

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (SHRUTHI CHADA), Spouse's/RDP's name, SSN or ITIN (681-94-5659), Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number (1-3), Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due), Amount (19,000, 371).

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 4 5 6 5 9 to enter my PIN. Do not enter all zeros as my signature on my 2018 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

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

[] I authorize to enter my PIN to enter my PIN. Do not enter all zeros as my signature on my 2018 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 for the 2018 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature Date

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

681-94-5659 CHAD
SHRUTHI CHADA

18

5024 STABLE RIDGE PLACE
GLEN ALLEN VA 23059

06-08-1992

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

Filing Status

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

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

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

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

Exemptions

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

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

Your name: CHADA Your SSN or ITIN: 681-94-5659

11 Exemption amount: Add line 7 through line 10 11 \$ 118

Total Taxable Income	12	Total California wages from your Form(s) W-2, box 16	<input checked="" type="radio"/> 12	19000	<input type="text" value="00"/>
	13	Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10	<input checked="" type="radio"/> 13	45240	<input type="text" value="00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	<input checked="" type="radio"/> 14		<input type="text" value="00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	45240	<input type="text" value="00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C	<input checked="" type="radio"/> 16		<input type="text" value="00"/>
	17	Adjusted gross income from all sources. Combine line 15 and line 16	<input checked="" type="radio"/> 17	45240	<input type="text" value="00"/>
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions	<input checked="" type="radio"/> 18	4401	<input type="text" value="00"/>
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0-	<input checked="" type="radio"/> 19	40839	<input type="text" value="00"/>

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
		<input checked="" type="radio"/> FTB 3800 <input type="radio"/> FTB 3803	<input checked="" type="radio"/> 31	1318	<input type="text" value="00"/>
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	<input checked="" type="radio"/> 32	19000	<input type="text" value="00"/>
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	<input checked="" type="radio"/> 35	17152	<input type="text" value="00"/>
	36	CA Tax Rate. Divide line 31 by line 19	<input checked="" type="radio"/> 36	0.0323	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	<input checked="" type="radio"/> 37	554	<input type="text" value="00"/>
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	<input checked="" type="radio"/> 38	0.4200	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions	<input checked="" type="radio"/> 39	50	<input type="text" value="00"/>
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	<input checked="" type="radio"/> 40	504	<input type="text" value="00"/>
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 41		<input type="text" value="00"/>	
42	Add line 40 and line 41	<input checked="" type="radio"/> 42	504	<input type="text" value="00"/>	

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

Your name: Your SSN or ITIN:

Special Credits continued	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	<input type="text" value="00"/>
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	<input type="text" value="00"/>
	60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	<input type="text" value="00"/>
	61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="504"/>	<input type="text" value="00"/>

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	<input type="text" value="00"/>
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="504"/>	<input type="text" value="00"/>

Payments	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="875"/>	<input type="text" value="00"/>
	82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	<input type="text" value="00"/>
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	<input type="text" value="00"/>
	84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	<input type="text" value="00"/>
	85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	<input type="text" value="00"/>
	86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text" value="875"/>	<input type="text" value="00"/>

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text" value="371"/>	<input type="text" value="00"/>
	102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	<input type="text" value="00"/>
	103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="371"/>	<input type="text" value="00"/>
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	<input type="text" value="00"/>

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

Your name: CHADA

Your SSN or ITIN: 681-94-5659



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

Your name: CHADA Your SSN or ITIN: 681-94-5659

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

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

Refund and Direct Deposit 125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 371 .00

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

Type [x] Checking [] Savings Routing number 071214579 Account number 374000404905 Direct deposit amount 371 .00

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

Type [] Checking [] Savings Routing number Account number Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

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

Your email address. Enter only one email address. Preferred phone number 3147539057

Sign Here

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

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

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02090332

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN

Joint tax return? (See instructions)

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

Print Third Party Designee's Name Telephone Number

California Adjustments —
Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: S H R U T H I C H A D A
SSN or ITIN: 6 8 1 9 4 5 6 5 9

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

During 2018:

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

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows include Section A (Income from federal Form 1040) and Section B (Additional Income from federal Schedule 1).

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 45,240.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 45,240.	<input type="radio"/> 19,000.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . 37	<input type="radio"/> 45,240.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 45,240.	<input type="radio"/> 19,000.

Part III Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 45,240	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3,393	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	2,213.	<input checked="" type="radio"/>	2,213.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 2,213	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	2,213.	<input checked="" type="radio"/>	2,213.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 2,213	7		<input checked="" type="radio"/>	2,213.	<input checked="" type="radio"/> 0.

Interest You Paid

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

Gifts to Charity

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

Casualty and Theft Losses

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 2,213	17		<input checked="" type="radio"/>	<input checked="" type="radio"/> 2,213.

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

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 0. 21 0.

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 45,240.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 905.

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

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 0.

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 0.

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

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 19,000.

2 Enter your deductions from line 30. 2 4,401.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 0.4200

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4 1,848.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 17,152.

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name: CHADA
First Name: SHRUTHI
Middle Initial:
Suffix:
Social Security No.: 681-94-5659
Date of Birth: 06/08/1992 (mm/dd/yyyy)
or age as of 1-1-2019: 26
Date of Death:
Legally blind:
Work Phone: (314) 753-9057 Ext
Home phone:

Spouse/RDP:

Last name (if different):
First Name:
Middle Initial:
Suffix:
Social Security No.:
Date of Birth: (mm/dd/yyyy)
or age as of 1-1-2019:
Date of Death: (mm/dd/yyyy)
Legally blind:
Work Phone: Ext

Check to print phone number on Form 540: Home [] Taxpayer work [X] Spouse/RDP work []
Check to print email address on Form 540, 540NR or 540X: Taxpayer [] Spouse []

c/o Address:
Street Address: 5024 STABLE RIDGE PLACE
Unit Description:
Unit Number:
Private Mailbox (PMB):
City: GLEN ALLEN State: VA ZIP Code: 23059
Foreign province/county:
Foreign postal code:

Military Filers:

[] APO [] FPO
For Military Extension:
Military indicator: Taxpayer Spouse/RDP

Part II - Main Form

[] Form 540: Resident Income Tax Return
[X] Form 540NR: Nonresident or Part-Year Resident Income Tax Return
Enter the state of residence as of December 31, 2018: VA
[] Resident entire year
[X] Resident part of year
Date taxpayer established residence in state above: 06/26/2018
In which state (or foreign country) did taxpayer reside before this change?: CA
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR):

Part III - Filing Status

[X] Single
[] Married/RDP filing joint return
[] Married/RDP filing separate return
[] Taxpayer did not live with spouse at any time during the year
Yes No
[] [] If filing electronically, is spouse a CA Nonresident?
[] [] If filing electronically, is spouse Active Duty Military?
[] Head of household (with qualifying person) Stop. See instructions.
If the 'qualifying person' is child but not dependent:
Child's name:
Child's social security number:
[] Qualifying widow(er)
Year spouse/RDP died: [] 2016 [] 2017
If the 'qualifying person' is your child but not your dependent:
Child's First name: Last Name:
[] Check the box if your California filing status is different from your federal filing status.

Part IV - Dependent Information

Table with 5 columns: First Name, I, Last Name, Social Security Number, Relationship. Contains 5 empty rows for dependent information.

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2017 return under a different last name, enter the last name only from the 2017 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2017 or 2018 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2019

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Surviving Spouse Indicator
Check this box instead of entering the Spouse/RDP name above
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

- Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

- Taxpayer was living or traveling outside the United States on April 17, 2019

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

- File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled 02/16/2019
Date return was accepted by the state 02/16/2019
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Direct deposit your client's state tax refund?

Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking . [X] Savings . []
Routing number 071214579
Account number 374000404905

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available 371.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking . [] Savings . []
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No

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

Part IX – California Contributions

Table with 3 columns: Line number (1-28), Contribution name, and a blank column for input. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Dementia Fund, etc.

Part X – Preparer Information

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

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

Part XI – Extension Status

Yes No
 Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

Yes No *Note Payment is required for electronic filing
 Use electronic funds withdrawal of California extension tax payment?

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

State balance-due amount paid with this extension (Form 3519) _____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____	_____
Date returned from overseas or entered combat zone/QHDA.	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name SHRUTHI CHADA	Social Security Number 681-94-5659
-----------------------	---------------------------------------

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	875.
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	875.
15	Date return will be filed and balance paid	15	

California Electronic Filing Information Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>SHRUTHI CHADA</u>	Social Security Number <u>681-94-5659</u>
---	--

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>GLOBAL TAXES LLC</u>	Phone Number	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Employer Identification Number <u>30-1017196</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	<u>587278</u>	E-mail Address

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</u>	Employer Identification Number	
Address <u>2530 Pebble Creek Ln</u>	Phone Number	Fax Number
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	<u>587278</u>	E-mail Address

Electronic Filing Review Check

		Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	▶	<input type="checkbox"/>	<input type="checkbox"/>

**California FTB e-file
Tax Return Signature / Consent to Disclosure**

Name
SHRUTHI CHADA

SSN or FEIN
681-94-5659

A – Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN)
By checking this box you are electing to file Form 8453 for this return.

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Automatically generate a PIN equal to last 5 digits of client's SSN
Taxpayer(s) entered own PIN(s)
Preparer entered PIN(s) on behalf of taxpayer(s)

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. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2018 e-file Handbook for Authorized e-file Providers*.

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

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 12345

C – Signature of Taxpayer/Spouse/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2018 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 45659 Date: 02/13/19
Spouse's/RDP's PIN: _____

D – Decedent 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 am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

Smart Worksheets from your 2018 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>875.</u>
B	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 81. Subtract line B from line A <u>875.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
A	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>19,000.</u>

Form 760PY Virginia Part-Year Resident Income Tax Return
2018
Page 1 Due May 1, 2019



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
07-01-2018	12-31-2018
Spouse - From	Spouse - To

YOUR First Name SHRUTHI	MI	Your Last Name CHADA	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 681-94-5659		
SPOUSE'S First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number	Spouse - From	Spouse - To

Present Home Address (Number and Street, or Rural Route) 5024 STABLE RIDGE PLACE			VA Driver's License Information		
City, Town or Post Office GLEN ALLEN			Customer ID A67190650		
State VA	ZIP Code 23059	Locality Code 049	Issue Date (mm-dd-yyyy) 10-20-2018		

Check Applicable Boxes	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____,00
	<input type="checkbox"/> Check if Result of NOL	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Dependent on Another's Return		
<input type="checkbox"/> Overseas on Due Date			

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____

Exemptions Enter the number of exemptions being claimed.

You/ Spouse	Dependents	65 or Over	Blind
A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0	
B - Spouse Filing Status 4 Only			

DATE OF BIRTH

Your Birth Date (mm-dd-yyyy) 0 6 - 0 8 - 1 9 9 2

Spouse's Birth Date (mm-dd-yyyy) - -

B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
---	---

Complete the Schedule of Income first and submit it with your Form 760PY.			
Line	Description	Spouse	You
1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.	00	45240 00
2	Additions from Schedule 760PY ADJ, Line 3.	00	00
3	Add Lines 1 and 2.	00	45240 00
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.		00
4b		00	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	00	00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	00	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	00	19000 00
8	Subtractions from Schedule 760PY ADJ, Line 7.	00	00
9	Add Lines 4a, 4b, 5, 6, 7 and 8.	00	19000 00
10	Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.	00	26240 00
11	Itemized Deductions paid while a Virginia resident	00	00
12	State and local income taxes on Virginia Schedule A and included on Line 11.	00	00
13	Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions.	00	1740 00



Your Name SHRUTHI CHADA	Your SSN 681-94-5659
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	469 00
15 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
16 Add Lines 13, 14 and 15.	00	2209 00
17 Virginia Taxable Income. Subtract Line 16 from Line 10.	00	24031 00
18 Tax amount from Tax Table or Tax Rate Schedule.....	00	1124 00
19 Total Tax. Add Line 18, Column A and Line 18, Column B.		1124 00
20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		1338 00
20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
21 Combined 2018 Estimated Tax Payments.....		00
22 2017 overpayment credited to 2018 estimated taxes.....		00
23 Extension Payment - Enter amount paid on Form 760IP.....		00
24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
25 Total credit for taxes paid to another state from Schedule OSC.....		00
26 Reserved for future use.....		
27 Credits from Schedule CR, Section 5, Line 1A.....		00
28 Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27.		1338 00
29 If Line 19 is larger than Line 28, enter the difference. This is the INCOME TAX YOU OWE.		00
30 If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT.		214 00
31 Amount of overpayment on Line 30 to be CREDITED TO 2019 ESTIMATED INCOME TAX.		00
32 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....		00
33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
34 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21.....		00
35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions.Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
36 Add Lines 31 through 35.		00
37 If you owe tax on Line 29, add Lines 29 and 36 - OR - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.....		00
38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30..... YOUR REFUND. If the Direct Deposit section below is not completed, your refund will be issued by check.		214 00

DIRECT BANK DEPOSIT
Domestic Accounts Only.
No International Deposits.

Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
0 7 1 2 1 4 5 7 9	3 7 4 0 0 0 4 0 4 9 0 5		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (314) 753-9057	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name	Preparer's Phone Number	Date
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02090332	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

2018 VIRGINIA SCHEDULE OF INCOME
Form 760PY

Page 1



Your Name SHRUTHI CHADA	Your SSN 681-94-5659
----------------------------	-------------------------

PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	45240	.00	26240	.00	19000	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4	45240	.00	26240	.00	19000	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	45240	.00	26240	.00	19000	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	45240	.00	26240	.00	19000	.00

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2018 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name SHRUTHI CHADA	Your SSN 681-94-5659
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PART 2

Prorated Exemptions Worksheet

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1.	Your exemption		1
2.	Dependents		0
3.	Add Lines 1 and 2		1
4.	Multiply Line 3 by \$930		930
5.	65 or over		
6.	Blind		
7.	Add Lines 5 and 6		
8.	Multiply Line 7 by \$800		
9.	Add Lines 4 and 8		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions		0.504
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14.....		469

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2018, prior state of residence CA
- 1b. If YOU moved out of Virginia in 2018, state moved to _____
- 2a. If SPOUSE moved into Virginia in 2018, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2018, state moved to _____

2018 Schedule INC/CG

681945659

Report all W-2s, 1099s & VK-1s with VA Withholding



SHRUTHI

CHADA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
681945659	W	1338.	813518806	30813518806F001	26240.

Total VA Withholding	SSN	VA Withholding
You	681945659	1338.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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

Your Name	B Your Social Security Number	
SHRUTHI CHADA	681-94-5659	
Spouse's Name	A Spouse's Social Security Number	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		45240.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		26240.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)		24031.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)		1124.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)		1338.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)		
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)		214.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the 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 information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

4	5	6	5	9
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 as my signature on my 2018 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

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

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

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 as my signature on my 2018 e-filed Virginia individual income tax return.
Do not enter all zeros

ERO Firm Name

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

Spouse's Signature _____ Date _____

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

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date _____

Virginia Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name SHRUTHI
 Last Name CHADA
 Middle Initial _____ Suffix _____
 Social Security No 681-94-5659
 Date of Birth 06/08/1992
 Date of Death _____
 VA Driver's License/VA ID No A67190650
 VA DL/VA ID Issue Date 10/20/2018
 E-mail Address SHRU7939@GMAIL.COM
 Daytime Phone (314) 753-9057 *
 Home Phone _____ *

Spouse:

First Name _____
 Last Name _____
 Middle Initial _____ Suffix _____
 Social Security No _____
 Date of Birth _____
 Date of Death _____
 VA Driver's License/VA ID No _____
 VA DL/VA ID Issue Date _____
 E-mail Address _____
 Daytime Phone _____ *

* Check a box to print daytime and/or home phone numbers on the return.

Important - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address 5024 STABLE RIDGE PLACE Apartment Number _____
 City GLEN ALLEN State VA ZIP Code 23059
 Locality * Cumberland City County

* Select a Virginia city or county you were a resident of on January 1, 2019.

If nonresident, select a city or county where the Virginia source income was located (see help).

Part II – Main Form

- Form 760: Resident Tax Return ▶
- Form 760PY: Part-Year Resident Tax Return ▶
- Form 763: Nonresident Tax Return ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld Taxpayer ▶
Spouse ▶

Nonresident

• Enter state of residence _____ **Taxpayer** _____ **Spouse**

Part-Year Resident

- If you moved out of Virginia during 2018, enter date you moved out _____
- If you moved into Virginia during 2018, enter date you moved in 07/01/2018 07/01/2018
- Part-year residency ratio 0.504

Part III – Filing Status

Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

Part IV – Other Information

Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at www.tax.virginia.gov
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Self-employed in farming/fishing or a merchant seaman
Return will be filed and tax due will be paid by April 15, 2019

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2018 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Check this box if home is in Historic Roads region affected by increase of Use Tax Rate to 7% (otherwise rate is 5.3%)

Mandatory Electronic Payments

- You are required to make Virginia tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer 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 Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Date return was EFiled: 02/16/2019
Date return was accepted by the state: 02/16/2019
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Note: Electronic funds withdrawal occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card?
Note: Payment occurs upon acceptance date

International ACH Transactions:

- Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional): BANK OF AMERICA

Check the appropriate box:

- Checking Routing number: 071214579
Savings Account number: 374000404905

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet: 1

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes **No**

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

Extended due date _____

QuickZoom to Form 760-IP Automatic Extension Payment ▶

Part IX – Amended Return

You are filing a Virginia amended return

You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Tax Payments Worksheet

2018

▶ Keep for your records

Name SHRUTHI CHADA	Social Security Number 681-94-5659
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Tax Payments for the Current Year

	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to 2018		
7 Amount paid with current year extension		
8 Total tax payments. Add lines 1 through 7		

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2		1,338.
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-INT		
d State withholding on Forms 1099-K		
13 a Withholding from Schedule VK-1		
b Other state tax withholding		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶		
14 Total income tax withheld.		1,338.
15 Date return will be filed and balance paid		

Smart Worksheets from your 2018 Virginia Tax Return

SMART WORKSHEET FOR: Form 760 PY: Part-Year Individual Income Tax Return

Standard Deduction Worksheet	
1	Federal adjusted gross income 45240
2	Income attributable to the period of Virginia residence 26240
3	Percentage of full standard deduction allowable (divide Line 2 by Line 1) 58.0%
4	Maximum standard deduction: Filing Status 1 or 3, enter \$3,000; Filing Status 2 or 4, enter \$6,000 (For dependents, the standard deduction amount is limited to the amount of earned income) 3000
5	Multiply Line 3 by Line 4. Enter here and on Line 13. If using Filing Status 4, you may allocate this amount between each spouse as mutually agreed 1740

