

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 for the latest information.**

Submission Identification Number (SID) ► 587278201904401bzpan

Taxpayer's name VIRAL JAYANTIBHAI SHINGALA		Social security number 750-96-3069
Spouse's name		Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	15,480.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	348.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	2,252.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,904.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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.

6	3	0	6	9
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Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

750-96-3069

Taxpayer name VIRAL JAYANTIBHAI SHINGALA

Taxpayer address (optional)

GOLDEN HORSE SHOE CR APT 800C

MORRISVILLE NC 27560

1. Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/13/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201904401bzpan.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: VIRAL JAYANTIBHAI Last name: SHINGALA Your social security number: 750-96-3069

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. GOLDEN HORSE SHOE CR Apt. no. 800-C 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. MORRISVILLE NC 27560 If more than four dependents, see inst. and here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

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)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	15,480.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	15,480.
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	15,480.
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	3,480.
11	a Tax (see inst.) 348. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	348.
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	348.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	348.
16	Total tax. Add lines 13 and 14	16	2,252.
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	2,252.
19	Add any amount from Schedule 5	19	1,904.
20a	Add lines 16 and 17. These are your total payments	20a	1,904.
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 021200339 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number 381053533586		
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		

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

VIRAL JAYANTIBHAI SHINGALA

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					15,480.
Adjustments to income					
Adjusted gross income					15,480.
Tax expense					651.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					3,480.
Tax					348.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					2,252.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,904.
Effective tax rate % . .					2.25
**Tax bracket %					10.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (VIRAL JAYANTIBHAI SHINGALA) and Social Security Number (750-96-3069)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 63069 Spouse's PIN (5 numbers) Date 02/07/2019

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name SHINGALA
 First name VIRAL JAYANTIBHAI
 Middle initial Suffix
 Social security no. 750-96-3069
 Occupation SOFTWARE ENGINEER
 Date of birth 12/21/1991 (mm/dd/yyyy)
 Age as of 1-1-2019 27
 Date of death
 Legally blind
 E-mail address shingalaviral109@gmail.com
 Work phone (732)986-0070 Ext _____
 Cell phone (732)986-0070
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext _____
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (732)986-0070
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address GOLDEN HORSE SHOE CR Apt no. 800-C
 City MORRISVILLE State NC ZIP code 27560

Foreign Address:

Check this box to use foreign address . . .
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

► Keep for your records

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
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INCOME	Federal Amount	NC Amount
1 Wages, salaries, tips, etc. T	15,480.	6,840.
S		
2 Taxable interest T		
S		
3 Dividends T		
S		
4 State/local tax refunds T		
S		
5 Alimony received T		
S		
6 Business income or loss T		
S		
7 Capital gain or loss T		
S		
8 Other gains and losses T		
S		
9 Taxable IRA distribution T		
S		
10 Taxable pension and annuities T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts T		
S		
12 Farm income or loss T		
S		
13 Unemployment compensation T		
S		
14 a Taxable social security benefits T		
S		
b Taxable railroad retirement benefits T		
S		
15 Other income T		
S		
16 Total income T	15,480.	6,840.
S		

Nonresident State Allocation Worksheet

VIRAL JAYANTIBHAI SHINGALA

750-96-3069

ADJUSTMENTS		Federal Amount	NC Amount
17 Educator expenses	T		
	S		
18 Certain business expenses	T		
	S		
19 Health savings account deduction	T		
	S		
20 Moving expenses	T		
	S		
21 Self-employment tax deduction	T		
	S		
22 Self-employed SEP, SIMPLE, and qualified plans	T		
	S		
23 Self-employed health insurance deduction	T		
	S		
24 Penalty on early withdrawal of savings.	T		
	S		
25 Alimony paid	T		
	S		
26 IRA deduction	T		
	S		
27 Student loan interest deduction	T		
	S		
28 Tuition/fees deduction	T		
	S		
29 Reserved	T		
	S		
30 Total other adjustments	T		
	S		
31 Total adjustments	T		
	S		
32 Adjusted gross income	T	15,480.	6,840.
	S		

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below **or** select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
 Spouse

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

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

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:	Spouse:
Issuing state <u>NC</u>	Issuing state _____
License number <u>000043728809</u>	License number _____
Issue date <u>02/06/2019</u>	Issue date _____
Expiration date <u>04/07/2019</u>	Expiration date _____
Does not expire <input type="checkbox"/>	Does not expire <input type="checkbox"/>
NY Document number (first 3 chars)* _____	NY Document number (first 3 chars)* _____

State Identification Card Detail

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

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
 Returning client to same preparer and firm
 Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: VIRAL JAYANTIBHAI SHINGALA; Social Security Number: 750-96-3069

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln, Cumming, GA 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

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

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed [checkbox]; IRS-prepared [checkbox]; Prepared by taxpayer or other non-paid preparer [checkbox]

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
- Kosovo Operation
- Afghanistan/Enduring Freedom
- Desert Storm
- Haiti
- Former Yugoslavia
- UN Operation
- Joint Guard
- Joint Forge
- Northern Watch
- Operation Allied Force
- Northern Forge
- Combat Zone Deployment Date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ANAGH TECHNOLOGIES INC		15,480.	2,252.	15,480.	651.
Totals		15,480.	2,252.	15,480.	651.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	15,480.		15,480.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	2,252.		2,252.
3 & 7	Total social security wages/tips	15,480.		15,480.
4	Total social security tax withheld	960.		960.
5	Total Medicare wages and tips	15,480.		15,480.
6	Total Medicare tax withheld	224.		224.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	15,480.		15,480.
17	Total state tax withheld	651.		651.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
---	---------------------------------------

Employer EIN 20-8159428
Employer Name ANAGH TECHNOLOGIES INC
 Name (cont.) _____
Street Address or P. O. Box 2 LAKEVIEW AVE STE 310
City PISCATAWAY **State** NJ **ZIP** 08854
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	15,480.	2 Federal tax withheld	2,252.
3 Social security wages	15,480.	4 Social sec tax withheld	960.
5 Medicare wages and tips	15,480.	6 Medicare tax withheld	224.
7 Social security tips		8 Allocated tips	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NJ	B208159428000	8,640.	321.
NC	601077086	6,840.	330.
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code **9** _____
10 Dependent care benefits (Check if employer furnished care at work) **10** _____
 Dependent care benefits - Amount forfeited from flexible spending account _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keep for your records

VIRAL JAYANTIBHAI SHINGALA	750-96-3069 Page 2
Employer Name ANAGH TECHNOLOGIES INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 750-96-3069

First name VIRAL JAYANTIBHAI M.I. Last name SHINGALA Suff. _____

Address GOLDEN HORSE SHOE CR, Apt. 800-C City MORRISVILLE St NC ZIP code 27560

Foreign Province/County Foreign Postal Code

Foreign Country _____

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
--	--

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

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	2,252.	651.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d			
	2,252.	651.	
20 Total Tax Payments for 2018	2,252.	651.	

	State	ID	Local	ID
Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)				
21 Tax paid with 2017 extensions				
22 2017 estimated tax paid after 12/31/2017				
23 Balance due paid with 2017 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	15,480.		15,480.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	15,480.		15,480.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	15,480.		15,480.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	15,480.		15,480.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	15,480.		15,480.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	15,480.		15,480.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	15,480.		15,480.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	15,480.		15,480.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return VIRAL JAYANTIBHAI SHINGALA	Social Security Number 750-96-3069
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2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		651.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		15,480.
6	Tax liability for Form 2210 or Form 2210-F		348.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2017	2018
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2018
		b	2017
		c	2016
		d	2015
		e	2014
		f	2013
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018
		b	2017
		c	2016
		d	2015
		e	2014
		f	2013

Tax Summary Report

2018

Name(s) Shown on Return
 VIRAL JAYANTIBHAI SHINGALA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	15,480.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	15,480.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 15,480.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	651.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	651.
Standard deduction	12,000.

Taxable Income 3,480.

Income tax	348.
Alternative minimum tax	_____
Total Taxes before Credits	348.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 348.

Withholding	2,252.
Estimated tax payments	_____
Other payments	_____
Total Payments	2,252.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 1,904.

Refund 1,904.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	10.0 %
Effective tax rate	2.25 %

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

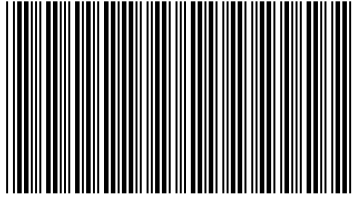
SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
750963069

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
SHINGALA VIRAL JAYANTIBHAI

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

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
GOLDEN HORSE SHOE CR APT 800-C

City, Town, Post Office State ZIP Code
MORRISVILLE NC 27560

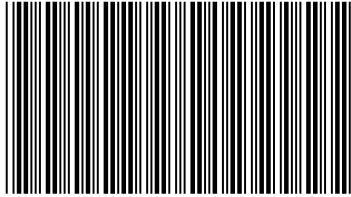
Driver's License Number (Voluntary) (Instructions page 42)
000043728809

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

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021200339
dd5. Account number	dd5.	381053533586





040MP02180

Name(s) as shown on Form NJ-1040

SHINGALA VIRAL JAYANTIBHAI

Your Social Security Number

750963069

1030

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

From: To:

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

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

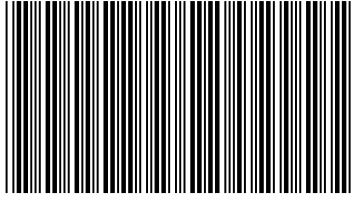
Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	<u>1</u>	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

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

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



040MP03180

Name(s) as shown on Form NJ-1040

SHINGALA VIRAL JAYANTIBHAI

Your Social Security Number

750963069

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	15480 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	15480 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	15480 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	1000 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	14480 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	540 .
38b. Block	.	. .
38b. Lot	.	. .
38b. Qualifier	.	. .
38c. County/Municipality Code		
Fill in if you completed Worksheet G		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	. .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	14480 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	203 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	90 .
Enter Code	33	
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	113 .
44. Child and Dependent Care Credit (See instructions)	44.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	113 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	113 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	113 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	113 .



Name(s) as shown on Form NJ-1040
SHINGALA VIRAL JAYANTIBHAI

Your Social Security Number
750963069

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	321 .
54. Property Tax Credit (See instructions page 25)	54.	50 .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	. .
56. New Jersey Earned Income Tax Credit (See instructions)	56.	. .
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	. .
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	. .
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	. .
60. Wounded Warrior Caregivers Credit (See instructions)	60.	. .
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	371 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	. .
If you owe tax, you can still make a donation on Lines 65 through 72.		
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	258 .
64. Amount from Line 63 you want to credit to your 2019 tax	64.	. .
65. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	65. . .
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66. . .
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67. . .
68. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68. . .
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69. . .
70. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	70. . .
71. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71. . .
72. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72. . .
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	. .
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	. .
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	258 .

Gubernatorial Elections Fund

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

Health Insurance

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

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

Your Signature Date

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

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

P02090332

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

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

Name(s) as shown on Form NJ-1040 SHINGALA, VIRAL JAYANTIBHAI	Social Security Number 750-96-3069
---	---------------------------------------

Schedule NJ-COJ
(Previously Schedule A)

Credit for Income or Wage
Taxes Paid to Other Jurisdiction

2018

1.	Income properly taxed by both New Jersey and other jurisdiction. (Instructions page 33) Jurisdiction Name: <u>North Carolina</u> Do not combine the same income taxed by more than one jurisdiction. (The amount on Line 1 cannot exceed the amount on Line 2.)	1.	6,840.
2.	Income subject to tax by New Jersey (From Line 29, NJ-1040)	2.	15,480.
3.	Maximum allowable credit percentage. Divide Line 1 by Line 2. (Instructions page 35)	3.	44.186%

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

4.	Taxable Income (From Line 37, Form NJ-1040)	4.	14,480.	4.	14,480.		
5.	Enter in Box 5a the amount from Worksheet H, Line 1. (Instructions page 30) Property Tax Deduction. Enter the amount from Worksheet H, line 2. (Instructions page 30)	5a.	540.	5.	540.	5.	- 0 -
6.	New Jersey Taxable Income (Subtract Line 5 from Line 4)	6.	13,940.	6.	14,480.		
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	195.	7.	203.		
8.	Allowable Credit (Multiply Line 7 by Line 3)	8.	86.	8.	90.		
9.	Credit for Taxes Paid to Other Jurisdiction. Enter in Box 9a the income or wage tax paid to other jurisdiction. (Instructions page 35) Credit Allowed. Enter the lesser of Line 8 or Box 9a. This amount cannot exceed your New Jersey tax on Line 41.	9a.	164.	9.	86.	9.	90.

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

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

Keep a copy of this schedule for your records

NJ e-file Signature Authorization

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

2018

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name SHINGALA, VIRAL JAYANTIBHAI	Social security number 750-96-3069
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

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

1 New Jersey Taxable income	1	14,480.
2 Total tax	2	113.
3 New Jersey income tax withheld	3	321.
4 Refund	4	258.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

6	3	0	6	9
---	---	---	---	---

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

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN

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

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

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

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ _____

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

New Jersey Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name SHINGALA
 First Name VIRAL JAYANTIBHAI
 Middle Initial _____ Suffix _____
 Social Security No. 750-96-3069
 Date of Birth 12/21/91
 Age as of 12/31/2018 27
 Date of Death _____
 Daytime Phone (732) 986-0070 *
 Home Phone _____ *

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Age as of 12/31/2018 _____
 Date of Death _____
 Daytime Phone _____ *

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

c/o (care of) _____
 Street Address GOLDEN HORSE SHOE CR Apt. No . 800-C
 City MORRISVILLE State NC ZIP Code 27560
 County/Municipality Code (residents only) 1212

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

Part II – Main Form

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

Part III – Filing Status

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

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of qualifying dependent children _____			
Number of other dependents. _____			
Number of dependents attending colleges (must be under age 22) _____			

Part V – Other Information

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

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 02/13/2019
 - 4 Date return was accepted by the state. 02/14/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

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

Electronic Funds Withdrawal:

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

Bank Information:

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

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 021200339

Account number 381053533586

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

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

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

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

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

Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

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

Yes No

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

Balance-due amount paid with this extension _____

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

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Total Wages Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>SHINGALA, VIRAL JAYANTIBHAI</u>	Social Security No. <u>750-96-3069</u>
---	---

Important Information

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

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

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

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

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
<u>ANAGH TECHNOLOGIES INC</u>		15,480.		<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		8,640.	<input type="checkbox"/>
<u>- State Wages</u>	<u>NC</u>		6,840.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C		15,480.		
Total state wages from column D			15,480.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			15,480.	

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

Name(s) <u>SHINGALA, VIRAL JAYANTIBHAI</u>	Social Security No. <u>750-96-3069</u>
---	---

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

1 Property Taxes. Enter the property taxes from line 38a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions)	1	540.																		
2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)? <input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence). <input checked="" type="checkbox"/> No. Enter the amount from line 1.	2	540.																		
STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.																				
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Column A</th> <th style="width: 25%;">Column B</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">3 Taxable Income (from line 37 of Form NJ-1040)</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">4 Property Tax Deduction (from line 2 above)</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;">-0-</td> </tr> <tr> <td style="text-align: right;">5 New Jersey Taxable Income (subtract line 4 from line 3).</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">7 Subtract line 6, column A, from line 6, column B</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>		Column A	Column B	3 Taxable Income (from line 37 of Form NJ-1040)			4 Property Tax Deduction (from line 2 above)		-0-	5 New Jersey Taxable Income (subtract line 4 from line 3).			6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)			7 Subtract line 6, column A, from line 6, column B		
	Column A	Column B																		
3 Taxable Income (from line 37 of Form NJ-1040)																				
4 Property Tax Deduction (from line 2 above)		-0-																		
5 New Jersey Taxable Income (subtract line 4 from line 3).																				
6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)																				
7 Subtract line 6, column A, from line 6, column B																				

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?

Part-year residents, see instructions before answering "No."

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

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

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

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

Part-year residents must prorate this amount.

Tax Payments Worksheet

2018

► Keep for your records

Name <u>SHINGALA, VIRAL JAYANTIBHAI</u>	Social Security Number <u>750-96-3069</u>
--	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	321.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	321.
15	Date return will be filed and balance paid	15	04/15/2019

Worksheet I Which Property Tax Benefit to Use

2018

▶ Keep for your records

Name <u>SHINGALA, VIRAL JAYANTIBHAI</u>	Social Security No. <u>750-96-3069</u>
--	---

	Column A	Column B
1 Tax. Enter amounts from line 7, Schedule NJ-COJ, columns A and B here	195.	203.
2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule NJ-COJ, Columns A and B. If you completed more than one Schedule NJ-COJ, enter the total of all line 9 amounts (Columns A and B) in the corresponding column.	86.	90.
3 Balance of tax due. Subtract line 2 from line 1	109.	113.
4 Subtract line 3, Column A from line 3, Column B and enter the result here		4.

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

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

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

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

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

Smart Worksheets from your 2018 New Jersey Tax Return

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

Property Tax Information Smart Worksheet

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

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

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

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

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

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

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

B Total rent paid in 2018 3,000
Part-year residents: Enter the amount while a resident of New Jersey _____

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

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

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

Other State Income and Tax Smart Worksheet

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

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

	Column A Amount	Column B* Amount if Different
A Income taxed by New Jersey and the other jurisdiction . . .	6,840.	
B Tax paid to other jurisdiction	164.	

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

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
VIRAL JAYANTI SHINGALA GOLDEN HORSE SHOE CR 800-C Your SSN: 750963069 MORRISV NC 27560 MOOR Spouse's SSN:		Are you a veteran? <input type="checkbox"/> <input checked="" type="checkbox"/> Is your spouse a veteran? <input type="checkbox"/> <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Year spouse died: <input type="checkbox"/> Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT
 SHIN GOLD 27560 DS N EA N TD SD
 VIRAL JAYANTI SHINGALA 750963069
 NC 27560

GOLDEN HORSE SHOE CR 800C MORRISVILLE
 06 15480 16 0 26C 0
 07 0 18 Y 0 26E 0
 09 0 20A 330 EU
 10A 0 20B 0 27 0
 10B 0 21A 0 29 0
 11 S Y I N 21B 0 30 0
 11 8750 21C 0 31 0
 13 04419 21D 0 32 0
 14 2974 26A 0 34 166
 15 164 26B 0
 TN 7329860070 PN PP P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>166</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I certify that, to the best of my knowledge, this return is accurate and complete.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature: _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		7329860070 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
Paid Preparer's Signature: _____		Preparer's Contact Phone Number (Include area code) _____	
		P02090332 Preparer's FEIN, SSN, or PTIN	

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) SHINGALA

Your Social Security Number 750963069

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	15480
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	15480
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	
	b. Enter the amount of the child deduction.	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	8750
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	6730
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4419
14.	N.C. Taxable Income	14.	2974
15.	N.C. Income Tax	15.	164
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	164
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	164

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	330
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2018 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	330
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	330
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	166

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2019 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	166

D-400 Sch PN (50)

8-29-18

2018 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) SHINGALA	Your Social Security Number 750963069
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

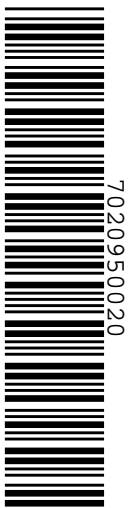
Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	6840
NRS	N	PYS	N	23	15480

Part A. Residency Status			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident Date N.C. residency began Date N.C. residency ended	

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	15480	6840
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	15480	6840
North Carolina Adjustments			
17. Additions		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b.	0	0
c. Adjustment for bonus depreciation	17c.	0	0
d. Adjustment for IRC section 179 expense deduction	17d.	0	0
e. Other additions to federal adjusted gross income that relate to gross income	17e.	0	0
18. Total additions	18.	0	0



Last Name (First 10 Characters) SHINGALA	Your Social Security Number	750963069
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for IRC section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 15480	6840

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 6840
23. Enter the amount from Column A, Line 21		23. 15480
24. Part-year residents and nonresident taxable percentage		24. 0.4419

North Carolina Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name VIRAL JAYANTI
Middle Initial Suffix
Last Name SHINGALA
Social Security No. . . 750-96-3069
Date of Birth 12/21/1991
or age as of 1-1- 2019 27
Date of Death
Daytime phone (732)986-0070

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No. . .
Date of Birth
or age as of 1-1- 2019
Date of Death
Daytime phone

Home phone

Check to print phone number on your return [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address GOLDEN HORSE SHOE CR Apt No. 800-C
City MORRISVILLE State . NC ZIP Code . 27560
County MOORE Foreign Country

Part II - Resident Status

Taxpayer Spouse

[]
[X]
[]

[]
[]
[]

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To

Spouse residency dates From To

Part III - Filing Status

[X]
[]
[]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name
Spouse's Social Security Number

[]
[]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal Return Attachment:

Yes No
 Federal return attachment required

Dependent Information:

Yes No
 Can your parents (or someone else) claim **you** as a dependent?
 Can your parents (or someone else) claim **your spouse** as a dependent?

Veteran Information:

Yes No
 Are you a veteran?
 Is your spouse a veteran?

VIRAL JAYANTI SHINGALA

750-96-3069

Page 2

NC Itemized Deductions or NC Standard Deduction:

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1

QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the North Carolina Department of Revenue, as applicable by law.

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled 02/13/2019 Preparer First name . . APPANA
Date return was accepted by state . . . 02/13/2019 Preparer Middle initial . .
Date Form D400V was given to client . . . _____ Preparer Last name . . RUPA VENKATA SATYA SAI MANIKUMAR

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

Yes **No**
 Use **direct deposit** for **state tax refund**? (Electronic Filing Only)
 Do you want **electronic funds withdrawal** of **state tax payment** (EF Only)?

Enter the following information if you want to directly deposit the state tax refund:

Name of Financial Institution (optional) . . . BANK OF AMERICA
 Check the appropriate box:
 Checking Routing number . . 021200339
 Savings Account number . . 381053533586

Enter the following information only if you are requesting direct debit of balance due:

Type of account Personal Business
 Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

Yes **No**
 Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

Part VIII – Extension Status

If the North Carolina tax return can't be filed by April 15th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

Yes **No**
 Tax return due date extended?
 Out of the country on the date that this application was due?
 Has the tax return due date been extended by filing a NC extension using Form D-410?
 Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?
 Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

Yes **No**
 Use electronic funds withdrawal of extension tax payment?
 Enter settlement date to withdraw the extension amount from the account above _____
 Balance-due amount paid with this extension _____

QuickZoom to Form D-410, Application for Extension of Time to File ► _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name VIRAL JAYANTI SHINGALA	Social Security Number 750-96-3069
--------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	330.	
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G		
c	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	Total income tax withheld	330.	
15	Date return will be filed and balance paid	15	

**Computation of North Carolina Taxable Income for
Part-Year Residents and Nonresidents**

2018

▶ Keep for your records

Name as Shown on Return <u>VIRAL JAYANTI SHINGALA</u>	Social Security Number <u>750963069</u>
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Part 1 – Wages

T/S	W-2 Compensation	State	NC Withholding	Wages	RES/NR/ PY/NNC
T	W-2: ANAGH TECHNOLOGIES INC	NJ		8640	NNC
T	W-2: ANAGH TECHNOLOGIES INC	NC	330	6840	NR
Total Withholding and Wages			330	15480	

Part 2 – Income Allocation

	Federal Amount	NC Source Income during NC Residence (PY Resident)	Nonresident with Income from NC Sources
1 Wages, etc.	15480		6840
2 a Taxable interest income			
b Tax exempt interest income			
3 a Dividends			
b Qualified dividends			
4 Refunds — State/Local tax			
5 Alimony received			
6 Business income or loss			
7 Capital gain or loss			
8 Other gains and losses			
9 a Total IRA distribution			
b Taxable IRA distribution			
10 a Total pensions, etc.			
b Taxable pensions, etc.			
11 Rents and Royalties			
K-1P			
K-1S			
K-1E			
Farm Rentals			
REMICs			
Total Rents, etc.			
12 Farm income or loss			
13 Unemployment compensation			
14 a Social Security/Railroad Retirement			
Taxable Social Security			
Taxable Railroad Retirement			
b Total taxable SS/RR benefits			
15 Other income			
16 Total Income	15480		6840

Adjustments

	Federal Amount	NC Source Income during NC Residence (PY Resident)	Nonresident with Income from NC Sources
NC Additions To Gross Income			
17 Interest income from other states . . .			
18 Deferred gains reinvested into an Opportunity Fund			
19 Adjustment for bonus depreciation . .			
20 Adjustment for Sec 179 expense . . .			
21 Other additions			
22 Total additions			
NC Deductions From Gross Income			
23 State tax refund			
24 Interest income from US			
25 SSB and RRB benefits			
26 Bailey retirement benefits			
27 Adjustment for bonus depreciation . .			
28 Adjustment for Sec 179 expense . . .			
29 Other deductions			
30 Total deductions			
31 Total Income after Adjustments (Line 16 + Line 22 - Line 30)	15480	0	6840

Part 3 – N.C. Taxable Income: Part-Year and Nonresidents

1 Income During N.C. Residency: Enter your N.C. Sourced taxable income while you were a resident of North Carolina (Line 30, column 2) Important: Do not include income that is not taxable on the federal return such as interest from tax exempt state or municipal bonds.	1	0
2 N.C. Source Income during nonresidency : Enter your total income that, during the period of nonresidency, is sourced and taxable to North Carolina (Line 30, column 3)	2	6840
3 Add Lines 1 and 2	3	6840

Part 4 – Total Income From All Sources

1 Total Income After Adjustments: Enter your total income that you received from all sources less deductions and adjustments (Line 30, column 1)	1	15480
--	---	-------

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return VIRAL JAYANTI SHINGALA	Your Social Security No. 750-96-3069
--	---

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from NC sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	15,480.		15,480.	6,840.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . . T				
S				
20 a Taxable social security benefits . . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	15,480.		15,480.	6,840.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse ↘		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from NC sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Reserved T				
	S				
35	Reserved T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	15,480.		15,480.	6,840.
	S				

▶ Keep for your records — Do not file

Name(s) Shown on Return
VIRAL JAYANTI SHINGALA

Social Security Number
750-96-3069

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 8,750.
 Total allowable itemized deductions from D-400 Sch S 0.

*Married Filing Separately and spouse claimed NC Itemized Deductions;
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
 or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

Single	\$8,750	<div style="border-bottom: 1px solid black; text-align: right; margin-bottom: 5px;">8,750.</div>
Married Filing Jointly	\$17,500	
Married Filing Separately	\$8,750	
Head of Household	\$14,000	
Qualifying Widow(er) / Surviving Spouse	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA
taken as a NC Itemized Deduction Worksheet**

- | | | | |
|---|---|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan, by a person who has attained the age of 70 1/2, excluded from federal adjusted gross income | 1 | |
| 2 | Enter the amount of the QCD above that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion. | 2 | |

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|---|---|--|
| 1 | Enter the amount of claim of right income repaid during 2018 | 1 | |
| 2 | Enter amount from D-400 Line 6, federal adjusted gross income | 2 | |
| 3 | Multiply Line 2 by 2% (0.02) (If negative, enter the number zero) | 3 | |
| 4 | Subtract Line 3 from Line 1. Enter amount on Form D-400 Schedule S, Part C, Line 22 | 4 | |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 16 of federal Schedule A
 Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶