total</b> . . . . .				
<b>11</b> Employer-sponsored pension plan and qualified IRA distributions . . . . .				
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Line 11 total</b> . . . . .				
<b>12</b> Rents, royalties, partnerships, trusts, etc . . . . .				
<b>13</b> Farm income . . . . .				
<b>14</b> Unemployment . . . . .				
<b>15</b> Fed/State depreciation adjustment for				
<b>a</b> Schedule C . . . . .				
<b>b</b> Schedule E . . . . .				
<b>c</b> Schedule F . . . . .				
<b>d</b> K-1 Partnership . . . . .				
<b>e</b> K-1 S Corporation . . . . .				
<b>f</b> K-1 Estate/Trust . . . . .				
<b>g</b> Form 4835 . . . . .				
<b>h</b> Sale of properties/assets . . . . .				
<b>Line 15 total</b> . . . . .				
<b>16</b> Other income/Loss:				
<b>a</b> HSA and/or MSA taxable distributions . . . . .				
<b>b</b> Long-term care insurance contracts . . . . .				
<b>c</b> Gambling winnings . . . . .				
<b>d</b> Lottery/contest winnings . . . . .				
<b>e</b> Net operating loss . . . . .				
<b>f</b> Foreign earned income exclusion . . . . .				
<b>g</b> Scholarships/fellowships/grants . . . . .				
<b>h</b> Loss on excess deferral distribution . . . . .				
<b>i</b> Cancellation of debt . . . . .				
<b>j</b> Jury duty pay . . . . .				
<b>k</b> Recovery of bad debts . . . . .				
<b>l</b> Rural physician incentives . . . . .				
<b>m</b> Excess reimbursement from AR2106 . . . . .				
<b>n</b> Certain business expenses of fee-basis government officials . . . . .				
<b>o</b> Certain business expenses of performing artists . . . . .				
<b>p</b> Other income/Loss . . . . .				
<b>Line 16 total (Add line a to line k, minus line l to line o, add line p)</b> . . . . .				

**Adjustments to Income**

<b>1</b>	Payments to IRA . . . . .				
<b>2</b>	Payments to MSA . . . . .				
<b>3</b>	Payments to HSA . . . . .				
<b>4</b>	Deduction for interest paid on student loans . . . . .				
<b>5</b>	Contributions to Intergenerational Trust . .				
<b>6</b>	Moving expenses . . . . .				
<b>7</b>	Self-employed health insurance deduction . . . . .				
<b>8</b>	Payments to KEOGH/SEP/SIMPLE plans .				
<b>9</b>	Forfeited interest penalty for early withdrawal . . . . .				
<b>10</b>	Alimony paid . . . . .				
<b>11</b>	Support for permanently disabled individuals . . . . .				
<b>12</b>	Organ donor deduction . . . . .				
<b>13</b>	Tuition Savings Program . . . . .				
<b>14</b>	Border city exemption . . . . .				
<b>15</b>	Military Reserve Expenses . . . . .				
<b>16</b>	Reforestation deduction . . . . .				
<b>17</b>	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			4,409.
10 State withholding on Forms W-2G . . . . . Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R . . . . .			
12 a State withholding on Forms 1099-MISC . . . . .			
b State withholding on Forms 1099-G . . . . .			
c State withholding on Forms 1099-K . . . . .			
13 Other state tax withholding . . . . .			
14 <b>Total income tax withheld</b> . . . . .			4,409.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

## Smart Worksheets from your 2018 Arkansas Tax Return

SMART WORKSHEET FOR: Declaration for electronic filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ <u>02/08/2019</u>
<b>B</b>	Date return was accepted by the state . . . . . ▶ <u>02/08/2019</u>
<b>C</b>	Date Form AR8453 was mailed to the state (IF NEEDED) . . . . . ▶ _____
<b>D</b>	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____ _____
<b>E</b>	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
<b>F</b>	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

<b>Tuition Savings Program Smart Worksheet</b>		
	<b>Taxpayer</b>	<b>Spouse</b>
<b>A</b> Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax . . . . .	_____	_____
<b>B</b> If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A . . . . .	0.	_____
<b>C</b> Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years . . . . .	_____	_____
<b>D</b> If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C . . . . .	0.	_____
<b>E</b> Amount available towards current year contribution . . . . .	5,000.	_____
<b>F</b> Enter any current year contributions to Arkansas Tuition Savings Program	_____	_____
<b>G</b> Arkansas tuition contribution carryovers from prior years . . . . .	_____	_____
2017 . . . . .	_____	_____
<b>H</b> Amount applied towards current year Arkansas Tuition Savings Program contributions . . . . .	0.	_____
<b>I Total deduction for Tuition Savings Program (Line B+Line D+Line H)</b>	0.	_____
<b>J</b> Arkansas tuition contribution carryforward to next year . . . . .	0.	_____
2017 . . . . .	0.	_____
2018 . . . . .	0.	_____