

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

Your first name and initial: **SASIDHAR REDDY** Last name: **BHUMIREDDY** Your social security number: **780-26-1261**

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: **MOUNIKA** Last name: **GAJJALA** Spouse's social security number: **967-97-4610**

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. **112 LAKE ST** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **JERSEY CITY NJ 07306** 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
		SOFTWARE ENGINEER	
		HOME MAKER	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
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)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	58,276.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRAs, pensions, and annuities	4a	
5a Social security benefits	5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	58,276.
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	58,276.
8 Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9 Qualified business income deduction (see instructions)	9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	34,276.
11 a Tax (see inst.) 3,732. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	3,732.
12 a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	3,732.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14 Other taxes. Attach Schedule 4	14	3,732.
15 Total tax. Add lines 13 and 14	15	9,697.
16 Federal income tax withheld from Forms W-2 and 1099	16	
17 Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5	17	
18 Add lines 16 and 17. These are your total payments	18	9,697.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	5,965.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	5,965.
Direct deposit? See instructions. ▶ b Routing number 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number 381046919379		
21 Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23 Estimated tax penalty (see instructions)	23	

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
 - b** Nonresident alien filing a U.S. federal tax return
 - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
 - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 780-26-1261
 - e** Spouse of U.S. citizen/resident alien } SASIDHAR REDDY BHUMIREDDY
 - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
 - g** Dependent/spouse of a nonresident alien holding a U.S. visa
 - h** Other (see instructions) ▶ _____
- Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name MOUNIKA	Middle name	Last name GAJJALA
	1b First name	Middle name	Last name
Name at birth if different ▶ _____			

Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 112 LAKE ST		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. JERSEY CITY NJ USA 07306		

Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		

Birth information	4 Date of birth (month / day / year) 08 / 11 / 1989	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 M7042452 07 / 30 / 2018	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): <u>11 / 27 / 2017</u>			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First name Middle name Last name </div>			
6g Name of college/university or company (see instructions) _____ City and state _____ Length of stay _____				

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	
Signature	Date (month / day / year)	Phone
	Name and title (type or print)	

Acceptance Agent's Use ONLY	Name of company	EIN	PTIN
	Office Code		

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					58,276.
Adjustments to income					
Adjusted gross income					58,276.
Tax expense					3,328.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					34,276.
Tax					3,732.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					9,697.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					5,965.
Effective tax rate % . .					6.40
**Tax bracket %					12.0

**Tax bracket % is based on Taxable income.

Federal Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name BHUMIREDDY
 First name SASIDHAR REDDY
 Middle initial _____ Suffix _____
 Social security no. 780-26-1261
 Occupation SOFTWARE ENGINEER
 Date of birth 05/11/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Date of death _____
 Legally blind
 E-mail address SASI.SAI99@GMAIL.COM
 Work phone (919)550-1713 Ext _____
 Cell phone (919)550-1713
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) GAJJALA
 First name MOUNIKA
 Middle initial _____ Suffix _____
 Social security no. 967-97-4610
 Occupation HOME MAKER
 Date of birth 08/11/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Date of death _____
 Legally blind
 E-mail address GMOUNIKA.LEO@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (919)494-0347
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer work phone (919)550-1713
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 112 LAKE ST Apt no. _____
 City JERSEY CITY State NJ ZIP code 07306

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

► Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
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INCOME	Federal Amount	NY Amount
1 Wages, salaries, tips, etc. T	58,276.	58,276.
2 Taxable interest T		
3 Dividends T		
4 State/local tax refunds T		
5 Alimony received T		
6 Business income or loss T		
7 Capital gain or loss T		
8 Other gains and losses T		
9 Taxable IRA distribution T		
10 Taxable pension and annuities T		
11 Rentals, royalties, partnerships, S corporations, trusts T		
12 Farm income or loss T		
13 Unemployment compensation T		
14 a Taxable social security benefits T		
b Taxable railroad retirement benefits T		
15 Other income T		
16 Total income T	58,276.	58,276.

Nonresident State Allocation Worksheet

SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA

780-26-1261

ADJUSTMENTS		Federal Amount	NY Amount
17 Educator expenses	T		
	S		
18 Certain business expenses	T		
	S		
19 Health savings account deduction	T		
	S		
20 Moving expenses	T		
	S		
21 Self-employment tax deduction	T		
	S		
22 Self-employed SEP, SIMPLE, and qualified plans	T		
	S		
23 Self-employed health insurance deduction	T		
	S		
24 Penalty on early withdrawal of savings	T		
	S		
25 Alimony paid	T		
	S		
26 IRA deduction	T		
	S		
27 Student loan interest deduction	T		
	S		
28 Tuition/fees deduction	T		
	S		
29 Reserved	T		
	S		
30 Total other adjustments	T		
	S		
31 Total adjustments	T		
	S		
32 Adjusted gross income	T	58,276.	58,276.
	S		

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
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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

<input checked="" type="checkbox"/> Taxpayer	Note: Alabama does not allow this option
<input checked="" type="checkbox"/> Spouse	

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

<input type="checkbox"/> Taxpayer	Note: Alabama, New Mexico, New York and Ohio do not allow this option
<input type="checkbox"/> 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:	Spouse:
Issuing state _____	Issuing state _____
License number _____	License number _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____
Does not expire <input type="checkbox"/>	Does not expire <input type="checkbox"/>
NY Document number (first 3 chars)* _____	NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:	Spouse:
Issuing state _____	Issuing state _____
Identification number _____	Identification number _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____
Does not expire <input type="checkbox"/>	Does not expire <input type="checkbox"/>
NY Document number (first 3 chars)* _____	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:

<input type="checkbox"/> New client
<input type="checkbox"/> Returning client to same preparer and firm
<input type="checkbox"/> 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)

► Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		58,276.	9,697.	118,399.	3,328.
Totals		58,276.	9,697.	118,399.	3,328.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	58,276.		58,276.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	9,697.		9,697.
3 & 7	Total social security wages/tips	58,276.		58,276.
4	Total social security tax withheld	3,613.		3,613.
5	Total Medicare wages and tips	58,276.		58,276.
6	Total Medicare tax withheld	845.		845.
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	2,252.		2,252.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	2,252.		2,252.
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	93.		93.
16	Total state wages and tips	118,399.		118,399.
17	Total state tax withheld	3,328.		3,328.
19	Total local tax withheld.			

Name as shown on return SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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Employer EIN 58-1760235
Employer Name INFOSYS LIMITED
 Name (cont.) _____
Street Address or P. O. Box 2400N GLENNVILLE DR C150
City RICHARDSON **State** TX **ZIP** 75082
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	58,276.	2 Federal tax withheld	9,697.
3 Social security wages	58,276.	4 Social sec tax withheld	3,613.
5 Medicare wages and tips	58,276.	6 Medicare tax withheld	845.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	12.	A: Enter amount attributable to RRTA Tier 2 tax
DD	2,240.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NJ	581760235/000	60,123.	125.
NY	58-1760235	58,276.	3,203.

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).
SDI	22.	Other (not classified)
PFL	71.	Other (not classified)

Keep for your records

SASIDHAR REDDY BHUMIREDDY	780-26-1261 Page 2
Employer Name INFOSYS LIMITED	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 780-26-1261

First name M.I. Last name Suff.

SASIDHAR REDDY BHUMIREDDY

Address City St ZIP code

112 LAKE ST JERSEY CITY NJ 07306

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 SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
---	--

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

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			9,697.	3,328.	
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			9,697.	3,328.	
20	Total Tax Payments for 2018			9,697.	3,328.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
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 SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
---	--

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	58,276.		58,276.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	58,276.		58,276.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	58,276.		58,276.
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	58,276.		58,276.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	58,276.		58,276.
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.	58,276.		58,276.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	58,276.		58,276.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	58,276.		58,276.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA	Social Security Number 780-26-1261
--	---------------------------------------

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,328.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		58,276.
6	Tax liability for Form 2210 or Form 2210-F		3,732.
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

SASIDHAR REDDY BHUMIREDDY & MOUNIKA GAJJALA

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

Wages and salaries	58,276.
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	_____
Total Gross Income	58,276.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 58,276.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,328.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	3,328.
Standard deduction	24,000.

Taxable Income 34,276.

Income tax	3,732.
Alternative minimum tax	_____
Total Taxes before Credits	3,732.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 3,732.

Withholding	9,697.
Estimated tax payments	_____
Other payments	_____
Total Payments	9,697.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 5,965.

Refund 5,965.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	12.0 %
Effective tax rate	6.40 %

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form W-7 (GAJJALA MOUNIKA): Application for IRS Individual Taxpayer Identification Number

Document Information Worksheet				
Use this worksheet to enter information for ID documents				
ID Type	Issued by	Number	Expiration	Entry Date
Passport	INDIA	J2214895	11/24/2020	11/27/17

SMART WORKSHEET FOR: Form W-7 (GAJJALA MOUNIKA): Application for IRS Individual Taxpayer Identification Number

Filing Address Information Smart Worksheet

Using private delivery service

Send Form W-7 to: Internal Revenue Service
ITIN Operation
P.O. Box 149342
Austin, TX 78714-9342

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act
Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, 2017?
 Yes No
 Refer to Tax Help

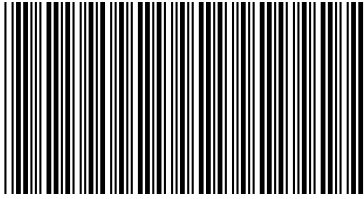
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6



2019 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2019 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

780-26-1261 BHUM 967-97-4610 BHUMIREDDY, SASIDHAR REDDY & GAJJALA 112 LAKE ST JERSEY CITY NJ 07306

1555 2019

Calendar Year - Due Voucher April 15, 2019 1

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

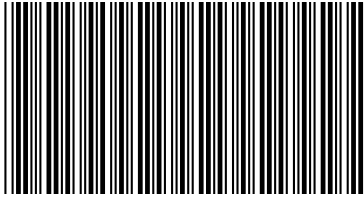
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

418.00





2019 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2019 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

780-26-1261 BHUM 967-97-4610 BHUMIREDDY, SASIDHAR REDDY & GAJ 112 LAKE ST JERSEY CITY NJ 07306

1555 2019

Calendar Year - Due Voucher June 17, 2019 2

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

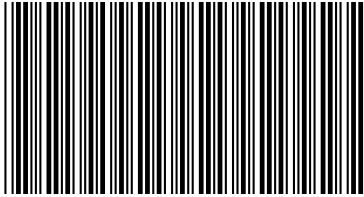
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

418.00





0120101010

2019 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2019 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

780-26-1261 BHUM 967-97-4610
BHUMIREDDY, SASIDHAR REDDY & GAJ
112 LAKE ST
JERSEY CITY NJ 07306

1555 2019

Calendar Year - Due Voucher

September 16, 2019 **3**

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

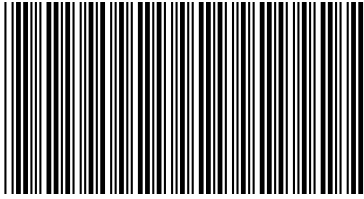
State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

418.00





0120101010

2019 NJ-1040-ES-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2019 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher
NJ-1040-ES-V

780-26-1261 BHUM 967-97-4610
BHUMIREDDY, SASIDHAR REDDY & GAJ
112 LAKE ST
JERSEY CITY NJ 07306

1555 2019

Calendar Year - Due Voucher
January 15, 2020 **4**

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

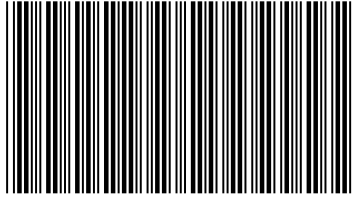
State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

418.00





040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
780261261

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
BHUMIREDDY SASIDHAR REDDY & GAJJALA MOUNIKA

Spouse's/CU Partner's SSN (if filing jointly)
967974610

County/Municipality Code (See Table page 50)
1201

Home Address (Number and Street, including apartment number)
112 LAKE ST

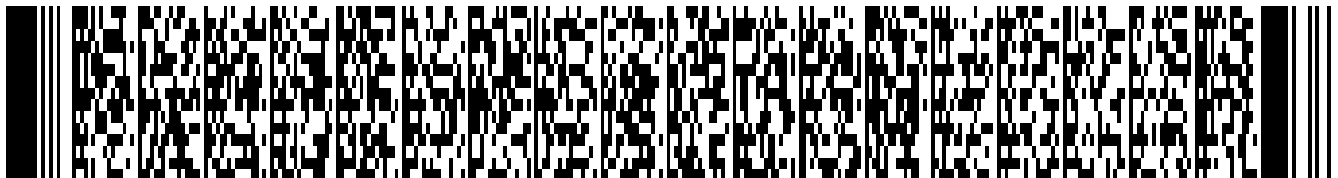
City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07306

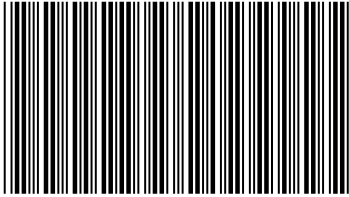
Driver's License Number (Voluntary) (Instructions page 42)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021200339
dd5. Account number	dd5.	381046919379





040MP02180

Name(s) as shown on Form NJ-1040

BHUMIREDDY SASIDHAR REDDY & GAJJALA MOUN

Your Social Security Number

780261261

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:

From: To:

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household Enter Spouse's/CU partner's SSN
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

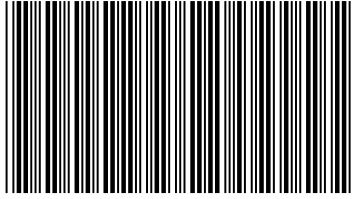
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1953 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$3,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____



040MP03180

Name(s) as shown on Form NJ-1040

BHUMIREDDY SASIDHAR REDDY & GAJJALA MOUNI

Your Social Security Number

780261261

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	118399 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.
17. Dividends	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.
24. Net Gambling Winnings (See instructions)	24.	.
25. Alimony and Separate Maintenance Payments received	25.	.
26. Other (Enclose documents) (See instructions)	26.	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	118399 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	.
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	.
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	.
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	118399 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2000 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.
33. Qualified Conservation Contribution	33.	.
34. Health Enterprise Zone Deduction	34.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	.
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	2000 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	116399 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2160 .
38b. Block	.	.
38b. Lot	.	.
38b. Qualifier	.	.
38c. County/Municipality Code	.	.
Fill in if you completed Worksheet G	.	.
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	2160 .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	114239 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	3537 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	1741 .
Enter Code	32	.
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	1796 .
44. Child and Dependent Care Credit (See instructions)	44.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	1796 .
46. Sheltered Workshop Tax Credit	46.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	1796 .
48. Gold Star Family Counseling Credit (See instructions)	48.	.
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	1796 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	68 .
Fill in if Form NJ-2210 is enclosed	X	.
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	1864 .



Name(s) as shown on Form NJ-1040

BHUMIREDDY SASIDHAR REDDY & GAJJALA MOUNI

Your Social Security Number

780261261

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	125	.
54. Property Tax Credit (See instructions page 25)	54.	.	.
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	2647	.
56. New Jersey Earned Income Tax Credit (See instructions)	56.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	.	.
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Wounded Warrior Caregivers Credit (See instructions)	60.	.	.
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	2772	.
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	.	.
If you owe tax, you can still make a donation on Lines 65 through 72.			
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	908	.
64. Amount from Line 63 you want to credit to your 2019 tax	64.	.	.
65. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
68. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
70. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
71. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
72. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	.	.
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	.	.
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	908	.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.
 You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

P02090332

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security Number 780-26-1261
---	---------------------------------------

Schedule NJ-COJ
(Previously Schedule A)

Credit for Income or Wage
Taxes Paid to Other Jurisdiction

2018

1.	Income properly taxed by both New Jersey and other jurisdiction. (Instructions page 33) Jurisdiction Name: <u>New York</u> Do not combine the same income taxed by more than one jurisdiction. (The amount on Line 1 cannot exceed the amount on Line 2.)	1.	58,276.
2.	Income subject to tax by New Jersey (From Line 29, NJ-1040)	2.	118,399.
3.	Maximum allowable credit percentage. Divide Line 1 by Line 2. (Instructions page 35)	3.	49.22%

See page 26 to determine if you are eligible for a property tax benefit. If you are not eligible, only complete Column B.	Column A	Column B
--	-----------------	-----------------

4.	Taxable Income (From Line 37, Form NJ-1040)	4.	116,399.	4.	116,399.		
5.	Enter in Box 5a the amount from Worksheet H, Line 1. (Instructions page 30) Property Tax Deduction. Enter the amount from Worksheet H, line 2. (Instructions page 30)	5a.	2,160.	5.	2,160.	5.	- 0 -
6.	New Jersey Taxable Income (Subtract Line 5 from Line 4)	6.	114,239.	6.	116,399.		
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	3,537.	7.	3,656.		
8.	Allowable Credit (Multiply Line 7 by Line 3)	8.	1,741.	8.	1,799.		
9.	Credit for Taxes Paid to Other Jurisdiction. Enter in Box 9a the income or wage tax paid to other jurisdiction. (Instructions page 35) Credit Allowed. Enter the lesser of Line 8 or Box 9a. This amount cannot exceed your New Jersey tax on Line 41.	9a.	2,047.	9.	1,741.	9.	1,799.

If you are **not eligible** for a property tax benefit, enter the amount from Line 9, Column B on Line 42 Form NJ-1040. Make no entry on Lines 39 or 54, Form NJ-1040.

If you are **eligible** for a property tax benefit, you must complete Worksheet I on page 34 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Keep a copy of this schedule for your records

**UNDERPAYMENT OF ESTIMATED TAX
BY INDIVIDUALS, ESTATES OR TRUSTS**

Fill in the oval at Line 51, Form NJ-1040 and enclose this form with your return.

Name(s) as shown on Form NJ-1040 BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security Number 780-26-1261
--	--

PART I FIGURING YOUR UNDERPAYMENT

1. 2018 Tax (Line 49, Form NJ-1040)	1.	1,796.
2. Enter the total of Lines 53, 54, 56, 57, 58, 59, and 60, Form NJ-1040	2.	125.
3. Subtract Line 2 from Line 1 (If less than \$400, do not complete the rest of this form)	3.	1,671.
4a. Multiply the amount on Line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	1,437.
4b. Enter 2017 tax (From Form NJ-1040, Line 44)	4b.	

	PAYMENT DUE DATES			
	(A) APRIL 17, 2018	(B) JUNE 15, 2018	(C) SEPT 17, 2018	(D) JAN 15, 2019
5. Use the lesser amount on either line 4a or 4b and divide by four. Enter the result in each column	359.	359.	359.	360.
6. Estimated tax paid and tax withheld per period (see instr.) If each column on Line 6 is greater than the corresponding column on Line 5, do not complete the rest of this form	31.	31.	31.	32.
7. Enter the overpayment (Line 13) from the previous column (Complete Lines 7 through 13 for one column before completing the next column.)				
8. Add Line 6 and Line 7	31.	31.	31.	32.
9. Enter the total underpayment (Line 11 plus Line 12) from the previous column		328.	656.	984.
10. Enter Line 8 minus Line 9. If zero or less, enter zero	31.	0.	0.	0.
11. Remaining underpayment from previous period. If Line 10 is zero, enter Line 9 minus Line 8. Otherwise enter zero		297.	625.	952.
12. UNDERPAYMENT (If Line 5 is greater than Line 10, enter Line 5 minus Line 10)	328.	359.	359.	360.
13. OVERPAYMENT (If Line 10 is greater than Line 5, enter Line 10 minus Line 5)				

PART II EXCEPTIONS

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at Line 15, do not file this form.

These amounts will be verified by the Division of Taxation.

	APRIL 17, 2018	JUNE 15, 2018	SEPT 17, 2018	JAN 15, 2019
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2018.) (See instructions)	31.	62.	93.	125.
15. Exception 1 – Enter 2017 tax (Line 44) . \$	25% of 2017 Tax	50% of 2017 Tax	75% of 2017 Tax	100% of 2017 Tax
16. Exception 2 – Tax on 2017 gross income using 2018 exemptions and tax rates	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2018 income	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2018 income over 3, 5 and 8-month periods	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT AT LINE 14, INTEREST WILL NOT BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST	See 2210 Wks	\$	68.
--------------------------	--------------	----	-----

(Include this amount on Line 51, Form NJ-1040).

WORKSHEETS

EXCEPTION II Tax on 2017 Gross Income using 2018 exemptions and tax rates

1. Enter 2017 NJ Gross Income (Line 28, 2017 NJ-1040)	1.	
2. Enter 2018 Total Exemptions (Line 30, 2018 NJ-1040)	2.	
3. Subtract Line 2 from Line 1	3.	
4. Calculate Tax on Line 3 (2018 tax rates)	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 42, 2018 NJ-1040)	5.	
6. Subtract Line 5 from Line 4. Enter the applicable percentage of this amount on Line 16, Part II of this form	6.	

EXCEPTION III Tax on 2018 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/18, 4/30/18, and 7/31/18. Also, estates and trusts cannot use the annualization amounts shown on Line 2 and must use 6, 3, and 1.7143, respectively.

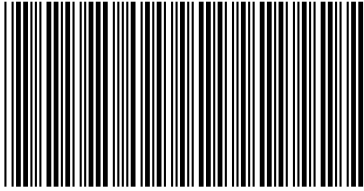
		1/1/18 – 3/31/18	1/1/18 – 5/31/18	1/1/18 – 8/31/18
1. Enter the portion of NJ Gross Income (Line 29, NJ-1040) that is applicable to each period shown	1.			
2. Annualization amounts	2.	4	2.4	1.5
3. Annualized Income (Multiply Line 1 by Line 2)	3.			
4. Enter Total Exemptions (Line 30, NJ-1040)	4.			
5. Subtract Line 4 from Line 3	5.			
6. Calculate Tax on Line 5	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (Line 42, NJ-1040) that is applicable to each period	7.			
8. Subtract Line 7 from Line 6. Enter the applicable percentage of this amount on Line 17, Part II of this form	8.			

EXCEPTION IV Tax on Actual 2018 Taxable Income over 3, 5, and 8-month periods. (Attach calculations)

		1/1/18 – 3/31/18	1/1/18 – 5/31/18	1/1/18 – 8/31/18
1. Enter the actual amount of NJ Taxable Income (Line 40, NJ-1040) that is applicable to each period shown	1.			
2. Calculate Tax on Line 1	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (Line 42, NJ-1040) that is applicable to each period shown.	3.			
4. Subtract Line 3 from Line 2. Enter 90% of this amount on Line 18, Part II of this form	4.			

Option 2

Payment due dates	(a) 4/17/2018	(b) 6/15/2018	(c) 9/17/2018	(d) 1/15/2019
1 Payment date	_____	_____	_____	_____
2 Amount due	_____	_____	_____	_____
3 Balance from previous quarter	_____	_____	_____	_____
4 Balance due	_____	_____	_____	_____
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	_____	_____	_____	_____
b Interest rate0725	.0725	.0725	.0825
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	_____	_____	_____	_____
If line 1 is blank, skip lines 7 through 10.				
7 Payment amount	_____	_____	_____	_____
8 Underpayment amount	_____	_____	_____	_____
9 a Number of months from payment date to next quarter due date	_____	_____	_____	_____
b Interest rate0725	.0725	.0725	.0825
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	_____	_____	_____	_____
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)				11



0139101010

Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2018 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Application for Extension of Time to File
NJ-630-V

1555 2018

780-26-1261 BHUM 967-97-4610
BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA
112 LAKE ST
JERSEY CITY NJ 07306

I hereby request an extension of 6 months, until
10/15/2019 to file the return as indicated below.

Make check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

Indicate the return the extension is being requested by checking the appropriate box:

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 282
Trenton, NJ 08646-0282

R	<input checked="" type="checkbox"/>	NJ-1040	N	NJ-1040-NR		NJ-1041
		6 Month Ext.		NJ-1080-C	F	NJ-1041SB
				6 Month Ext.		5 1/2 Month Ext.

Enter amount of payment here:

2647.00



NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2018

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name BHUMIREDDY, SASIDHAR REDDY	Social security number 780-26-1261
Spouse's name or Civil Union Prtnr's GAJJALA, MOUNIKA	Spouse's social security number or Civil Union Prtnr's 967-97-4610

Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)

1 New Jersey Taxable income	1	114,239.
2 Total tax	2	1,864.
3 New Jersey income tax withheld	3	125.
4 Refund	4	908.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 _____ to enter my PIN as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name BHUMIREDDY
First Name SASIDHAR REDDY
Middle Initial Suffix
Social Security No. 780-26-1261
Date of Birth 05/11/89
Age as of 12/31/2018 29
Date of Death
Daytime Phone (919) 550-1713 * [X]
Home Phone *

Spouse:

Last Name GAJJALA
First Name MOUNIKA
Middle Initial Suffix
Social Security No. 967-97-4610
Date of Birth 08/11/89
Age as of 12/31/2018 29
Date of Death
Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
Street Address 112 LAKE ST Apt. No
City JERSEY CITY State NJ ZIP Code 07306
County/Municipality Code (residents only) 1201

- Check this box if taxpayer's name is different on last year's NJ tax return
Check this box if taxpayer's address is different on last year's NJ tax return

Part II - Main Form

- [X] Form NJ-1040: Resident Tax Return
[] Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
[] Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. From To
Yes No
[] [] Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents

Part III - Filing Status

- [] Single
[X] Married/Civil Union Couple, filing joint return
[] Married/Civil Union Partner, filing separate return
Yes No
[] [] Did the taxpayer maintain the same residence as the spouse/CU partner?
If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29
[] Head of household
[] Qualifying widow(er)/Surviving CU Partner

Part IV - Exemptions

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, Veteran exemption, and dependent counts.

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – 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 State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 06/07/2019
 - 4 Date return was accepted by the state. 06/07/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . Bank of America

Checking account

Savings account

Routing number 021200339

Account number 381046919379

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.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

Extended due date 10/15/2019

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date 03/13/2019

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 04/15/2019

Balance-due amount paid with this extension _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Total Wages Worksheet

2018

▶ Keep for your records

Name as Shown on Return BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security No. 780-26-1261
--	------------------------------------

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
INFOSYS LIMITED		58,276.		<input type="checkbox"/>
- State Wages	NJ		60,123.	<input type="checkbox"/>
- State Wages	NY		58,276.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C		58,276.		
Total state wages from column D			118,399.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			118,399.	

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

Name(s) BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security No. 780-26-1261
--	------------------------------------

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.

1 Property Taxes. Enter the property taxes from line 38a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions)	1	2,160.																		
2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)?																				
<input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence).																				
<input checked="" type="checkbox"/> No. Enter the amount from line 1.	2	2,160.																		
STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.																				
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Column A</th> <th style="width: 65%;">Column B</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">3 Taxable Income (from line 37 of Form NJ-1040)</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">4 Property Tax Deduction (from line 2 above)</td> <td style="border: 1px solid black;"></td> <td style="text-align: center; border: 1px solid black;">-0-</td> </tr> <tr> <td style="text-align: right;">5 New Jersey Taxable Income (subtract line 4 from line 3).</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">7 Subtract line 6, column A, from line 6, column B</td> <td style="text-align: center; border: 1px solid black;">7</td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>		Column A	Column B	3 Taxable Income (from line 37 of Form NJ-1040)			4 Property Tax Deduction (from line 2 above)		-0-	5 New Jersey Taxable Income (subtract line 4 from line 3).			6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)			7 Subtract line 6, column A, from line 6, column B	7	
	Column A	Column B																		
3 Taxable Income (from line 37 of Form NJ-1040)																				
4 Property Tax Deduction (from line 2 above)		-0-																		
5 New Jersey Taxable Income (subtract line 4 from line 3).																				
6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)																				
7 Subtract line 6, column A, from line 6, column B	7																			

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?
Part-year residents, see instructions before answering "No."

Yes. The Property Tax Deduction is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 4, Column A
Line 40	Line 5, Column A
Line 41	Line 6, Column A
Line 54	Make no entry

No. The Property Tax Credit is more beneficial for you.
Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 5, Column B
Line 41	Line 6, Column B
Line 54	\$50 (\$25 if you and your spouse file separate returns but maintained the same principal residents).

Part-year residents must prorate this amount.

Tax Payments Worksheet

2018

▶ Keep for your records

Name BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security Number 780-26-1261
---	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	2,647.
8	Total tax payments	8	2,647.

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	125.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	125.
15	Date return will be filed and balance paid	15	04/15/2019

Worksheet I Which Property Tax Benefit to Use

2018

▶ Keep for your records

Name BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA	Social Security No. 780-26-1261
---	------------------------------------

	Column A	Column B
1 Tax. Enter amounts from line 7, Schedule NJ-COJ, columns A and B here	<u>3,537.</u>	<u>3,656.</u>
2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule NJ-COJ, Columns A and B. If you completed more than one Schedule NJ-COJ, enter the total of all line 9 amounts (Columns A and B) in the corresponding column.	<u>1,741.</u>	<u>1,799.</u>
3 Balance of tax due. Subtract line 2 from line 1	<u>1,796.</u>	<u>1,857.</u>
4 Subtract line 3, Column A from line 3, Column B and enter the result here		<u>61.</u>

5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Line 5, Column A, Schedule NJ-COJ
Line 40	Line 6, Column A, Schedule NJ-COJ
Line 41	Line 7, Column A, Schedule NJ-COJ
Line 42	Line 2, Column A, Worksheet I
Line 54	Make no entry

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 39	Make no entry
Line 40	Line 6, Column B, Schedule NJ-COJ
Line 41	Line 7, Column B, Schedule NJ-COJ
Line 42	Line 2, Column B, Worksheet I
Line 54	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions.

► Keep for your records

Name(s) Shown on Return

BHUMIREDDY, SASIDHAR REDDY & GAJJALA, MOUNIKA

Your Social Security Number

780-26-1261

Part I 2019 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:

- a 100% of **2018** taxes (default, see Tax Help) 1,796.
- b 100% of tax on **2019** estimated taxable income 1,796.
- c 80% of tax on **2019** estimated taxable income 1,437.
- d 66-2/3% of tax on **2019** estimated taxable income (farmers and fishermen) 1,198.
- e Equal to 100% of overpayment (no vouchers) 908.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2019 Required Annual Payment based on your choice above 1,796.
- b Estimated amount of 2019 state income tax withholding 125.
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b) 1,671.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$401 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form NJ-1040, line 57; Form NJ-1040NR, line 53) 908.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 1,672.
- d Apply to extent of first quarter amount and refund excess 418.
- e Enter amount you want to apply ►
- f Amount applied to 2019 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 908.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If you have already made payments, enter amounts.					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2019, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	418.	418.	418.	418.	1,672.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	418.	418.	418.	418.	1,672.
6 Voucher amounts	418.	418.	418.	418.	1,672.

Part V Changes to Income, Deductions and Withholding for 2019

Income Information

2018 income and deductions are entered in the '2018 Actual' column below.

***Caution:** For each line in the '2019 Estimated' column, enter the estimated 2019 amount if different from 2018. Otherwise, the '2018 Actual' amount will be used for that line. If zero, enter zero.

	2018 Actual		*2019 Estimated	
	All sources	New Jersey source (nonresidents only)	All sources	New Jersey source (nonresidents only)
1 Total income	118,399.			
2 Total pension and other retirement income exclusion			Change in 2019	See Tax Help
3 a Number of exemptions for regular, 65 or over, blind/disabled, and dependents attending colleges	2			
b Number of exemptions for veterans honorably discharged				
c Number of exemptions for dependent children and other dependents				
4 a Medical expenses				
b Medical savings account contribution				
c Self-employed health insurance deduction				
5 Alimony paid				
6 Qualified conservation contribution				
7 Health Enterprise Zone deduction				
8 Alternative business calculation adjustment				
9 Property tax deduction	2,160.			
10 Credit for income taxes paid to other jurisdiction	1,741.			
11 Child and dependent care credit				
12 Sheltered workshop tax credit				
13 Gold Star Family Counseling credit				
14 Income tax withheld	125.			
15 Property tax credit				
16 Earned income tax credit				
17 Wounded Warrior Caregivers credit				

Part VI Filing Status for 2019

1 Choose 2019 Filing Status: (defaults to Last Year's Status)

- Single
- Married, Civil Union Couple Filing Joint Return
- Married, Civil Union Partner Filing Separate Return
- Head of Household
- Qualifying Widow(er), Separate Civil Union Partner

Part VII 2019 Estimated Taxable Income and Tax

		Column A All sources	Column B New Jersey source
1	Total income expected in tax year (before exclusions)	118,399.	
2	Total pension and other retirement income exclusion		
3	New Jersey gross income (subtract line 2 from line 1)	118,399.	
4 a	Number of exemptions . <u>2</u> x \$1,000	2,000.	
b	Number of exemptions . _____ x \$1,500		
c	Number of exemptions . _____ x \$3,000		
5	Medical expenses in excess of 2% (.02) of gross income (line 3), qualified medical savings account contributions and health insurance costs of the self-employed		
6	Alimony and separate maintenance payments		
7	Qualified Conservation Contribution		
8	Health Enterprise Zone deduction		
9	Alternative business calculation adjustment		
10	Total exemptions and deductions (add lines 4a through 9)		2,000.
11	Taxable income (subtract line 10 from line 3, column A)		116,399.
12	Property tax deduction		2,160.
13	New Jersey taxable income (subtract line 12 from line 11)		114,239.
14 a	Tax — see Tax Rate Tables		3,537.
b	Tax for nonresidents: Multiply line 14a by income percentage _____ %		
15	Credit for income taxes paid to other jurisdictions		1,741.
16	Child and dependent care credit		
17	Sheltered Workshop Tax Credit		
18	Gold Star Family Counseling Credit		
19	Balance of tax (subtract lines 15, 16, 17 and 18 from line 14)		1,796.
20	Property tax credit		
21	Earned income tax credit		
22	Wounded Warrior Caregivers Credit		
23	Estimated tax (subtract lines 20, 21 and 22 from line 19)		1,796.

Smart Worksheets from your 2018 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet

1 Did you live in more than one qualifying New Jersey residence during 2018? Yes No

2 Did you share ownership of a principal residence during 2018 with anyone other than your spouse? Yes No

3 Did a principal residence you owned during 2018 consist of multiple units? Yes No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No

5 Were you both a homeowner and a tenant during 2018? Yes No

If the answer to any of the above questions is Yes, complete Schedule G.
QuickZoom to Schedule G

A Total property tax paid in 2018 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2018 12,000
Part-year residents: Enter the amount while a resident of New Jersey _____

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). . . Yes No

D You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit Yes No

SMART WORKSHEET FOR: Sch NJ-COJ: Credit for Income or Wage Taxes Paid to Other Jurisdiction

Other State Income and Tax Smart Worksheet

Use column B only if there is an amount in column A.

Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.

	Column A Amount	Column B* Amount if Different
A Income taxed by New Jersey and the other jurisdiction . . .	58,276.	
B Tax paid to other jurisdiction	2,047.	

*Use this column only to modify an entry made by the program in column A.

SMART WORKSHEET FOR: NJ-2210 Worksheet

Payment Information Smart Worksheet				
	Period 1 4/16 - 6/15	Period 2 6/16 - 9/15	Period 3 9/16 - 1/15	Period 4 1/16 - 4/15
A Amount due.	359.	359.	359.	360.
B Amount paid/withheld . . .	31.	31.	31.	32.
C Date paid	<u>04/17/18</u>	<u>06/15/18</u>	<u>09/17/18</u>	<u>01/15/19</u>
	1 2	1 2	1 2	1 2
D Option method	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
E Exception situation applies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: SASIDHAR REDDY BHUMIREDDY

Spouse's name: MOUNIKA GAJJALA
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1. 58276.
2 Refund 2. 1156.
3 Amount you owe 3.
4 Financial institution routing number 4. 021200339
5 Financial institution account number 5. 381046919379
6 Account type: [X] Personal checking [] Personal savings [] Business checking [] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SASIDHAR REDDY		Your last name (for a joint return, enter spouse's name on line below) BHUMIREDDY		Your date of birth (mmddyyyy) 05111989	Your social security number 780261261
Spouse's first name and middle initial MOUNIKA		Spouse's last name GAJJALA		Spouse's date of birth (mmddyyyy) 08111989	Spouse's social security number 967974610
Mailing address (see instructions, page 14) (number and street or PO box) 112 LAKE ST				Apartment number	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2018
- (2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
780261261

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc. and Federal adjusted gross income.

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations.

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes.

32 Enter the amount from line 31, **Federal amount** column 32 58276 .00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 33-36 include items like Standard deduction or itemized deduction and New York taxable income.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37 42226 .00
38 New York State tax on line 37 amount (see page 29)	38 2047 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39 .00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40 2047 .00
41 New York State child and dependent care credit (see page 30)	41 .00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42 2047 .00
43 New York State earned income credit (see page 30)	43 .00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44 2047 .00
45 Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 58276 .00 ÷ Federal amount from line 31 <input type="text"/> 58276 .00 = Round result to 4 decimal places	45 1.0000
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46 2047 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47 .00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48 2047 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49 .00
50 Total New York State taxes (add lines 48 and 49)	50 2047 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51 .00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52 .00	
52a Subtract line 52 from line 51	52a .00	
52b MCTMT net earnings base 52b <input type="text"/> .00		
52c MCTMT	52c .00	
53 Yonkers nonresident earnings tax (Form Y-203)	53 .00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54 .00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55 .00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56 0 .00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a .00	57o Veterans' Homes	57o .00
57b Missing/Exploited Children	57b .00	57p Love Your Library Fund	57p .00
57c Breast Cancer Research	57c .00	57q Lupus Fund	57q .00
57d Alzheimer's Fund	57d .00	57r Military Family Fund	57r .00
57e Olympic Fund (\$2 or \$4)	57e .00	57s CUNY Fund	57s .00
57f Prostate Cancer	57f .00		
57g 9/11 Memorial	57g .00		
57h Volunteer Firefighting	57h .00		
57i Teen Health Education	57i .00		
57j Veterans Remembrance	57j .00		
57k Homeless Veterans	57k .00		
57l Mental Illness Anti-Stigma	57l .00		
57m Women's Cancers Fund	57m .00		
57n Autism Fund	57n .00		



57 Total voluntary contributions (add lines 57a through 57s)	57 .00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58 2047 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
780261261

59 Enter amount from line 58 59 2047 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021200339 73c Account number 381046919379

74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's signature, Preparer's printed name APPANA RUPA VENKATA SATY, Firm's name GLOBAL TAXES LLC, Preparer's PTIN or SSN P02090332, Address 2530 PEBBLE CREEK LN CUMMING GA 30041, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation SOFTWARE ENGINEER, Spouse's signature and occupation HOME MAKER, Date, Daytime phone number (919)550 1713, E-mail: SASI.SAI99@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Application for Automatic Six-Month Extension of Time to File for Individuals (with instructions)

IT-370

Instructions

General information

Purpose

File Form IT-370 on or before the due date of the return to get an automatic six-month extension of time to file Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

Note: We no longer accept a copy of the federal extension form in place of Form IT-370.

If you are requesting an extension of time to file using Form IT-370, you may still file Form IT-201 or Form IT-203 electronically, provided you meet the conditions for electronic filing as listed in the instructions for the forms.

If you have to file Form Y-203, *Yonkers Nonresident Earnings Tax Return*, the time to file is automatically extended when you file Form IT-370. For more information on who is required to file Form Y-203, see the instructions for the form.

We cannot grant an extension of time to file for more than six months if you live in the United States. However, you may qualify for an extension of time to file beyond six months under section 157.3(b)(1) of the personal income tax regulations because you are outside the United States and Puerto Rico, or you intend to claim nonresident status under section 605(b)(1)(A)(ii) of the Tax Law (548-day rule), as explained in the instructions for Form IT-203 under *Additional information*. Also see the special condition code instructions for the return you will be filing (Form IT-201 or Form IT-203).

When to file

File **one** completed Form IT-370 on or before the filing deadline for your return (extension applications filed after the filing deadline for the return are invalid). Generally, the filing deadline is the fifteenth day of the fourth month following the close of your tax year (April 15, 2019, for calendar-year filers).

However, you may file Form IT-370 on or before:

- **June 17, 2019**, if you qualify for an automatic two-month extension of time to file your federal and New York State

income tax returns because you are out of the country (for additional information, see *When to file/important dates* on the back cover of the instructions for the return you are filing) **and** you need an additional four months to file (October 15, 2019);

- **June 17, 2019**, if you are a U.S. nonresident alien for federal income tax purposes and you qualify to file your federal and New York State income tax returns on June 17, 2019, **and** you need an additional six months to file (December 16, 2019); or
- **July 15, 2019**, (if your due date is April 15, 2019) or **September 13, 2019** (if you are a nonresident alien and your due date is June 17, 2019), if you qualify for a 90-day extension of time to file because your spouse died within 30 days before your return due date **and** you need additional time to file. However, you must file your return on or before October 15, 2019, if your due date is April 15, 2019, or on or before December 16, 2019, if you are a nonresident alien and your due date is June 17, 2019.

See *Special condition codes* on page 2.

If you qualify for an **extension of time to file beyond six months**, you must file Form IT-370 on or before the filing deadline for your return.

How to file

Complete Form IT-370 and file it, along with payment for any tax due, on or before the due date of your return. Use the worksheet on page 3 to determine if a payment is required.

Payment of tax – To obtain an extension of time to file, you must make full payment of the properly estimated tax balances due. Payment may be made by check or money order. See *Payment options* below.

Penalties

Late payment penalty – If you do not pay your tax liability when due (determined with regard to any extension of time to pay), you will have to pay a penalty of ½ of 1% of the unpaid amount for each month or part of a month it is not paid, up to a maximum of 25%. The penalty will not be charged if you can show

▼ Detach (cut) here ▼ Do not submit with your return.



Application for Automatic Six-Month Extension of Time to File for Individuals

REV 10/18/18 PRO

IT-370

Paid preparer? Mark an **X** in the box and complete the back

Your full social security number (SSN) 780261261	Spouse's full SSN (only if filing a joint return) 967974610	
Your first name and middle initial SASIDHAR REDDY	Your last name BHUMIREDDY	
Spouse's first name and middle initial MOUNIKA	Spouse's last name GAJJALA	
Mailing address (number and street or PO box) 112 LAKE ST		Apartment number
City, village, or post office (see instructions) JERSEY CITY	State NJ	ZIP code 07306
E-mail: SASI.SAI99@GMAIL.COM		

Enter your 2-character special condition code if applicable (see instructions)

Mark an **X** in the box for each tax that you are subject to:

NYS tax NYC tax Yonkers tax MCTMT

Dollars Cents

1 Sales and use tax **00**

2 Total payment **00**

3701183555 780261261 6



reasonable cause for paying late. This penalty is in addition to the interest charged for late payments.

Reasonable cause will be presumed with respect to the addition to tax for late payment of tax if the requirements relating to extensions of time to file have been complied with, the balance due shown on the income tax return, reduced by any sales or use tax that is owed, is no greater than 10% of the total New York State, New York City, and Yonkers tax, and metropolitan commuter transportation mobility tax (MCTMT) shown on the income tax return, and the balance due shown on the income tax return is paid with the return.

Late filing penalty – If you do not file your Form IT-201 or Form IT-203 when due (determined with regard to any extension of time to file), or if you do not file Form IT-370 on time and obtain an extension of time to file, you will have to pay a penalty of 5% of the tax due for each month, or part of a month, the return is late, up to a maximum of 25%. However, if your return is not filed within 60 days of the time prescribed for filing a return (including extensions), this penalty will not be less than the lesser of \$100 or 100% of the amount required to be shown as tax due on the return reduced by any tax paid and by any credit that may be claimed. The penalty will not be charged if you can show reasonable cause for filing late.

Interest

Interest will be charged on income tax, MCTMT, or sales or use tax that is not paid on or before the due date of your return, even if you received an extension of time to file your return. Interest is a charge for the use of money and in most cases may not be waived. Interest is compounded daily and the rate is adjusted quarterly.

Fee for payments returned by banks

The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Specific instructions



Married taxpayers who:

- file separate returns must complete separate Forms IT-370. Do not include your spouse's SSN or name on your separate Form IT-370.
- file a joint Form IT-370 will have the monies paid with that form divided equally between the spouses' accounts. Both their accounts will be applied to their joint return when they file it.
- file a Form IT-203-C, *Nonresident or Part-Year Resident Spouse's Certification*, do not list the spouse with no New York source income on Form IT-370. If the spouse is listed, the monies paid will be divided between the two accounts. When the return is filed with a Form IT-203-C attached, the account of the spouse with no New York source income will not be applied, unless we receive prior authorization.

Name and address box – Enter your name (both names if filing a joint application), address, and **entire** social security number(s). Failure to provide the **entire** social security number may invalidate this extension or result in monies not being properly credited to your account. If you do not have a social security number, enter **do not have one**. If you do not have a social security number, but have applied for one, enter **applied for**.

Foreign addresses – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**

Special condition codes – If you are out of the country and need an additional four months to file (October 15, 2019), enter special condition code **E3**. If you are a nonresident alien and your filing due date is June 17, 2019, **and** you need an additional six months to file (December 16, 2019), enter special condition code **E4**. If you qualified for a 90-day extension of time to file because your spouse died, **and** you need additional time to file (on or before October 15, 2019, or in the case of a nonresident alien, on or before December 16, 2019), enter special condition code **D9**. Also enter the applicable special condition code, **E3, E4, or D9** on Form IT-201 or Form IT-203 when you file your return.

MAIL FORM IT-370 TO:
EXTENSION REQUEST - NR
PO BOX 4126
BINGHAMTON, NY 13902-4126

▼ Detach (cut) here ▼ Do not submit with your return.

IT-370 (2018) (back)

Payment options – Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable in U.S. funds to **New York State Income Tax** and write the last four digits of your social security number and **2018 Income Tax** on it. For online payment options, see our website (at www.tax.ny.gov).

Paid preparers – Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil and/or criminal sanctions if they fail to complete this section in full.

▼ Paid preparer must complete (see instructions) ▼		Date:
Preparer's signature	▶ Preparer's NYTPRIN	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	▼ Preparer's PTIN or SSN	P02090332
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	● Employer identification number	
E-mail:	NYTPRIN excl. code	

REV 10/18/18 PRO

When completing this section, enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. If you are not required to have a NYTPRIN, enter in the *NYTPRIN excl. code* box one of the specified 2-digit codes listed below that indicates why you are exempt from the registration requirement. You **must** enter a NYTPRIN or an exclusion code. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Code	Exemption type	Code	Exemption type
01	Attorney	02	Employee of attorney
03	CPA	04	Employee of CPA
05	PA (Public Accountant)	06	Employee of PA
07	Enrolled agent	08	Employee of enrolled agent
09	Volunteer tax preparer	10	Employee of business preparing that business' return

See our website for more information about the tax preparer registration requirements.





Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

780261261

Box b Employer identification number (EIN)

581760235

Box c Employer's information

Employer's name			
INFOSYS LIMITED			
Employer's address (number and street)			
2400N GLENNVILLE DR C150			
City	State	ZIP code	Country (if not United States)
RICHARDSON	TX	75082	

Box 1 Wages, tips, other compensation

58276.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

12.00

Code

C

Box 12b Amount

2240.00

Code

DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

22.00

Description

SDI

Box 14b Amount

71.00

Description

PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

58276.00

Box 17a NYS income tax withheld

3203.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

60123.00

Box 17b Other state income tax withheld

125.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



► Keep for your records

Part I – Personal Information

Taxpayer:

First Name SASIDHAR REDDY
 Middle Initial _____ Suffix _____
 Last Name BHUMIREDDY
 Social Security No. 780-26-1261
 Occupation SOFTWARE ENGINEER
 Date of Birth 05-11-1989
 Age as of 1-1-2019 29
 Date of Death _____
 State Issued ID info _____
 Email Address SAST.SAI99@GMAIL.COM
 Work phone (919)550-1713
 Extension _____
 Home Phone _____

Spouse:

First Name MOUNIKA
 Middle Initial _____ Suffix _____
 Last Name GAJJALA
 Social Security No. 967-97-4610
 Occupation HOME MAKER
 Date of Birth 08-11-1989
 Age as of 1-1-2019 29
 Date of Death _____
 State Issued ID info _____
 Email Address GMOUNIKA.LEO@GMAIL.COM
 Work phone _____
 Extension _____

Print phone number on main form Home Taxpayer work Spouse work

Mailing Address

Street Address 112 LAKE ST Apartment No. _____
 City JERSEY CITY State NJ ZIP Code 07306
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

Permanent Home Address (if different from mailing address above)

Street Address _____ Apartment No. _____
 City _____ State _____ ZIP Code _____
 (Below should be used by New York nonresidents only)
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

New York County and School District Information

County NR
 School District NR School District Code _____

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If only one spouse has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>

New York City Residents:

- Did the taxpayer or spouse maintain living quarters in New York City during 2018?
- If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Filing only IT-214, NYC-208 and/or NYC-210:

- Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners
 and Renters ►
 Form NYC-210, Claim for NYC School Tax Credit ►

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - Taxpayer **did not** live with their spouse at any time during the year
 - If both taxpayer and spouse itemized deductions on their federal tax return:
 - The spouse is itemizing deductions on their New York state tax return
 - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York State Charitable Gifts Trust Fund

- Yes No
- Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:
- Health Charitable Account ▶ _____
- Elementary and Secondary Education Account ▶ _____

New York City Accumulation Distribution Credit:

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____

Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

- Yes No
- Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)
- If Yes, enter the amount ▶ _____
- Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) Bank of America
Account Type Checking [X] Savings
Personal or business account Personal [X] Business
Routing number 021200339 Confirm routing number 021200339
Account number 381046919379 Confirm account number 381046919379

Electronic funds withdrawal amount due with return information:

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

International ACH Transactions

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

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

Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form IT-370

Electronic funds withdrawal amount due with amended return information:

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

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[X] [] Tax return due date extended?
Extended due date 10/15/2019

[] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[] Extension accepted?
Extension filing date 03/13/2019
Extension acceptance date 03/13/2019

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[] Separately, considering only the income/adjustments of the New York City employee
[] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN or SSN NYTPRIN or NY exclusion code
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)

2-digit special condition code number:

[] Code A6 Build America Bond Interest — Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
* Enter total BAB interest included on Form 1040, line 8a
* Enter BAB interest entered above from NY state or local governments

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
 - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2018 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:
 Preparer is the third party designee
 Designee's phone number _____
 Designee's name _____
 Designee's email address _____
 Personal identification number _____

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

 Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

	Taxpayer	Spouse

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation required by Section 457A:

Yes No
 Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

Tax Payments Worksheet

2018

▶ Keep for your records.

Name S BHUMIREDDY AND M GAJJALA	Social Security Number 780-26-1261
------------------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b
6 Overpayment from previous year applied to current year				6
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b
7 Amount paid with current year extension				7
8 Total tax payments				8

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	3,203.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	3,203.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	
22 Date return will be filed and balance paid	22	

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return
S BHUMIREDDY AND M GAJJALA

Your Social Security No.
780-26-1261

Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
Income				
1 Wages, salaries, tips, etc.	58,276.		58,276.	58,276.
2 Federally taxable interest income . .				
3 Dividends				
4 State/local tax refunds				
5 Alimony received				
6 Business income or loss				
7 Capital gain or loss				
8 Other gains and losses				
9 Taxable IRA distribution.				
10 Taxable pension and annuities . . .				
11 Rentals, royalties, p'ship, etc. . . .				
12 Rental real estate included in ln 11 (federal amount)				
13 Farm income or loss.				
14 Unemployment compensation				
15 Taxable social security benefits . . .				
16 Other income				
17 Total income. Add lines 1-11, 13-16	58,276.		58,276.	58,276.

Adjustments to Income				
a Educator expenses				
b Certain business expenses				
c Health savings account				
d Moving expenses				
e Self-employment tax deduction				
f Self-employed SEP, SIMPLE				
g Self-employed health insurance				
h Early withdrawal penalty				
i Alimony paid				
j IRA deduction				
k Student loan interest deduction				
l Reserved				
m Reserved				
n Total other adjustments				
18 Total adjustments				
19 Adjusted gross income	58,276.	*	58,276.	58,276.

* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information

**New York State
Wages/Self-Employment Income Allocation**

2018

▶ Keep for your records

Name as Shown on Return S BHUMIREDDY AND M GAJJALA	Social Security No. 780-26-1261
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Part I – New York Wage Allocation

Taxpayer

Allocate by Formula	Allocate by Percent		New York Wages
		INFOSYS LIMITED	58,276.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

Part II – State Self-Employment Income Allocation

Taxpayer

Type of Business	State Code	Allocation Percent		State Self-Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self-Employment Income

See Tax Help for details.

Smart Worksheets from your 2018 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201 and IT-203

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2018 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree

SMART WORKSHEET FOR: IT-370: Application for Automatic Extension of Time to File

IT-370 Smart Worksheet	
1	New York State income tax liability for 2018. 2,870.
2	New York City income tax liability for 2018 0.
3	Yonkers income tax liability for 2018 0.
4	MCTMT liability for 2018 . . Taxpayer <u>0.</u> Spouse <u>0.</u> 0.
5	Sales and use tax due for 2018. 0.
6	Total taxes (add lines 1 through 5) 2,870.
7	Total 2018 income tax already paid 3,203.
8	Total payment (subtract line 7 from line 6 and enter this amount here and on line 2 of IT-370). If line 7 is more than line 6, enter 0) 0.

Check this box if you are not enclosing a payment with Form IT-370 (this checkbox is **only** used to determine the correct mailing address)

Important: review the what's new in ProSeries/New York to determine if the extension and extension payment must be electronically filed.