

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**  
► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name <b>RAMESH KUMAR DORATI</b>	Social security number <b>720-93-6883</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	<b>64,543.</b>
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	<b>7,495.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	<b>9,708.</b>
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	<b>2,213.</b>
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

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

3	6	8	8	3
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Enter five digits, but don't enter all zeros

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

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Spouse's PIN: check one box only**

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

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Enter five digits, but don't enter all zeros

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

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

Your first name and initial: **RAMESH KUMAR** Last name: **DORATI** Your social security number: **720-93-6883**

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. **4102 WINGHAVEN POINTEE DR** 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. **O FALLON MO 63368** If more than four dependents, see inst. and ✓ here

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

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

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

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

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

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

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

**Paid Preparer Use Only**

Preparer's name: **ARVSSMANIKUMAR** Preparer's signature: **ARVSSMANIKUMAR** PTIN: **P02090332** Firm's EIN: **30-1017196** Check if:  3rd Party Designee  Self-employed

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

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

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	69,643.
<b>2a</b>	Tax-exempt interest		<b>2b</b>	
<b>3a</b>	Qualified dividends		<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities		<b>4b</b>	
<b>5a</b>	Social security benefits		<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>-5,100.</b>	<b>6</b>	64,543.
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	64,543.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)		<b>8</b>	12,000.
<b>9</b>	Qualified business income deduction (see instructions)		<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	52,543.
<b>11</b>	<b>a</b> Tax (see inst.) <b>7,495.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	7,495.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	7,495.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4		<b>15</b>	7,495.
<b>16</b>	Total tax. Add lines 13 and 14		<b>16</b>	9,708.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	9,708.
<b>19</b>	Add any amount from Schedule 5		<b>19</b>	2,213.
<b>20a</b>	Add lines 16 and 17. These are your total payments		<b>20a</b>	2,213.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		<b>21</b>	
<b>22</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
<b>23</b>	Routing number: <b>021200025</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
<b>24</b>	Account number: <b>1656336326</b>		<b>24</b>	
<b>25</b>	Amount of line 19 you want applied to your 2019 estimated tax		<b>25</b>	
<b>26</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)		<b>27</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

RAMESH KUMAR DORATI

Your social security number

720-93-6883

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		<b>17</b>	-5,100.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____		<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .		<b>22</b>	-5,100.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>		
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>			
<b>34</b>	Reserved . . . . .	<b>34</b>			
<b>35</b>	Reserved . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>			

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAMESH KUMAR DORATI

Your social security number

720-93-6883

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	RAJEEV NAGAR HYDERABAD TELANGANA IN 500045				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	4		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,500.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-5,100.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-5,100.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,500.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,100.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>				-5,100.

**Form at bottom of page.**

**Payment Form 1 –** File and Pay by April 15, 2019. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2019 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

\_\_\_ DETACH HERE \_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_ DETACH HERE \_\_\_

**CAUTION:** You may be required to pay electronically. See instructions.  
TAXABLE YEAR

File and Pay by April 15, 2019

CALIFORNIA FORM

**2019 Estimated Tax for Individuals**

**540-ES**

720-93-6883 DORA 19 APE 0  
RAMESHKUMAR DORATI

4102 WINGHAVEN POINTEE DR  
O FALLON MO 63368

Amount of Payment 228.

**Form at bottom of page.**

**Payment Form 2 –** File and Pay by June 17, 2019. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2019 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

\_\_\_ DETACH HERE \_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_ DETACH HERE \_\_\_

**CAUTION:** You may be required to pay electronically. See instructions.  
TAXABLE YEAR

File and Pay by June 17, 2019

CALIFORNIA FORM

**2019 Estimated Tax for Individuals**

**540-ES**

720-93-6883 DORA 19 APE 0  
RAMESHKUMAR DORATI

4102 WINGHAVEN POINTEE DR  
O FALLON MO 63368

Amount of Payment 303.

**Form at bottom of page.**

**Payment Form 4 –** File and Pay by Jan. 15, 2020. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2019 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.  
**Do not mail this form if you use Web Pay.**

\_\_\_ DETACH HERE \_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_ DETACH HERE \_\_\_

**CAUTION:** You may be required to pay electronically. See instructions.  
TAXABLE YEAR

File and Pay by Jan. 15, 2020

CALIFORNIA FORM

**2019 Estimated Tax for Individuals**

**540-ES**

720-93-6883 DORA 19 APE 0  
RAMESHKUMAR DORATI

4102 WINGHAVEN POINTEE DR  
O FALLON MO 63368

Amount of Payment 228.

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Values include RAMESH KUMAR DORATI and 720-93-6883.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 30,350., 777., and blank.

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

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

- I authorize [ERO firm name] to enter my PIN [3 6 8 8 3] Do not enter all zeros.
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize [ERO firm name] to enter my PIN [ ] Do not enter all zeros.
I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [6 1 9 8 9 ] Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature Date 01/28/2019



**Voucher at bottom of page. ■**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 15, 2019.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

**Payment Voucher for  
Individual e-filed Returns**

CALIFORNIA FORM

**2018**

**3582 (e-file)**

720-93-6883 DORA  
RAMESHKUMAR DORATI

18

4102 WINGHAVEN POINTEE DR  
O FALLON MO 63368

Amount of Payment

777.

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

720-93-6883 DORA
RAMESHKUMAR DORATI

18

4102 WINGHAVEN POINTEE DR
O FALLON MO 63368

12-07-1990

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

Filing Status

- 1 [X] Single
4 [ ] Head of household (with qualifying person). See instructions.
2 [ ] Married/RDP filing jointly. See inst. 5 [ ] Qualifying widow(er). Enter year spouse/RDP died.
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 [ ] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9 [ ] X \$118 = \$

Exemptions

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

Total dependent exemptions . . . . . 10 [ ] X \$367 = \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your Form(s) W-2, box 16 ..... ● <b>12</b> <input type="text" value="24683"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 ..... ● <b>13</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ..... ● <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. .... ● <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... ● <b>17</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions. .... ● <b>18</b> <input type="text" value="4401"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... ● <b>19</b> <input type="text" value="60142"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● <b>31</b> <input type="text" value="2843"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... ● <b>32</b> <input type="text" value="30350"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... ● <b>35</b> <input type="text" value="28281"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... ● <b>36</b> <input type="text" value=".00473"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... ● <b>37</b> <input type="text" value="1338"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... ● <b>38</b> <input type="text" value=".04702"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ..... ● <b>39</b> <input type="text" value="55"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... ● <b>40</b> <input type="text" value="1283"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... ● <b>42</b> <input type="text" value="1283"/> <input type="text" value=".00"/>	

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

Your name:  Your SSN or ITIN:

<b>Special Credits continued</b>	<b>58</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... ● <b>58</b> <input type="text"/> .00
	<b>59</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... ● <b>59</b> <input type="text"/> .00
	<b>60</b> To claim more than two credits. See instructions ..... ● <b>60</b> <input type="text"/> .00
	<b>61</b> Nonrefundable renter's credit. See instructions ..... ● <b>61</b> <input type="text"/> .00
	<b>62</b> Add line 50 and line 55 through 61. These are your total credits ..... ● <b>62</b> <input type="text"/> .00
	<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- ..... ● <b>63</b> <input type="text" value="1283"/> .00

<b>Other Taxes</b>	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR) ..... ● <b>71</b> <input type="text"/> .00
	<b>72</b> Mental Health Services Tax. See instructions ..... ● <b>72</b> <input type="text"/> .00
	<b>73</b> Other taxes and credit recapture. See instructions ..... ● <b>73</b> <input type="text"/> .00
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax ..... ● <b>74</b> <input type="text" value="1283"/> .00

<b>Payments</b>	<b>81</b> California income tax withheld. See instructions. .... ● <b>81</b> <input type="text" value="526"/> .00
	<b>82</b> 2018 CA estimated tax and other payments. See instructions ..... ● <b>82</b> <input type="text"/> .00
	<b>83</b> Withholding (Form 592-B and/or 593). See instructions ..... ● <b>83</b> <input type="text"/> .00
	<b>84</b> Excess SDI (or VPD) withheld. See instructions ..... ● <b>84</b> <input type="text"/> .00
	<b>85</b> Earned Income Tax Credit (EITC) ..... ● <b>85</b> <input type="text"/> .00
	<b>86</b> Add lines 81 through 85. These are your total payments. See instructions. .... ● <b>86</b> <input type="text" value="526"/> .00

<b>Overpaid Tax/Tax Due</b>	<b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. .... ● <b>101</b> <input type="text"/> .00
	<b>102</b> Amount of line 101 you want applied to your <b>2019</b> estimated tax. .... ● <b>102</b> <input type="text"/> .00
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101 ..... ● <b>103</b> <input type="text"/> .00
	<b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74. .... ● <b>104</b> <input type="text" value="757"/> .00

<b>Contributions</b>		<b>Code</b>	<b>Amount</b>
	California Seniors Special Fund. See instructions. ....	● <b>400</b>	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. ....	● <b>401</b>	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program. ....	● <b>403</b>	<input type="text"/> .00

Your name:

Your SSN or ITIN:



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

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

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

**Sign Here**

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

Joint tax return? (See instructions)

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

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

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

# California Adjustments — 2018 Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return: R A M E S H K U M A R D O R A T I SSN or ITIN: 7 2 0 9 3 6 8 8 3

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

During 2018:

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

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

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 69,643.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 69,643.	<input checked="" type="radio"/> 30,350.
2 Taxable interest. (a) <input type="radio"/> . . . . . 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> . . . . . 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> . . . . . 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> . . . . . 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Section B — Additional Income from federal Schedule 1 (Form 1040)</b>					
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved . . . . . 15b					
16a Reserved . . . . . 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input checked="" type="radio"/> -5,100.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -5,100.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) . . . . . 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation . . . . . 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20a Reserved . . . . . 20a					
21 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="text"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V. . . . . 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d <input type="text"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e <input type="text"/>		
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C . . . . . 22	<input checked="" type="radio"/> 64,543.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 64,543.	<input checked="" type="radio"/> 30,350.

	A	B	C	D	E
<b>Income Adjustment Schedule</b>					
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions . . . . . 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid.   b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved . . . . . 34					
35 Reserved . . . . . 35					
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 64,543.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 64,543.	<input checked="" type="radio"/> 30,350.



**Part III Adjustments to Federal Itemized Deductions**

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

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

**Medical and Dental Expenses**

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 64,543	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 4,841	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	2,726.	<input checked="" type="radio"/>	2,726.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 2,726.	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	2,726.	<input checked="" type="radio"/>	2,726.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 2,726.	7		<input checked="" type="radio"/>	2,726.	<input checked="" type="radio"/> 0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 2,726.	17		<input checked="" type="radio"/>	<input checked="" type="radio"/>

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C  18 0.

**Job Expenses and Certain Miscellaneous Deductions**

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

20 Tax preparation fees.  20

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

22 Add lines 19 through 21.  22

23 Enter amount from federal Form 1040, line 7  64,543.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
Single or married/RDP filing separately . . . . . \$194,504  
Head of household . . . . . \$291,760  
Married/RDP filing jointly or qualifying widow(er) . . . . . \$389,013  
**No.** Transfer the amount on line 28 to line 29.  
**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29 .

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

**Part IV California Taxable Income**

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

2 Enter your deductions from line 30.  2

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

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

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

# Underpayment of Estimated Tax by Individuals and Fiduciaries

## 2018

## 5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

RAMESH KUMAR DORATI

7 2 0 9 3 6 8 8 3

**IMPORTANT:** In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2017 or 2018 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2017 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2018 return or 100% of the tax shown on your 2017 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2018 tax return if they do not meet one of the two conditions above.

**Part I Questions.** All filers must complete this part. Estates and Trusts, see General information E.

**1** Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement.  
See General Information C . . . . . **1**  Yes  No

**2** Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44 . . . . . **2**  Yes  No

**3** Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? . . . . . **3**  Yes  No  
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/18  \$  ; 6/15/18  \$  ; 9/15/18  \$  ; 1/15/19  \$  .

**4** For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . **4**  Yes  No

**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2018 tax after credits. See instructions. . . . .	1	1283	.00
2	Multiply line 1 by 90% (.90) . . . . .	2	1155	.00
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions . . . . .	3	526	.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805. . . . .	4	757	.00
5	Enter the tax shown on your 2017 tax return. <b>See instructions.</b> (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2018, more than \$75,000). . . . .	5		.00
6	Required annual payment. Enter the <b>smaller</b> of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2) . . . . .	6	1155	.00

**Short Method**

**Caution:** See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above . . . . .	7	526	.00
8	Enter the total amount, if any, of estimated tax payments you made. . . . .	8		.00
9	Add line 7 and line 8 . . . . .	9	526	.00
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 . . . . .	10	629	.00
11	Multiply line 10 by .03103836 . . . . .	11	20	.00
12	<ul style="list-style-type: none"> <li>• If the amount on line 10 was paid <b>on or after</b> 4/15/19, enter -0-.</li> <li>• If the amount on line 10 was paid <b>before</b> 4/15/19, enter the result of the following computation:</li> </ul>			
	Amount on line 10    X    Number of days paid before 4/15/19    X    .00014	12	0	.00
13	<b>PENALTY.</b> Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► <input checked="" type="radio"/>	13	20	.00

**Part III Annualized Income Installment Method Schedule.**

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2018 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

**Example A:** If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

**Example B:** If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/18, 4/30/18, 7/31/18, and 11/30/18. Fiscal year filers must adjust dates accordingly.

	(a) 1/1/18 to 3/31/18	(b) 1/1/18 to 5/31/18	(c) 1/1/18 to 8/31/18	(d) 1/1/18 to 12/31/18
<b>1</b> Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions . . . . .				
<b>2</b> Annualization amounts. Estates or Trusts, see instructions . . . . .	4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2. . . . .				
<b>4</b> Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 . . . . .				
<b>5</b> Annualization amounts . . . . .	4	2.4	1.5	1
<b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions . . . . .				
<b>7</b> Enter your standard deduction from your 2018 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions . . . . .				
<b>8</b> Enter line 6 or line 7, whichever is <b>larger</b> . . . . .				
<b>9</b> Subtract line 8 from line 3 . . . . .				
<b>10</b> Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions . . . . .				
<b>11</b> Enter the total amount of exemption credits from your 2018 Form 540, line 32 or Form 541, line 22. If you filed a Long Form 540NR, see instructions. . . . .				
<b>12</b> Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I on page 3 of the instructions . . . . .				
<b>13</b> Enter the total credit amount from your 2018 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see instructions. . . . .				
<b>14 a</b> Subtract line 13 from line 12. If zero or less, enter -0- . . . . .				
<b>b</b> Enter the alternative minimum tax and mental health tax. See Instructions . . . . .				
<b>c</b> Add line 14a and line 14b . . . . .				
<b>d</b> Enter the excess SDI from Form 540, line 74 or Long Form 540NR, line 84 . . . . .				
<b>e</b> Subtract line 14d from line 14c. If zero or less, enter -0- . . . . .				
<b>15</b> Applicable percentage. . . . .	27%	63%	63%	90%
<b>16</b> Multiply line 14e by line 15. . . . .				
<b>Complete Line 17 through Line 23 of each column before you go to the next column.</b>				
<b>17</b> Enter the combined amounts shown on line 23 from all preceding columns . . . . .				
<b>18</b> Subtract line 17 from line 16. If zero or less, enter -0- . . . . .				
<b>19</b> Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. . . . .				
<b>20</b> Enter the amount from line 22 from the preceding column . . . . .				
<b>21</b> Add line 19 and line 20. . . . .				
<b>22</b> Subtract line 18 from line 21. If zero or less, enter -0- . . . . .				
<b>23</b> Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1. . . . .				

**If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.**

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

Your first name and initial: RAMESH KUMAR Last name: DORATI Your social security number: 720-93-6883

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 4102 WINGHAVEN POINTEE DR 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. O FALLON MO 63368 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: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

**Paid Preparer Use Only**

Preparer's name: ARVSSMANIKUMAR Preparer's signature: ARVSSMANIKUMAR PTIN: P02090332 Firm's EIN: 30-1017196 Check if:  3rd Party Designee  Self-employed

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	69,643.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-5,100.	6	64,543.
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	64,543.
8	Standard deduction or itemized deductions (from Schedule A)		8	12,000.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	52,543.
11	a Tax (see inst.) 7,495. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		11	7,495.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	7,495.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	7,495.
16	Total tax. Add lines 13 and 14		16	9,708.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	9,708.
19	Add any amount from Schedule 5		19	2,213.
20a	Add lines 16 and 17. These are your total payments		20a	2,213.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
23	Routing number 021200025 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 1656336326			
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	27		

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

RAMESH KUMAR DORATI

Your social security number

720-93-6883

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>17</b>	-5,100.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____		<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .		<b>22</b>	-5,100.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>		
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>			
<b>34</b>	Reserved . . . . .	<b>34</b>			
<b>35</b>	Reserved . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>			

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAMESH KUMAR DORATI

Your social security number

720-93-6883

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	RAJEEV NAGAR HYDERABAD TELANGANA IN 500045				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	4		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

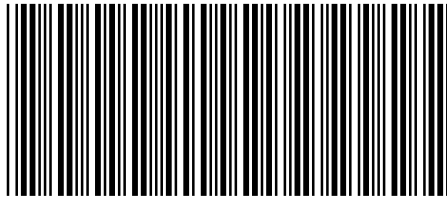
**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,500.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-5,100.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>		( -5,100. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,500.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 5,100. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>				-5,100.



NJ-1040-NR  
2018



040NV01180

STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2018 - December 31, 2018 or Other Tax Year  
Beginning \_\_\_\_\_, 20 \_\_\_\_\_ Ending \_\_\_\_\_, 20 \_\_\_\_\_  
Check box [ ] if application for federal extension is attached  
or enter confirmation number \_\_\_\_\_

1030

Your Social Security Number  
720-93-6883

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
Missouri

Driver's License # (Voluntary) State  
E173240002 MO

Joint filers enter first name and initial of each - Enter spouse/CU partner last name only if different.  
Last Name, First Name, and Initial

DORATI RAMESH KUMAR

Home Address (Number and Street, incl. apt. # or rural route)

4102 WINGHAVEN POINTEE DR

City, Town, Post Office

O FALLON

State

MO

Zip Code

63368

Change of address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency.

From:

To:

FILING STATUS (Check only one box)

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return

Name and SSN of Spouse/CU Partner

- 4.  Head of Household
- 5.  Qualifying Widow(er)/Surviving CU Partner

14. Dependent Information

Last Name, First Name, Middle Initial

Social Security Number

Birth Year

- A.
- B.
- C.
- D.

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For Line 13a - Add Lines 6, 7, 8, and 12. For Line 13b - Add Lines 10 and 11. For Line 13c - Enter amount from Line 9. 13a. 1 13b. 13c.

GUBERNATORIAL  
ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "yes" box(es), it will not increase your tax or reduce your refund.

Yes

No

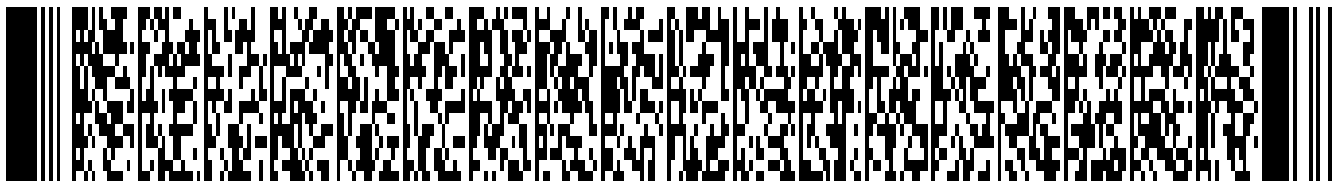
Yes

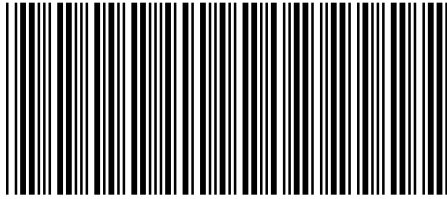
No

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 64 through 70	15. 69892	15. 5667
16. Interest	16. .	16. .
17. Dividends	17. .	17. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)	18. .	18. .
19. Net gains or income from disposition of property (From Line 63)	19. .	19. .
20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, Line 4)	20. 0	20. 0
21. Net gambling winnings (See instructions)	21. .	21. .
22. Pensions, Annuities, and IRA Withdrawals	22. .	22. .
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, Line 4)	23. .	23. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, Line 4)	24. .	24. .
25. Alimony and separate maintenance payments received	25. .	25. .
26. Other - State Nature and Source _____	26. .	26. .
27. TOTAL INCOME (Add Lines 15 through 26)	27. 69892	27. 5667
28a. Pension Exclusion (See Instructions)	28a. .	28a. .
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b. .	28b. .
28c. Total Exclusion Amount (Add Line 28a and Line 28b)	28c. .	28c. .





040NV02180

DORATI RAMESH KUMAR

720936883

29.	Gross Income (Subtract Line 28c from Line 27)	29.	69892	.	29.	5667	.
30.	Gross Income (From Line 29)	30.	69892	.	30.	5667	.
31.	Total Exemption Amount (See Instructions)	31.	1000	.			
32.	Medical Expenses (See Worksheet and Instructions)	32.	.	.			
33.	Alimony and separate maintenance payments	33.	.	.			
34.	Qualified Conservation Contribution	34.	.	.			
35.	Health Enterprise Zone Deduction	35.	.	.			
36.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	36.	.	.			
37.	Total Exemptions and Deductions (Add Lines 31 through 36)	37.	1000	.			
38.	TAXABLE INCOME (Subtract Line 37 from Line 30, Column A)	38.	68892	.			
39.	Tax on amount on Line 38 (From Tax Table page 34)	39.	2313	.			
40.	Income Percentage B. (Line 30) / A. (Line 30) =		8.11				
41.	NEW JERSEY TAX (Multiply amount from Line 39 <u>2313</u> x <u>8.11</u> % from Line 40)	41.				188	.
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction)	42.		.			
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.		.		188	.
44.	Gold Star Family Counseling Credit (See Instructions)	44.		.			
45.	Balance of Tax After Credits (Subtract Line 44 from Line 43)	45.		.		188	.
46.	Penalty for Underpayment of Estimated Tax. <span style="float:right">Check box if Form NJ-2210 is enclosed.</span>	46.		.			
47.	Total Tax and Penalty (Add Line 45 and Line 46)	47.		.		188	.
48.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	204	.			
49.	New Jersey Estimated Tax Payments/Credit from 2017 return	49.	.	.			
50.	Tax paid on your behalf by Partnership(s)	50.	.	.			
51.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	51.	.	.			
52.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	52.	.	.			
53.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	53.	.	.			
54.	Total Payments/Credits (Add Lines 48 through 53)	54.		.		204	.
55.	If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE	55.		.			
56.	If Line 54 is MORE THAN Line 47, enter OVERPAYMENT	56.		.		16	.
57.	Deductions from Overpayment on Line 56 that you elect to credit to:						
	(A) Your 2019 Tax	57A.	.	.			
	(B) N.J. Endangered Wildlife Fund	57B.	.	.			
	(C) N.J. Children's Trust Fund	57C.	.	.			
	(D) N.J. Vietnam Veteran's Memorial Fund	57D.	.	.			
	(E) N.J. Breast Cancer Research Fund	57E.	.	.			
	(F) U.S.S. N.J. Educational Museum Fund	57F.	.	.			
	(G) Designated Contribution <span style="float:right">CODE</span>	57G.	.	.			
58.	Total Deductions From Overpayment (Add Lines 57A through 57G)	58.		.			
59.	REFUND (Amount to be sent to you. Subtract Line 58 from Line 56)	59.		.		16	.

Also enter on line 49:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:  
AN ENTRY ON LINE 57A, B, C, D, E, F,  
OR G WILL REDUCE YOUR TAX  
REFUND

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

Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature	Federal Identification Number
<b>ARVSSMANIKUMAR</b>	<b>P02090332</b>

Firm's Name	Federal Employer Identification Number
<b>GLOBAL TAXES LLC</b>	<b>30-1017196</b>

Name(s) as shown on Form NJ-1040NR  
 DORATI RAMESH KUMAR

Your Social Security Number  
 720-93-6883

<b>PART I</b>		<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
60.							

61. Capital Gains Distribution .....	61		
62. Other Net Gains.....	62		
63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO).....	63		

**PART II** **ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

64. Amount reported on Line 15 in Column A required to be allocated .....	64		
65. Total days in taxable year .....	65		
66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	66		
67. Total days worked in taxable year (subtract Line 66 from 65) .....	67		
68. Deduct days worked outside New Jersey.....	68		
69. Days worked in New Jersey (subtract Line 68 from Line 67) .....	69		

70. ALLOCATION FORMULA \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on Line 15, Col. B)  
 (Enter amount from Line 64) (Salary earned inside N.J.)

**PART III** **ALLOCATION OF BUSINESS INCOME TO NEW JERSEY** (See instructions if other than Formula Basis of allocation is used.)

**BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)**  
 Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR DORATI, RAMESH KUMAR	Social Security Number 720-93-6883
--	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

<b>Part I</b> Net Profits From Business		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3) (Enter here and on Line 18, Column A. If loss, enter ZERO on Line 18, Column A.)		4.	
<b>Part II</b> Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	RAJEEV NAGAR	720936883	1	-5,100.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20, Column A. If loss, enter ZERO on Line 20, Column A.)		4.	-5,100.
<b>Part III</b> Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships (Column D)
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3 of Column D.) Enter total here and include on Line 50.			
<b>Part IV</b> Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 24, Column A. If loss, enter ZERO on Line 24, Column A.)		4.	

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

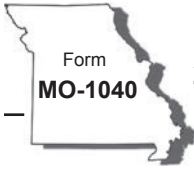
**2018**

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-5,100.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2017			5b.	( )
6.	Totals	6a.	0.	6b.	-5,100.
<b>PART II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.		
9.	Business Increment (Line 7 minus Line 8)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>PART III Loss Carryforward to Tax Year 2019</b>					
12.	Loss Carryforward to Tax Year 2019	12.			( 5,100. )

**Instructions**

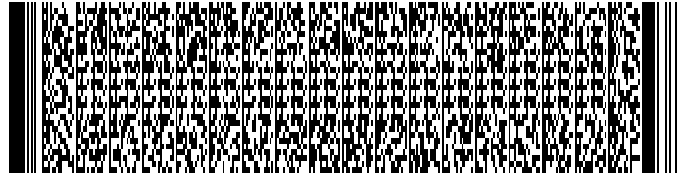
- Line 1a. Enter the amount from Line 18, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 20, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 24, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and on Line 36 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 36 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



Missouri Department of Revenue  
**2018 Individual Income  
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018



Print in BLACK ink only and DO NOT STAPLE.

Amended Return  Composite Return

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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

Vendor Code

1555

Department Use Only

--	--	--

Filing Status

Single  Claimed as a Dependent  Married Filing Combined  Married Filing Separately  Head of Household  Qualifying Widower

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself  Spouse  Yourself  Spouse  Yourself  Spouse  Yourself  Spouse  Yourself  Spouse

Name

Social Security Number	Deceased in 2018	Spouse's Social Security Number	Deceased in 2018
720 - 93 - 6883			
First Name	M.I.	Last Name	Suffix
RAMESH KUMAR		DORATI	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)

4102 WINGHAVEN POINTEE DR

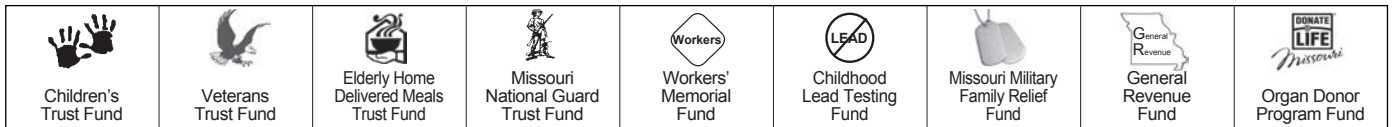
City, Town, or Post Office State ZIP Code

O FALLON MO 63368 -

County of Residence

CARR

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	64543 .00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	64543 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	64543 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	64543 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) . . . . .	8	.00		
9. Tax from federal return - <b>Do not enter federal income tax withheld</b> (see instructions on page 7 and 8) . . . . .	9	7495 .00		
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules) . . . . .	10	.00		
11. Total tax from federal return - Add Lines 9 and 10. . . . .	11	7495 .00		
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7). . . . .	12	5000 .00		
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> <li>• Single or Married Filing Separate - \$12,000</li> <li>• Head of Household - \$18,000</li> <li>• Married Filing Combined or Qualifying Widow(er) - \$24,000</li> </ul> If age 65 or older, blind, or claimed as a dependent, see pages 7 and 8. If itemizing, see Form MO-A, Part 2. . . . .	13	12000 .00		
14. Long-term care insurance deduction . . . . .	14	.00		
15. Health care sharing ministry deduction. . . . .	15	.00		
16. Military income deduction . . . . .	16	.00		
17. Bring jobs home deduction . . . . .	17	.00		
18. Transportation facilities deduction . . . . .	18	.00		
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities				
19. Total deductions - Add Lines 8 and 12 through 18. . . . .	19	17000 .00		
20. Subtotal - Subtract Line 19 from Line 6 . . . . .	20	47543 .00		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	21Y	47543 .00	21S	.00
22. Enterprise zone or rural empowerment zone income modification . . . . .	22Y	.00	22S	.00



Tax

23. Taxable income - Subtract Line 22 from Line 21 . . . . .	23Y	47543	.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions). . . . .	24Y	2583	.00	24S		.00
25. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s) . . . . .	25Y	1402	.00	25S		.00
26. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	26Y	100	%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26 . . . . .	27Y	1181	.00	27S		.00
28. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	28Y		.00	28S		.00
29. Subtotal - Add Lines 27 and 28 . . . . .	29Y	1181	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S . . . . .				30	1181	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099 . . . . .	31	1720	.00
32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018 . . . . .	32		.00
33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP . . . . .	33		.00
34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT . . . . .	34		.00
35. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ) . . . . .	35		.00
36. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	36		.00
37. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	37		.00
38. Total payments and credits - Add Lines 31 through 37 . . . . .	38	1720	.00







Amount Due

- 47. If Line 30 is larger than Line 38 or Line 41, enter the difference.  
Amount of UNDERPAYMENT (see the instructions for Line 48) . . . . . 47  . 00
- 48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48  . 00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 49. **AMOUNT DUE** - Add Lines 47 and 48.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 49  . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
<input type="text"/>	2018502087		
Preparer's Signature	Date (MM/DD/YY)		
ARVSSMANIKUMAR	01	28	19
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
30-1017196	<input type="text"/>		
Preparer's Address	State	ZIP Code	
2530 PEBBLE CREEK LN CUMMING	GA	30041	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Department Use Only

A     FA     E10     DE     F     .

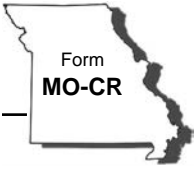
(Revised 12-2018)

**Mail To: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 329  
Jefferson City, MO 65105-0329

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 500  
Jefferson City, MO 65105-0500

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 751-2195  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)





Missouri Department of Revenue  
**2018 Credit for Income Taxes Paid To  
 Other States or Political Subdivisions**

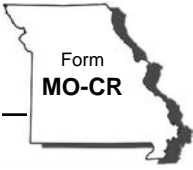
Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Name	Social Security Number
<input type="text" value="RAMESH KUMAR DORATI"/>	<input type="text" value="720"/> - <input type="text" value="93"/> - <input type="text" value="6883"/>
Spouse's Name	Spouse's Social Security Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) . . . . .	1Y	<input type="text" value="64543"/> . <input type="text" value="00"/>	1S	<input type="text"/> . <input type="text"/>
2. Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	<input type="text" value="2583"/> . <input type="text" value="00"/>	2S	<input type="text"/> . <input type="text"/>
		State of: <input type="text" value="CA"/>	State of: <input type="text"/>	
3. Wages and commissions. . . . .	3Y	<input type="text" value="30350"/> . <input type="text" value="00"/>	3S	<input type="text"/> . <input type="text"/>
4. Other income (Describe nature _____) . . . . .	4Y	<input type="text" value="0"/> . <input type="text" value="00"/>	4S	<input type="text"/> . <input type="text"/>
5. Total - Add Lines 3 and 4. . . . .	5Y	<input type="text" value="30350"/> . <input type="text" value="00"/>	5S	<input type="text"/> . <input type="text"/>
6. Less, related adjustments (Federal Form 1040, Line 36) . . . . .	6Y	<input type="text"/> . <input type="text"/>	6S	<input type="text"/> . <input type="text"/>
7. Net amounts - Subtract Line 6 from Line 5 . . . . .	7Y	<input type="text" value="30350"/> . <input type="text" value="00"/>	7S	<input type="text" value="0"/> . <input type="text"/>
8. Percentage of your income taxed - Divide Line 7 by Line 1 . . . . .	8Y	<input type="text" value="47."/> %	8S	<input type="text" value="0."/> %
9. Maximum credit - Multiply Line 2 by percentage on Line 8 . . . . .	9Y	<input type="text" value="1214"/> . <input type="text" value="00"/>	9S	<input type="text"/> . <input type="text"/>
10. Income tax you paid to another state or political subdivision. <b>This is not income tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax. . . . .	10Y	<input type="text" value="1283"/> . <input type="text" value="00"/>	10S	<input type="text"/> . <input type="text"/>
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 . . . . .	11Y	<input type="text" value="1214"/> . <input type="text" value="00"/>	11S	<input type="text"/> . <input type="text"/>





Missouri Department of Revenue  
**2018 Credit for Income Taxes Paid To  
 Other States or Political Subdivisions**

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Name	Social Security Number
<input type="text" value="RAMESH KUMAR DORATI"/>	<input type="text" value="720"/> - <input type="text" value="93"/> - <input type="text" value="6883"/>

Spouse's Name	Spouse's Social Security Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

	Yourself (Y)	Spouse (S)
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S) . . . . .	1Y <input type="text" value="64543"/> . <input type="text" value="00"/>	1S <input type="text"/> . <input type="text" value="00"/>
2. Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y <input type="text" value="2583"/> . <input type="text" value="00"/>	2S <input type="text"/> . <input type="text" value="00"/>
	State of: <input type="text" value="NJ"/>	State of: <input type="text"/>
3. Wages and commissions. . . . .	3Y <input type="text" value="5667"/> . <input type="text" value="00"/>	3S <input type="text"/> . <input type="text" value="00"/>
4. Other income (Describe nature _____) . . . . .	4Y <input type="text" value="0"/> . <input type="text" value="00"/>	4S <input type="text"/> . <input type="text" value="00"/>
5. Total - Add Lines 3 and 4. . . . .	5Y <input type="text" value="5667"/> . <input type="text" value="00"/>	5S <input type="text"/> . <input type="text" value="00"/>
6. Less, related adjustments (Federal Form 1040, Line 36) . . . . .	6Y <input type="text"/> . <input type="text" value="00"/>	6S <input type="text"/> . <input type="text" value="00"/>
7. Net amounts - Subtract Line 6 from Line 5 . . . . .	7Y <input type="text" value="5667"/> . <input type="text" value="00"/>	7S <input type="text"/> . <input type="text" value="00"/>
8. Percentage of your income taxed - Divide Line 7 by Line 1 . . . . .	8Y <input type="text" value="9."/> %	8S <input type="text" value="0."/> %
9. Maximum credit - Multiply Line 2 by percentage on Line 8 . . . . .	9Y <input type="text" value="232"/> . <input type="text" value="00"/>	9S <input type="text"/> . <input type="text" value="00"/>
10. Income tax you paid to another state or political subdivision. <b>This is not income tax withheld.</b> The income tax is reduced by all credits, except withholding and estimated tax. . . . .	10Y <input type="text" value="188"/> . <input type="text" value="00"/>	10S <input type="text"/> . <input type="text" value="00"/>
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040 . . . . .	11Y <input type="text" value="188"/> . <input type="text" value="00"/>	11S <input type="text"/> . <input type="text" value="00"/>



TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Your name: RAMESH KUMAR DORATI
Your SSN or ITIN: 720-93-6883
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (30,350), 2 Amount You Owe (777), 3 Refund or No Amount Due.

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

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 36883 as my signature on my 2018 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 01/28/2019

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

720-93-6883 DORA
RAMESHKUMAR DORATI

18

4102 WINGHAVEN POINTEE DR
O FALLON MO 63368

12-07-1990

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

Filing Status

- 1 [X] Single
4 [ ] Head of household (with qualifying person). See instructions.
2 [ ] Married/RDP filing jointly. See inst. 5 [ ] Qualifying widow(er). Enter year spouse/RDP died.
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 [ ] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9 [ ] X \$118 = \$

Exemptions

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

Total dependent exemptions . . . . . 10 [ ] X \$367 = \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="24683"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C. .... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="64543"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions. .... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4401"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="60142"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input checked="" type="radio"/> <input type="text" value="FTB 3803"/> ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="2843"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="30350"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="28281"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value=".00473"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="1338"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value=".04702"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="55"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="1283"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A ..... <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="1283"/> <input type="text" value=".00"/>	

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

Your name:  Your SSN or ITIN:

<b>Special Credits continued</b>	<b>58</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... <input type="checkbox"/>	<b>58</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>59</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... <input type="checkbox"/>	<b>59</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>60</b> To claim more than two credits. See instructions... <input type="checkbox"/>	<b>60</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>61</b> Nonrefundable renter's credit. See instructions... <input type="checkbox"/>	<b>61</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>62</b> Add line 50 and line 55 through 61. These are your total credits... <input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0-... <input checked="" type="radio"/>	<b>63</b>	<input type="text" value="1283"/>	<input type="text" value="00"/>

<b>Other Taxes</b>	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR)... <input type="checkbox"/>	<b>71</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>72</b> Mental Health Services Tax. See instructions... <input type="checkbox"/>	<b>72</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>73</b> Other taxes and credit recapture. See instructions... <input type="checkbox"/>	<b>73</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax... <input type="checkbox"/>	<b>74</b>	<input type="text" value="1283"/>	<input type="text" value="00"/>

<b>Payments</b>	<b>81</b> California income tax withheld. See instructions... <input type="checkbox"/>	<b>81</b>	<input type="text" value="526"/>	<input type="text" value="00"/>
	<b>82</b> 2018 CA estimated tax and other payments. See instructions... <input type="checkbox"/>	<b>82</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>83</b> Withholding (Form 592-B and/or 593). See instructions... <input type="checkbox"/>	<b>83</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>84</b> Excess SDI (or VPD) withheld. See instructions... <input type="checkbox"/>	<b>84</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>85</b> Earned Income Tax Credit (EITC)... <input type="checkbox"/>	<b>85</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>86</b> Add lines 81 through 85. These are your total payments. See instructions... <input checked="" type="radio"/>	<b>86</b>	<input type="text" value="526"/>	<input type="text" value="00"/>

<b>Overpaid Tax/Tax Due</b>	<b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86... <input checked="" type="radio"/>	<b>101</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>102</b> Amount of line 101 you want applied to your <b>2019</b> estimated tax... <input type="checkbox"/>	<b>102</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101... <input type="checkbox"/>	<b>103</b>	<input type="text"/>	<input type="text" value="00"/>
	<b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74... <input checked="" type="radio"/>	<b>104</b>	<input type="text" value="757"/>	<input type="text" value="00"/>

<b>Contributions</b>		<b>Code</b>	<b>Amount</b>	
	California Seniors Special Fund. See instructions... <input type="checkbox"/>	<b>400</b>	<input type="text"/>	<input type="text" value="00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund... <input type="checkbox"/>	<b>401</b>	<input type="text"/>	<input type="text" value="00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program... <input type="checkbox"/>	<b>403</b>	<input type="text"/>	<input type="text" value="00"/>



Your name:

Your SSN or ITIN:



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

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

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

**Sign Here**

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

Joint tax return? (See instructions)

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

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

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

# California Adjustments — 2018 Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return: R A M E S H K U M A R D O R A T I SSN or ITIN: 7 2 0 9 3 6 8 8 3

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

During 2018:

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

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

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 69,643.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 69,643.	<input checked="" type="radio"/> 30,350.
2 Taxable interest. (a) <input type="radio"/> . . . . . 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> . . . . . 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> . . . . . 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> . . . . . 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Section B — Additional Income from federal Schedule 1 (Form 1040)</b>					
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved . . . . . 15b					
16a Reserved . . . . . 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input checked="" type="radio"/> -5,100.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -5,100.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) . . . . . 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation . . . . . 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved . . . . . 20a					
21 Other income.					
a California lottery winnings		<input type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input type="radio"/>		
d NOL deduction from FTB 3805V. . . . . 21	<input type="radio"/>	<input type="radio"/>	d <input type="text"/>	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input type="radio"/>	e <input type="text"/>		
f Other (describe): <input type="radio"/>		<input type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C . . . . . 22	<input type="radio"/> 64,543.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 64,543.	<input type="radio"/> 30,350.

	A	B	C	D	E
<b>Income Adjustment Schedule</b>					
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses . . . . . 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction . . . . . 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions . . . . . 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid.   b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction . . . . . 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction . . . . . 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved . . . . . 34					
35 Reserved . . . . . 35					
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input type="radio"/> 64,543.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 64,543.	<input type="radio"/> 30,350.

**Part III Adjustments to Federal Itemized Deductions**

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

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

**Medical and Dental Expenses**

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 64,543	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 4,841	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	2,726.	<input checked="" type="radio"/> 2,726.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add lines 5a through 5c <input checked="" type="radio"/> 2,726.	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	2,726.	2,726.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add lines 5e and 6 <input checked="" type="radio"/> 2,726.	7		<input checked="" type="radio"/> 2,726.	<input checked="" type="radio"/> 0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

**Other Itemized Deductions**

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 2,726.	17		<input checked="" type="radio"/> 2,726.	<input checked="" type="radio"/>

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C  18 0.

**Job Expenses and Certain Miscellaneous Deductions**

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

20 Tax preparation fees.  20

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

22 Add lines 19 through 21.  22

23 Enter amount from federal Form 1040, line 7  64,543.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately . . . . . \$194,504  
 Head of household . . . . . \$291,760  
 Married/RDP filing jointly or qualifying widow(er) . . . . . \$389,013  
**No.** Transfer the amount on line 28 to line 29.  
**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29

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

**Part IV California Taxable Income**

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

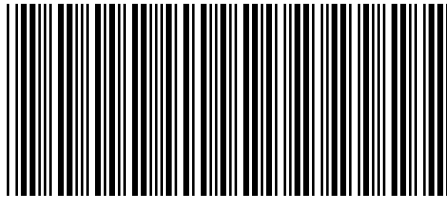
2 Enter your deductions from line 30.  2

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

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

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

NJ-1040-NR  
2018



040NV01180

STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2018 - December 31, 2018 or Other Tax Year  
Beginning \_\_\_\_\_, 20 \_\_\_\_\_ Ending \_\_\_\_\_, 20 \_\_\_\_\_  
Check box [ ] if application for federal extension is attached  
or enter confirmation number \_\_\_\_\_

1030

Your Social Security Number  
720-93-6883

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
Missouri

Driver's License # (Voluntary) State  
E173240002 MO

Joint filers enter first name and initial of each - Enter spouse/CU partner last name only if different.  
Last Name, First Name, and Initial

DORATI RAMESH KUMAR

Home Address (Number and Street, incl. apt. # or rural route)

4102 WINGHAVEN POINTEE DR

City, Town, Post Office

O FALLON

State

MO

Zip Code

63368

Change of address

NJ RESIDENCY STATUS If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency.

From:

To:

FILING STATUS (Check only one box)

- 1.  Single
  - 2.  Married/CU Couple, filing joint return
  - 3.  Married/CU Partner, filing separate return
- \_\_\_\_\_  
Name and SSN of Spouse/CU Partner
- 4.  Head of Household
  - 5.  Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

- 6. Regular Domestic Partner 6. 1
- 7. Age 65 or Over 7.
- 8. Blind or Disabled 8.
- 9. Veteran Exemption 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For Line 13a - Add Lines 6, 7, 8, and 12. For Line 13b - Add Lines 10 and 11. For Line 13c - Enter amount from Line 9. 13a. 1 13b. 13c.

14. Dependent Information

Last Name, First Name, Middle Initial

Social Security Number

Birth Year

- A.
- B.
- C.
- D.

GUBERNATORIAL  
ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "yes" box(es), it will not increase your tax or reduce your refund.

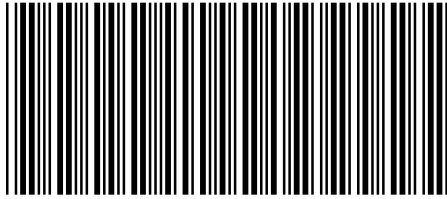
Yes No  
Yes No

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 64 through 70	15. 69892	15. 5667
16. Interest	16. .	16. .
17. Dividends	17. .	17. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)	18. .	18. .
19. Net gains or income from disposition of property (From Line 63)	19. .	19. .
20. Net gains or income from rents, royalties, patents (Schedule NJ-BUS-1, Part II, Line 4)	20. 0	20. 0
21. Net gambling winnings (See instructions)	21. .	21. .
22. Pensions, Annuities, and IRA Withdrawals	22. .	22. .
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, Line 4)	23. .	23. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, Line 4)	24. .	24. .
25. Alimony and separate maintenance payments received	25. .	25. .
26. Other - State Nature and Source _____	26. .	26. .
27. TOTAL INCOME (Add Lines 15 through 26)	27. 69892	27. 5667
28a. Pension Exclusion (See Instructions)	28a. .	28a. .
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b. .	28b. .
28c. Total Exclusion Amount (Add Line 28a and Line 28b)	28c. .	28c. .





040NV02180

DORATI RAMESH KUMAR

720936883

29. Gross Income (Subtract Line 28c from Line 27)	29.	69892	.	29.	5667	.
30. Gross Income (From Line 29)	30.	69892	.	30.	5667	.
31. Total Exemption Amount (See Instructions)	31.	1000	.			
32. Medical Expenses (See Worksheet and Instructions)	32.		.			
33. Alimony and separate maintenance payments	33.		.			
34. Qualified Conservation Contribution	34.		.			
35. Health Enterprise Zone Deduction	35.		.			
36. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	36.		.			
37. Total Exemptions and Deductions (Add Lines 31 through 36)	37.	1000	.			
38. TAXABLE INCOME (Subtract Line 37 from Line 30, Column A)	38.	68892	.			
39. Tax on amount on Line 38 (From Tax Table page 34)	39.	2313	.			
40. Income Percentage B. (Line 30) / A. (Line 30) =		8.11				
41. NEW JERSEY TAX (Multiply amount from Line 39 <u>2313</u> x <u>8.11</u> % from Line 40)	41.				188	.
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instruction)	42.		.			
43. Balance of Tax (Subtract Line 42 from Line 41)	43.				188	.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.			
45. Balance of Tax After Credits (Subtract Line 44 from Line 43)	45.				188	.
46. Penalty for Underpayment of Estimated Tax. <span style="float:right">Check box if Form NJ-2210 is enclosed.</span>	46.		.			
47. Total Tax and Penalty (Add Line 45 and Line 46)	47.				188	.
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48.	204	.			
49. New Jersey Estimated Tax Payments/Credit from 2017 return	49.		.			
50. Tax paid on your behalf by Partnership(s)	50.		.			
51. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	51.		.			
52. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	52.		.			
53. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	53.		.			
54. Total Payments/Credits (Add Lines 48 through 53)	54.				204	.
55. If Line 54 is LESS THAN Line 47, enter AMOUNT YOU OWE	55.		.			
56. If Line 54 is MORE THAN Line 47, enter OVERPAYMENT	56.				16	.
57. Deductions from Overpayment on Line 56 that you elect to credit to:						
(A) Your 2019 Tax	57A.		.			
(B) N.J. Endangered Wildlife Fund	57B.		.			
(C) N.J. Children's Trust Fund	57C.		.			
(D) N.J. Vietnam Veteran's Memorial Fund	57D.		.			
(E) N.J. Breast Cancer Research Fund	57E.		.			
(F) U.S.S. N.J. Educational Museum Fund	57F.		.			
(G) Designated Contribution <span style="float:right">CODE</span>	57G.		.			
58. Total Deductions From Overpayment (Add Lines 57A through 57G)	58.		.			
59. REFUND (Amount to be sent to you. Subtract Line 58 from Line 56)	59.				16	.

Also enter on line 49:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

NOTE:  
AN ENTRY ON LINE 57A, B, C, D, E, F,  
OR G WILL REDUCE YOUR TAX  
REFUND

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

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature	Federal Identification Number
<b>ARVSSMANIKUMAR</b>	<b>P02090332</b>
Firm's Name	Federal Employer Identification Number
<b>GLOBAL TAXES LLC</b>	<b>30-1017196</b>

Pay amount on Line 55 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.



Name(s) as shown on Form NJ-1040NR DORATI RAMESH KUMAR	Your Social Security Number 720-93-6883
---	--

<b>PART I</b>		<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
60.							

61. Capital Gains Distribution .....	61		
62. Other Net Gains.....	62		
63. Net Gains (Add Lines 60, 61, and 62) (Enter here and on Line 19) (If Loss, enter ZERO).....	63		

<b>PART II</b>		<b>ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY</b>		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)	
64. Amount reported on Line 15 in Column A required to be allocated .....	64				
65. Total days in taxable year .....	65				
66. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	66				
67. Total days worked in taxable year (subtract Line 66 from 65) .....	67				
68. Deduct days worked outside New Jersey.....	68				
69. Days worked in New Jersey (subtract Line 68 from Line 67) .....	69				
70. ALLOCATION FORMULA _____ x _____ = _____				(Include this amount on Line 15, Col. B)	
(Enter amount from Line 64) (Salary earned inside N.J.)					

<b>PART III</b>		<b>ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>		(See instructions if other than Formula Basis of allocation is used.)	
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**BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)**  
 Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR DORATI, RAMESH KUMAR	Social Security Number 720-93-6883
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**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2018**

<b>Part I Net Profits From Business</b>		List the net profit (loss) from business(es). See Instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3) (Enter here and on Line 18, Column A. If loss, enter ZERO on Line 18, Column A.)		4.	
<b>Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	RAJEEV NAGAR	720936883	1	-5,100.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20, Column A. If loss, enter ZERO on Line 20, Column A.)		4.	-5,100.
<b>Part III Distributive Share of Partnership Income</b>		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships (Column D)
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, Column A. If loss, enter ZERO on Line 23, Column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3 of Column D.) Enter total here and include on Line 50.			
<b>Part IV Net Pro Rata Share of S Corporation Income</b>		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 24, Column A. If loss, enter ZERO on Line 24, Column A.)		4.	

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2018**

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-5,100.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2017			5b.	( )
6.	Totals	6a.	0.	6b.	-5,100.
<b>PART II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.		
9.	Business Increment (Line 7 minus Line 8)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.		
<b>PART III Loss Carryforward to Tax Year 2019</b>					
12.	Loss Carryforward to Tax Year 2019	12.			( 5,100. )

**Instructions**

- Line 1a. Enter the amount from Line 18, Column A, of Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from Line 20, Column A, of Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from Line 23, Column A, of Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from Line 24, Column A, of Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and on Line 36 of Form NJ-1040NR, and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 36 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**