

Your first name, middle initial, and last name BALA RAJU PERAM

Spouse's first name, middle initial, and last name \_\_\_\_\_

Your Social Security Number 211-86-0183

Spouse's Social Security Number \_\_\_\_\_

Home address, city, state, ZIP 14075 S BANGERTER PKWY, C243

DRAPER UT 84020

**Part I Tax Return Information**

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B) .....	1B _____ .00	1A <u>103,348</u> .00
2. Total Tax (IA 1040, line 42 A & B) .....	2B _____ .00	2A <u>5,614</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>5,003</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>232</u> .00
5. Total Amount Due (IA 1040, line 73) .....		5. _____ .00

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number 

1	1	1	0	0	0	0	2	5
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

4	8	8	0	6	3	4	6	6	1	6	4
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2018 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_

Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN <u>P02090332</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address and zip code <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number _____
Paid Preparer Signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer PTIN <u>P02090332</u>	
Firm's name (or yours if self-employed) <u>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</u>				FEIN _____
Address and zip code <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number _____

# 2018 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).**

Your last name PERAM Your first name/middle initial BALA RAJU  
 Spouse's last name \_\_\_\_\_ Spouse's first name/middle initial \_\_\_\_\_



Current mailing address (number and street, apartment, lot, or suite number) or PO Box  
14075 S BANGERTER PKWY, C243  
 City, State, ZIP  
DRAPER UT 84020

Spouse SSN \_\_\_\_\_ Your SSN 211-86-0183

**Step 2 Filing Status: Mark one box only**

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse was 65 or older as of 12/31/18. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/18: County No. <u>00</u> School District No. <u>9999</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

**Step 3 Exemptions**

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

**Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet**

B. Spouse/Status 3 ▲  A. You or Joint ▲

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc..... 1.	_____	<u>103,348.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B..... 2.	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B..... 3.	_____	_____		
4. Alimony received..... 4.	_____	_____		
5. Business income/(loss). See instructions..... 5.	_____	_____		
6. Capital gain/(loss). See instructions..... 6.	_____	_____		
7. Other gains/(losses). See instructions..... 7.	_____	_____		
8. Taxable IRA distributions..... 8.	_____	_____		
9. Taxable pensions and annuities..... 9.	_____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions..... 10.	_____	_____		
11. Farm income/(loss). See instructions..... 11.	_____	_____		
12. Unemployment compensation. See instructions..... 12.	_____	_____		
13. Gambling winnings..... 13.	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment..... 14.	_____	_____		
15. Gross Income. Add lines 1-14..... 15.	_____	_____	_____	<u>103,348.00</u>

**NOTE:** Use only blue or black ink, no pencils or red ink.

16. Payments to an IRA, Keogh, or SEP..... 16.	_____	_____		
17. Deductible part of self-employment tax..... 17.	_____	_____		
18. Health insurance premium..... 18.	_____	_____		
19. Penalty on early withdrawal of savings..... 19.	_____	_____		
20. Alimony paid..... 20.	_____	_____		
21. Pension/retirement income exclusion..... 21.	_____	_____	▲	_____
22. Moving expense deduction. See instructions..... 22.	_____	_____		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.. 23.	_____	_____	▲	_____
24. Other adjustments..... 24.	_____	_____		
25. Total adjustments. Add lines 16-24..... 25.	_____	_____	▲	_____
26. Net Income. Subtract line 25 from line 15..... 26.	_____	_____	▲	<u>103,348.00</u>

27. Federal income tax refund/overpayment received in 2018..... 27.	_____	_____	▲	_____
28. Self-employment/household employment/other federal taxes..... 28.	_____	_____	▲	_____
29. Addition for federal taxes. Add lines 27 and 28..... 29.	_____	_____		<u>0.00</u>
30. Total. Add lines 26 and 29..... 30.	_____	_____		<u>103,348.00</u>
31. Federal tax withheld..... 31.	_____	_____	▲	<u>17,470.00</u>
32. Federal estimated tax payments made in 2018..... 32.	_____	_____	▲	_____
33. Additional federal tax paid in 2018 for 2017 and prior years..... 33.	_____	_____	▲	_____
34. Deduction for federal taxes. Add lines 31, 32, and 33..... 34.	_____	_____		<u>17,470.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2..... 35.	_____	_____	▲	<u>85,878.00</u>



**2018 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income 36. BALANCE. From side 1, line 35.....			.00	85,878.00
37. Deduction. Check one box <input type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>			.00	2,030.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			.00	83,848.00

Step 9 Tax, Credits, and Check-off Contributions 39. Tax from tables or alternate tax.....	39.	.00	▲	5,614.00
40. Iowa lump-sum tax. See instructions.....	40.	.00	▲	.00
41. Iowa alternative minimum tax. Include IA 6251.....	41.	.00	▲	.00
42. Total tax. ADD lines 39, 40, and 41.....	42.	.00		5,614.00
43. Total exemption credit amount(s) from Step 3, side 1.....	43.	.00		40.00
44. Tuition and textbook credit for dependents K-12.....	44.	.00	▲	.00
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45.	.00	▲	.00
46. Total credits. ADD lines 43, 44, and 45.....	46.	.00		40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47.	.00	▲	5,574.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48.	.00	▲	803.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49.	.00	▲	4,771.00
50. Out-of-state tax credit. Include IA 130.....	50.	.00	▲	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51.	.00	▲	4,771.00
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52.	.00	▲	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53.	.00	▲	4,771.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54.	.00	▲	0.00
55. Total state and local tax. ADD lines 53 and 54.....	55.	.00	▲	4,771.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.			4,771.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: ▲ _____ State Fair 57b: ▲ _____ Firefighters/Veterans 57c: ▲ _____ Child Abuse Prevention 57d: ▲ _____ Enter here.....	57.			.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.	▲		4,771.00

Step 10 Credits 59. Iowa fuel tax credit. Include IA 4136.....	59.	.00	▲	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>	60.	.00	▲	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61.	.00	▲	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	.00	▲	.00
63. Iowa income tax withheld.....	63.	.00	▲	5,003.00
64. Estimated and voucher payments made for tax year 2018.....	64.	.00	▲	.00
65. TOTAL. ADD lines 59 through 64 and enter here.....	65.	.00	▲	5,003.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.			5,003.00

Step 11 Refund 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67.	▲		232.00
68. Amount of line 67 to be REFUNDED.....	68.	▲	REFUND	232.00
68a. Routing Number: <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/>	68b. Type	Checking	<input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account Number: <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="4"/>				
69. Amount of line 67 to be applied to your 2019 estimated tax.....	69.	.00	▲	.00

Step 12 Pay 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70.	▲		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71.	▲		.00
72. Penalty and interest ▲ 72a. Penalty _____ .00 ▲ 72b. Interest _____ .00 ADD. Enter total.....	72.			.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73.	▲	PAY THIS AMOUNT	.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	_____ Your Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	_____ Preparer's Signature	_____ Date
SIGN HERE	_____ Spouse's Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	P02090332 Preparer's PTIN	_____ Firm's FEIN
			(409) 466-9234 Daytime Telephone Number			_____ Daytime Telephone Number

**This return is due April 30th, 2019. Sign, enclose W-2s, and verify SSNs.  
MAILING ADDRESS: Iowa Income Tax Document Processing,  
PO BOX 9187, Des Moines IA 50306-9187  
Make check payable to Treasurer, State of Iowa**



Name(s) BALA RAJU PERAM Social Security Number 211-86-0183

**Mark the appropriate box for you and your spouse**

- You are a nonresident of Iowa  ▲ Your spouse is a nonresident of Iowa  ▲  
 You are a part-year resident of Iowa  ▲ Your spouse is a part-year resident of Iowa  ▲  
 Date moved into Iowa: \_\_\_\_\_ and/or Date moved into Iowa: \_\_\_\_\_ and/or  
 Date moved out of Iowa: 10/15/18 Date moved out of Iowa: \_\_\_\_\_  
 You are a full-year resident of Iowa  Your spouse is a full-year resident of Iowa

**Iowa-Source Income**

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc .....	1. _____ .00	88,480 .00
2. Taxable interest income .....	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss) .....	5. _____ .00	_____ .00
6. Capital gain or (loss) .....	6. _____ .00	_____ .00
7. Other gains or (loss).....	7. _____ .00	_____ .00
8. Taxable IRA distributions .....	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ .00
11. Farm income or (loss) .....	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Gross income. Add lines 1-14 .....	15. _____ .00	▲ 88,480 .00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium .....	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings .....	19. _____ .00	_____ .00
20. Alimony paid .....	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ .00
26. Iowa Net Income. Subtract line 25 from line 15.....	26. _____ .00	88,480 .00
27. All-source net income from line 26, IA 1040.....	27. _____ .00	103,348 .00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....
28. \_\_\_\_\_ % 85.6 %
29. Nonresident/part-year resident credit percentage:  
 Subtract the percentage on line 28 from 100.0% .....
29. \_\_\_\_\_ % 14.4 %
30. Iowa tax on total income from line 39, IA 1040 .....
30. \_\_\_\_\_ .00 5,614 .00
31. Total Credits from line 46, IA 1040.....
31. \_\_\_\_\_ .00 40 .00
32. Tax after credits. Subtract line 31 from line 30.....
32. \_\_\_\_\_ .00 5,574 .00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040.....
33. \_\_\_\_\_ .00 803 .00



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

Your first name and initial: **BALA RAJU** Last name: **PERAM** Your social security number: **211-86-0183**

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. **14075 S BANGERTER PKWY** Apt. no. **C243** 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. **DRAPER UT 84020** If more than four dependents, see inst. and  here

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

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

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

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

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

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

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

**Paid Preparer Use Only**

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

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

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

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

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>103,348.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>103,348.</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>103,348.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>91,348.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>16,208.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>16,208.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>16,208.</b>
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>0.</b>
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>16,208.</b>
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>17,470.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	<b>17,470.</b>
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	<b>1,262.</b>
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	<b>1,262.</b>
<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>111000025</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	Account number: <b>488063466164</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>	

# Health Savings Accounts (HSAs)

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

Name(s) shown on Form 1040 or Form 1040NR  
**BALA RAJU PERAM**

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

**211-86-0183**

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

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

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,450.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,450.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter . . . . .	<b>6</b>	3,450.
<b>7</b>	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,450.
<b>9</b>	Employer contributions made to your HSAs for 2018 . . . . .	<b>9</b>	277.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	277.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	3,173.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>	0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

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

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

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

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

Utah State Tax Commission  
**Individual Income Tax Return Payment Coupon**

**TC-547**  
 INTUIT Rev. 12/11

**USE OF PAYMENT COUPON**

If you have a tax due balance on your Utah individual income tax return and you have previously filed your return (either electronically or by paper) without a payment, include the payment coupon below with your check or money order to insure proper credit to your account. Do not mail another copy of your income tax return with this payment. Sending a duplicate of your return may delay posting of the payment.

If you are sending a payment with your paper Utah individual income tax return, include the payment coupon below with your check or money order, to insure proper credit to your account.

*Do not use this return payment coupon to prepay future individual income taxes. Use form TC-546.*

**ELECTRONIC PAYMENT**

You may pay your tax online at [taxexpress.utah.gov](http://taxexpress.utah.gov).

**HOW TO PREPARE THE PAYMENT**

Make your check or money order payable to the Utah State Tax Commission. Do not send cash. The Tax Commission does not assume liability for loss of cash placed in the mail.

Print your name and address, daytime telephone number and the year the payment is for on your check or money order.

**SENDING PAYMENT COUPON**

If sending this payment coupon separate from your individual income tax return, do **NOT** mail another copy of your return with this payment.

Complete and detach the payment coupon below.

Do not attach (staple, paper clip, etc.) the check or money order to the payment coupon.

Send the payment coupon and payment to:

**Utah State Tax Commission**  
**210 N 1950 W**  
**Salt Lake City, UT 84134-0266**

**SEPARATE AND RETURN ONLY THE BOTTOM COUPON WITH PAYMENT. KEEP TOP PORTION FOR YOUR RECORDS.**

**Individual Income Tax  
 Return Payment Coupon**

Mail to: Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0266 <sup>INTUIT</sup> **TC-547**  
 Rev. 12/11

Tax year ending <b>2018</b>
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USTC Use Only
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Primary taxpayer name BALA RAJU PERAM	Social Security no. 211860183
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Secondary taxpayer name	Social Security no.
-------------------------	---------------------

Address 14075 S BANGERTER PKWY, APT C243		
City DRAPER	State UT	Zip code 84020

<b>Payment amount enclosed</b>	<b>\$</b>	<b>86</b>	<b>00</b>
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REV 10/18/18 PRO

Make check or money order payable to the Utah State Tax Commission. Do not send cash. Do not staple check to coupon. Detach check stub.

**11004**



40801

1555

Utah State Tax Commission  
**Utah Individual Income Tax Return**  
 All State Income Tax Dollars Fund Education

**2018**  
**TC-40**  
 INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?  
 Y/N  
 N

Your Social Security No.    Your first name    Your last name  
 211860183    BALA RAJU    PERAM

Spouse's Soc. Sec. No.    Spouse's first name    Spouse's last name

If deceased, complete page 3, Part 1

Address    Telephone number  
 14075 S BANGERTER PKWY APT C243    409-466-9234  
 City    State    ZIP+4    Foreign country (if not U.S.)  
 DRAPER    UT    84020

<b>1 Filing Status - enter code</b> 1 = Single • <u>1</u> 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er) <small>If using code 2 or 3, enter spouse's name and SSN above</small>	<b>• 2 Qualifying Dependents</b> a Dependents age 16 and under b Other dependents c 0 Total (add lines a and b) Dependents must be claimed for the child tax credit on your federal return. See instructions.	<b>3 Election Campaign Fund</b> Does not increase your tax or reduce your refund. Enter the code for the    Yourself    Spouse party of your choice.    •    • See instructions for code letters or go to <a href="http://incometax.utah.gov/elect">incometax.utah.gov/elect</a> . If no contribution, enter <b>N</b> .
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4 Federal adjusted gross income from federal return	• 4	103348
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6 Total income - add line 4 and line 5	6	103348
7 State tax refund included on federal form <b>1040, Schedule 1, line 10</b> (if any)	• 7	
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9 <b>Utah taxable income (loss)</b> - subtract the sum of lines 7 and 8 from line 6	• 9	103348
10 <b>Utah tax</b> - multiply line 9 by 4.95% (.0495) (not less than zero)	• 10	5116
11 Utah personal exemption (multiply line 2c by \$565)	• 11	0
12 Federal standard or itemized deductions	• 12	12000
13 Add line 11 and line 12	13	12000
14 State income tax deducted on federal <b>Schedule A, line 5a</b> (if any)	• 14	
15 Subtract line 14 from line 13	15	12000
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	720
17 Enter: <b>\$14,256</b> (if single or married filing separately); <b>\$21,384</b> (if head of household); or <b>\$28,512</b> (if married filing jointly or qualifying widower)	• 17	14256
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	89092
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	1158
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	0
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22 <b>Utah income tax</b> - subtract line 20 from line 10 (not less than zero)	• 22	5116

**Electronic filing  
 is quick, easy and  
 free, and will  
 speed up your refund.**

**To learn more,  
 go to  
[tap.utah.gov](http://tap.utah.gov)**

**Utah Individual Income Tax Return (continued)**

INTUIT

**TC-40  
2018**

Pg. 2

40802 SSN 211860183

Last name PERAM

23	Enter tax from TC-40, page 1, line 22	23	5116
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37	• 25	736
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	736
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	<b>Total tax, use tax and additions to tax</b> (add lines 27 through 31)	32	736
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	650
34	Credit for Utah income taxes prepaid from TC-546 and 2017 refund applied to 2018	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	650
40	<b>TAX DUE</b> - subtract line 39 from line 32 (not less than zero)	• 40	86
41	Penalty and interest (see instructions)	41	
42	<b>TOTAL DUE - PAY THIS AMOUNT</b> - add line 40 and line 41	• 42	86
43	<b>REFUND</b> - subtract line 32 from line 39 (not less than zero)	• 43	
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	<b>DIRECT DEPOSIT YOUR REMAINING REFUND</b> - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number	• Account number	Account type: •

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN	Your signature	Date	Spouse's signature (if filing jointly)	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return		Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature		Preparer's telephone number	Preparer's PTIN
	Firm's name and address			Preparer's EIN
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING		GA 30041	P02090332

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

**Non and Part-year Resident Schedule**

INTUIT

**TC-40B  
2018**

40806 SSN 211-86-0183 Last name PERAM

**Residency Status:** • Nonresident: Home state abbreviation: • X Part-year resident from: 10/16/18 to 12/31/18  
mm/dd/yy mm/dd/yy

Income	Col. A - UTAH	Col. B - TOTAL
1 Wages, salaries, tips, etc. (1040 line 1)	14868	103348
2 Taxable interest income (1040 line 2b)		
3 Ordinary dividends (1040 line 3b)		
4 IRAs, pensions and annuities - taxable amount (1040 line 4b)		
5 Social Security benefits - taxable amount (1040 line 5b)		
6 Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 10)		
7 Alimony received (1040, Schedule 1, line 11)		
8 Business income or (loss) (1040, Schedule 1, line 12)		
9 Capital gain or (loss) (1040, Schedule 1, line 13)		
10 Other gains or (losses) (1040, Schedule 1, line 14)		
11 Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 17)		
12 Farm income or (loss) (1040, Schedule 1, line 18)		
13 Unemployment compensation (1040, Schedule 1, line 19)		
14 Other income (1040, Schedule 1, line 21)		
15 Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)		
16 Total income (loss) - add lines 1 through 15 for both columns A and B	14868	103348

Adjustments	Col. A - UTAH	Col. B - TOTAL
17 Educator expenses (1040, Schedule 1, line 23)		
18 Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 24)		
19 Health savings account deduction (1040, Schedule 1, line 25)		
20 Moving expenses (1040, Schedule 1, line 26) - col. A only expenses moving into Utah		
21 Deductible part of self-employment tax (1040, Schedule 1, line 27)		
22 Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 28)		
23 Self-employed health insurance deduction (1040, Schedule 1, line 29)		
24 Penalty on early withdrawal of savings (1040, Schedule 1, line 30)		
25 Alimony paid (1040, Schedule 1, line 31a)		
26 IRA deduction (1040, Schedule 1, line 32)		
27 Student loan interest deduction (1040, Schedule 1, line 33)		
28 Tuition and fees (1040, Schedule 1, line 34)		
29 Domestic production activities deduction (1040, Schedule 1, line 35)		
30 Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 10)		
31 Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)		
32 (see instructions):		
33 Total adjustments - add lines 17 through 32 for both columns A and B		

34 Subtract line 33 from line 16 for both columns A and B Line 34, column B must equal TC-40, line 9	• 14868	• 103348
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Non or Part-year Resident Utah Tax		
35 Divide line 34 column A by line 34 column B (to 4 decimal places) Do not enter a number greater than 1.0000 or less than 0.0000	35	0.1439
36 Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here	36	5116
37 <b>UTAH TAX</b> - Multiply line 36 by the decimal on line 35. Enter on TC-40, page 2, line 25	• 37	736

**Submit this page ONLY if data entered.  
Attach completed schedule to your Utah Income Tax Return.**

**Part 1 - Utah Withholding Tax Schedule**

INTUIT

**TC-40W  
2018**

Pg. 1

40809 SSN 211-86-0183

Last name PERAM

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 <b>(14 characters, ending in WTH, no hyphens)</b> 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	<p><b>Do not send your W-2s or 1099s with your return.</b> Instead enter W-2 or 1099 information below, but <b>only</b> if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p>
<p><b>First W-2 or 1099</b></p> 1 562059380  2 13734641003WTH (14 characters, no hyphens)  3 COTIVITI, INC. 201 JONES ROAD 4TH FLOOR  WALTHAM MA02451  4  5 211860183  6 14868.  7 650.	<p><b>Second W-2 or 1099</b></p> 1  2 (14 characters, no hyphens)  3  4  5  6  7
<p><b>Third W-2 or 1099</b></p> 1  2 (14 characters, no hyphens)  3  4  5  6  7	<p><b>Fourth W-2 or 1099</b></p> 1  2 (14 characters, no hyphens)  3  4  5  6  7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 650.

**Submit page ONLY if data entered.  
 Attach completed schedule to your Utah Income Tax Return.  
 Do not attach W-2s or 1099s to your Utah return.**