

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) ▶ 587278201906401vm2yg

| | |
|-----------------------------------------------|------------------------------------------------|
| Taxpayer's name CHANDRA SEKHARA REDD DUGGA | Social security number 819-32-5310 |
| Spouse's name ARUNA KUMARI DUGGA | Spouse's social security number 946-96-5944 |

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 | 72,948. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 5,490. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 7,000. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 1,510. |
| 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.

2 5 3 1 0

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

6 5 9 4 4

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*.

819-32-5310

Taxpayer name CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Taxpayer address (optional)

4500 TRUXEL ROAD APT 1125

SACRAMENTO CA 95834

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 03/05/2019 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 587278201906401vm2yg.
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: CHANDRA SEKHARA REDD Last name: DUGGA Your social security number: 819-32-5310

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: ARUNA KUMARI Last name: DUGGA Spouse's social security number: 946-96-5944

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. 4500 TRUXEL ROAD Apt. no. 1125 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. SACRAMENTO CA 95834 If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOME MAKER

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

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

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: [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) Page 2

| | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 78,510. |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | 4b | |
| 5a | Social security benefits | 5a | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | -5,562. | 6 | 72,948. |
| 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 | 72,948. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 24,000. |
| 9 | Qualified business income deduction (see instructions) | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | 10 | 48,948. |
| 11 | a Tax (see inst.) 5,490. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | 11 | 5,490. |
| 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 | 5,490. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | | 15 | 5,490. |
| 16 | Total tax. Add lines 13 and 14 | | 16 | 7,000. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 | |
| 18 | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 | | 18 | 7,000. |
| 19 | Add any amount from Schedule 5 | | 19 | 1,510. |
| 20a | Add lines 16 and 17. These are your total payments | | 20a | 1,510. |
| 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 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 23 | |
| 24 | Account number 3 2 5 0 0 7 0 6 8 2 9 6 | | | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax ▶ 21 | | | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22 | | | |
| 27 | Estimated tax penalty (see instructions) ▶ 23 | | | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Your social security number

819-32-5310

| | | | | | |
|--------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Additional Income | 1-9b | Reserved | 1-9b | | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 1,029. | |
| | 11 | Alimony received | 11 | | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | -3,000. | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | | |
| | 15a | Reserved | 15b | | |
| | 16a | Reserved | 16b | | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -3,591. | |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | | |
| | 19 | Unemployment compensation | 19 | | |
| | 20a | Reserved | 20b | | |
| | 21 | Other income. List type and amount ▶ _____ | 21 | | |
| | 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | -5,562. | |
| | Adjustments to Income | 23 | Educator expenses | 23 | |
| | | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | | 29 | Self-employed health insurance deduction | 29 | |
| | | 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | | Alimony paid b Recipient's SSN ▶ _____ | 31a | | |
| 32 | | IRA deduction | 32 | | |
| 33 | Student loan interest deduction | 33 | | | |
| 34 | Reserved | 34 | | | |
| 35 | Reserved | 35 | | | |
| 36 | Add lines 23 through 35 | 36 | | | |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2018

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Your social security number

819-32-5310

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 6,556. | 11,453. | | -4,897. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -4,897. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. | 16 | -4,897. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (3,000.) |
| <p>22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Social security number or taxpayer identification number

819-32-5310

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | APEX CLEARING | 04/11/16 | 05/11/16 | 6,556. | 11,453. | | | -4,897. |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ | | | | 6,556. | 11,453. | | | -4,897. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Your social security number

819-32-5310

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

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

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

| | | | | | |
|-----------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | HYDERABAD HYDERABAD TELANGANA IN 500031 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 1 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 500. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 3,500. | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | 591. | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 4,091. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -3,591. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -3,591.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 500. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | 591. | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 4,091. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 3,591.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. | 26 | | | | -3,591. |

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR: **CHANDRA SEKHARA REDD DUGGA**
 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶: **819-32-5310**

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

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

| | | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | 0. |
| 3 | If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter | 3 | 6,900. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 6,900. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter | 6 | 6,900. |
| 7 | If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) | 7 | |
| 8 | Add lines 6 and 7 | 8 | 6,900. |
| 9 | Employer contributions made to your HSAs for 2018 | 9 | 1,300. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 1,300. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 5,600. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 | 13 | 0. |
| Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). | | | |

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

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

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, and Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for lines 1-5 and a table for lines 6-13. Line 1: 1,000,000. Line 3: 2,500,000.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for lines 14-16. Line 14: 591.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for lines 17-18.

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 22: 591.

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

| Five Year Tax History: | | | | | |
|-------------------------------------------|------|------|------|------|---------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | | | | | MFJ |
| Total income | | | | | 72,948. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 72,948. |
| Tax expense | | | | | 5,434. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 24,000. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 48,948. |
| Tax | | | | | 5,490. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 7,000. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 1,510. |
| Effective tax rate % . . | | | | | 7.53 |
| **Tax bracket % | | | | | 12.0 |

**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 (CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA) and Social Security Number (819-32-5310)

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 Input field (checkboxes, with 'X' in the last one)

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) 25310 Spouse's PIN (5 numbers) 65944 Date 01/22/2019

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

Federal Information Worksheet

2018

► Keep for your records

Part I – Personal Information

Taxpayer:

Last name DUGGA
 First name CHANDRA SEKHARA REDD
 Middle initial Suffix
 Social security no. 8T9-32-5310
 Occupation SOFTWARE ENGINEER
 Date of birth 07/01/1979 (mm/dd/yyyy)
 Age as of 1-1-2019 39
 Date of death
 Legally blind
 E-mail address CHANWDRASEKAWR@GMAIL.COM
 Work phone (916) 407-6743 Ext _____
 Cell phone (916) 407-6743
 Home phone
 Fax number

Spouse:

Last name (if different) . DUGGA
 First name ARUNA KUMARI
 Middle initial Suffix
 Social security no. 946-96-5944
 Occupation HOME MAKER
 Date of birth 03/13/1982 (mm/dd/yyyy)
 Age as of 1-1-2019 36
 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 (916) 407-6743
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 4500 TRUXEL ROAD Apt no. 1125
 City SACRAMENTO State CA ZIP code 95834

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

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA) and Social Security Number (819-32-5310)

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

- Options for Taxpayer and Spouse with a note: Alabama does not allow this option

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

- Options for Taxpayer and Spouse with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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:

Issuing state: CA, License number: Y2239716, Issue date: 12/24/2018, Expiration date: 07/01/2019, Does not expire: []

Spouse:

Issuing state: __, License number: __, Issue date: __, Expiration date: __, Does not expire: []

State Identification Card Detail

Taxpayer:

Issuing state: __, Identification number: __, Issue date: __, Expiration date: __, Does not expire: []

Spouse:

Issuing state: __, Identification number: __, Issue date: __, Expiration date: __, Does not expire: []

* 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:

- Options for 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 CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------------------------------------|---------------------------------------|

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
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

| | |
|--------------------------------------------|---------------------------------------------------------------------|
| ERO Name <u>GLOBAL TAXES LLC</u> | ERO Electronic Filers Identification Number (EFIN) <u>587278</u> |
| ERO Address <u>2530 Pebble Creek Ln</u> | ERO Employer Identification Number <u>30-1017196</u> |
| City <u>Cumming</u> | ERO Social Security Number or PTIN <u>P02090332</u> |
| State <u>GA</u> | |
| ZIP Code <u>30041</u> | |
| Country | |

Paid Preparer Information

| | |
|--------------------------------------------------------|----------------------------------------------------|
| Firm Name <u>GLOBAL TAXES LLC</u> | Social Security Number or PTIN <u>P02090332</u> |
| Name <u>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</u> | Employer Identification Number _____ |
| Address <u>2530 Pebble Creek Ln</u> | Phone Number _____ |
| City <u>Cumming</u> | Fax Number _____ |
| State <u>GA</u> | |
| ZIP Code <u>30041</u> | |
| Country | E-mail Address _____ |

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 ▶

IRS-prepared ▶

Prepared by taxpayer or other non-paid preparer ▶

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 * | |
|--------------------------|----------|
| <input type="checkbox"/> | Georgia |
| <input type="checkbox"/> | Michigan |
| <input type="checkbox"/> | New York |
| <input type="checkbox"/> | Vermont |
| <input type="checkbox"/> | _____ |

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?

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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

| | |
|----------------------------------------------------------------------|---------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------------------------------------|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|---------------------------|----|---------|-------------|-------------|-----------|
| IBM INDIA PRIVATE LIMITED | | 78,510. | 7,000. | 79,810. | 4,636. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 78,510. | 7,000. | 79,810. | 4,636. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|----------------------------------------------------|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 78,510. | | 78,510. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 7,000. | | 7,000. |
| 3 & 7 | Total social security wages/tips | 78,510. | | 78,510. |
| 4 | Total social security tax withheld | 4,868. | | 4,868. |
| 5 | Total Medicare wages and tips | 78,510. | | 78,510. |
| 6 | Total Medicare tax withheld | 1,138. | | 1,138. |
| 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 | 5,292. | | 5,292. |
| 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 | 5,292. | | 5,292. |
| 14 a | Total deductible mandatory state tax | 798. | | 798. |
| 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 | 79,810. | | 79,810. |
| 17 | Total state tax withheld | 4,636. | | 4,636. |
| 19 | Total local tax withheld. | | | |

► Keep for your records

| | |
|-------------------------------------------------------|---------------------------------------|
| Name as shown on return CHANDRA SEKHARA REDD DUGGA | Social Security Number 819-32-5310 |
|-------------------------------------------------------|---------------------------------------|

Employer EIN 52-2061430
Employer Name IBM INDIA PRIVATE LIMITED
 Name (cont.) _____
Street Address or P. O. Box 3039 CORNWALLIS RD
City RESEARCH TRIANGLE PARK **State** NC **ZIP** 27709
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 | 78,510. | 2 Federal tax withheld | 7,000. |
| 3 Social security wages | 78,510. | 4 Social sec tax withheld | 4,868. |
| 5 Medicare wages and tips | 78,510. | 6 Medicare tax withheld | 1,138. |
| 7 Social security tips | | 8 Allocated tips | |

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

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|--------------------------------------------------------------------------------|
| C | 10. | A: Enter amount attributable to RRTA Tier 2 tax |
| W | 1,300. | M: Enter amount attributable to RRTA Tier 2 tax |
| DD | 3,982. | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| CA | 440-3995 6 | 79,810. | 4,636. |
| | | | |
| | | | |

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

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

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

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|-----------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SDI | 798. | California SDI tax |
| | | |
| | | |

Keep for your records

| | |
|--------------------------------------------------------|--------------------|
| CHANDRA SEKHARA REDD DUGGA | 819-32-5310 Page 2 |
| Employer Name IBM INDIA PRIVATE LIMITED | |

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d **QuickZoom** to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 819-32-5310

First name CHANDRA SEKHARA REDD M.I. Last name DUGGA Suff. _____

Address 4500 TRUXEL ROAD , Apt. 1125 City SACRAMENTO St CA ZIP code 95834

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. ▶ _____

▶ Keep for your records

| | |
|----------------------------------------------------------------------|------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security No. 819-32-5310 |
|----------------------------------------------------------------------|------------------------------------|

Worksheet Description COPY 1

| Box | Description | Payer 1 | Payer 2 | Payer 3 |
|-------------|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | Ownership (defaults to taxpayer): | | | |
| | Check if Taxpayer | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Check if Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Check if Joint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Payer's TIN | | | |
| | Enter the abbreviation of State or Locality issuing this payment: | | | |
| 10 a | State abbreviation | <u>CA</u> | _____ | _____ |
| | Locality abbreviation | _____ | _____ | _____ |
| | Payer's name | State of CA | | |
| 1 | Unemployment compensation . . | _____ | _____ | _____ |
| a | Amount repaid | _____ | _____ | _____ |
| 2 | State or local income tax refunds, credits, or offsets | <u>1,029.</u> | _____ | _____ |
| 3 | Box 2 amount is for tax year . . . | <u>2017</u> | _____ | _____ |
| 4 | Federal income tax withheld . . . | _____ | _____ | _____ |
| 5 | RTAA payments | _____ | _____ | _____ |
| 6 | Taxable grants | _____ | _____ | _____ |
| 7 | Agriculture payments | _____ | _____ | _____ |
| | (Double-click) to: | | | |
| a | Link to Schedule F Line 4a, 39a ▶ | _____ | _____ | _____ |
| b | Link to Schedule F Line 6a, 41 . ▶ | _____ | _____ | _____ |
| c | Link to Form 4835 Line 3a . . . ▶ | _____ | _____ | _____ |
| d | Link to Form 4835 Line 5a . . . ▶ | _____ | _____ | _____ |
| 8 | Check if the amount in box 2 applies to income from a trade or business. ▶ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (Double-click) to: | | | |
| a | Link to Schedule C line 6 ▶ | _____ | _____ | _____ |
| b | Link to Schedule F line 8b, 43b . ▶ | _____ | _____ | _____ |
| | Enter the taxable portion of the amount in box 2 to be reported . . | | | |
| | on Schedule C or F | _____ | _____ | _____ |
| 9 | Market gain | _____ | _____ | _____ |
| a | Link to Schedule F Line 4a, 39a ▶ | _____ | _____ | _____ |
| b | Link to Form 4835 Line 3a . . . ▶ | _____ | _____ | _____ |
| 10 b | State identification no | _____ | _____ | _____ |
| 11 | State income tax withheld | _____ | _____ | _____ |
| 12 a | Locality name. | _____ | _____ | _____ |
| 13 | Local Income Tax Withheld | _____ | _____ | _____ |

Capital Loss Carryforward Worksheet

2019

Capital Loss Carryforward from 2018 to 2019

▶ Keep for your records

| | |
|----------------------------------------------------------------------|---------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------------------------------------|---------------------------------------|

| | | Regular Tax | Alternative Minimum Tax |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------------------|
| 1 Enter the amount from 2018 Form 1040, line 10. If a loss, enter as a negative amount | 1 | 48,948. | 71,919. |
| 2 Enter the loss from 2018 Schedule D, line 21, as a positive amount | 2 | 3,000. | 3,000. |
| 3 Combine lines 1 and 2. If zero or less, enter -0- | 3 | 51,948. | 74,919. |
| 4 Enter the smaller of line 2 or line 3 | 4 | 3,000. | 3,000. |
| If line 7 of 2018 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9 | | | |
| 5 Enter the loss from 2018 Schedule D, line 7, as a positive amount. | 5 | 4,897. | 4,897. |
| 6 Enter any gain from 2018 Schedule D, line 15. If a loss, enter -0- | 6 | | |
| 7 Add lines 4 and 6 | 7 | 3,000. | 3,000. |
| 8 Short-term capital loss carryforward to 2019. Subtract line 7 from line 5. If zero or less, enter -0- ▶ | 8 | 1,897. | 1,897. |
| If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13. | | | |
| 9 Enter the loss from 2018 Schedule D, line 15, as a positive amount | 9 | | |
| 10 Enter any gain from 2018 Schedule D, line 7. If a loss, enter -0- | 10 | 0. | 0. |
| 11 Subtract line 5 from line 4. If zero or less, enter -0- | 11 | 0. | 0. |
| 12 Add lines 10 and 11 | 12 | 0. | 0. |
| 13 Long-term capital loss carryforward to 2019. Subtract line 12 from line 9. If zero or less, enter -0- ▶ | 13 | 0. | 0. |

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|----------------------------------------------------------------------|---------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------------------------------------|---------------------------------------|

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

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

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

| Taxes Withheld From: | Federal | State | Local |
|------------------------------------------------------------|---------|--------|-------|
| 10 Forms W-2 | 7,000. | 4,636. | |
| 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 | 7,000. | 4,636. | |
| 20 Total Tax Payments for 2018 | 7,000. | 4,636. | |

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

Earned Income Worksheet

2018

▶ Keep for your records

| | |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|---------------------------------------------------------------------------------|----------------------------------------------|

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 | 78,510. | _____ | 78,510. |
| 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 | 78,510. | _____ | 78,510. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 78,510. | _____ | 78,510. |
| 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 | 78,510. | _____ | 78,510. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|------------------------------------------------------------------|---------|-------|---------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 78,510. | _____ | 78,510. |
| 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. | 78,510. | _____ | 78,510. |

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

| | | | |
|-------------------------------------------------------------------------------------------------|---------|-------|---------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 78,510. | _____ | 78,510. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 78,510. | _____ | 78,510. |

Keep for your records

Name(s) shown on return

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Social Security No.

819-32-5310

General Information:

Property description BUILDING
Property type. . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) HYDERABAD
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500031 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes No X
If yes, did you or will you file all required Form(s) 1099? Yes No

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse
B Owned jointly
C Active participation
D Material participation
E Qualified joint venture
F Some investment is not at risk.
G Other passive exceptions
H Complete taxable disposition - See Help
I Treat all MACRS assets for this activity as qualified Indian reservation property?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
M Check this box if filing this Schedule E as an LLC in CA or TX

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method
S Number of days property owned if less than the entire year

HYDERABAD, HYDERABAD, TELANGANA, 500031, India

| Income | | % if Different | Total |
|----------------------------------------------------------------|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 500. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 500. | 100.000000 | 500. |
| 4 Enter royalties received (not reported elsewhere) . . | | | |
| Royalty income from Form 1099-MISC | | | |
| Royalty income from Form 1099-K | | | |
| Royalty Income from Cancellation of Debt Wks | | | |
| Royalty Income from Schedule K-1 | | | |
| Total royalties received | | | |

| Expenses | (a) Total | (b) Enter % if not 100.00 | (c) Reported On Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal use |
|--------------------------------------------------------|--------------|------------------------------------|----------------------------------|--------------------------------------------|----------------------------------------|
| 5 Advertising | | | | | |
| 6 a Auto | | | | | |
| b Travel | | | | | |
| 7 Cleaning and maint | | | | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal & other prof fees | | | | | |
| 11 Management fees | | | | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 import | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 import | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | 3,500. | | 3,500. | | |
| 14 Repairs | | | | | |
| 15 Supplies | | | | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 import | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | | | | | |
| 18 a Depreciation | 591. | | 591. | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 4,091. | | 4,091. | | |
| 21 Income or (loss) | | | -3,591. | | |
| 22 Deductible rental real estate loss | | | -3,591. | | |

Federal Carryover Worksheet

2018

▶ Keep for your records

| | |
|----------------------------------------------------------------------|---------------------------------------|
| Name(s) Shown on Return CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------------------------------------|---------------------------------------|

2017 State and Local Income Tax Information

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

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

| Other Tax and Income Information | | 2017 | 2018 |
|----------------------------------|------------------------------------------------------------------|--------------------------|--------------------------|
| 1 | Filing status | | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 5,434. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 72,948. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 5,490. |
| 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 | | 1,897. |
| b | AMT Short-term capital loss | | 1,897. |
| 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

CHANDRA SEKHARA REDD & ARUNA KUMARI DUGGA

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

| | |
|-----------------------------------------------|----------------|
| Wages and salaries | 78,510. |
| Interest and dividend income | |
| Business income (loss) | |
| Capital gains (losses) | -3,000. |
| Pensions and annuities | |
| Rents, royalties, partnerships, etc | -3,591. |
| Farm income (loss) | |
| Social security benefits | |
| Other income | 1,029. |
| Total Gross Income | 72,948. |

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 72,948.

Itemized/Standard Deductions

| | |
|--------------------------------------------|---------------|
| Medical and dental | |
| Taxes | 5,434. |
| Interest | |
| Contributions | |
| Casualty or theft loss(es) | |
| Miscellaneous | |
| Phaseout of itemized deductions | |
| Total Itemized Deductions | 5,434. |
| Standard deduction | 24,000. |

Taxable Income 48,948.

| | |
|---------------------------------------------|---------------|
| Income tax | 5,490. |
| Alternative minimum tax | |
| Total Taxes before Credits | 5,490. |
| Nonbusiness credits | |
| Business credits | |
| Total Credits | |
| Self-employment tax | |
| Other taxes | |

Total Tax 5,490.

| | |
|-------------------------------------------------------|---------------|
| Withholding | 7,000. |
| Estimated tax payments | |
| Other payments | |
| Total Payments | 7,000. |
| Estimated tax penalty | |
| Refund applied to next year's estimated tax | |

Amount Overpaid 1,510.

Refund 1,510.

Amount Applied to Estimate

Amount Due 0.

| | |
|------------------------------|--------|
| Tax bracket | 12.0 % |
| Effective tax rate | 7.53 % |

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Schedule D: Capital Gains and Losses

Sales of Capital Assets

Enter sales of capital assets choosing the expanding table below, or **QuickZoom** to the worksheets described.

The **Capital Gains and Losses Condensed Entry Table** (below) is an expanding table that is suitable for most transactions, including transactions that require a corrected basis, or a wash loss disallowed. Federal tax withholding, but not state tax withholding may be entered using this table.

For entry of sales requiring additional information such as sales expense, or state tax withholding, choose the **Capital Gains(Losses) Detailed Entry Worksheet**. ▶ _____

For more complex situations such as reporting **multiple purchase lots, sales of employer stock, certain inherited property, deferral of QO Fund gain**, or if you are **summarizing attached statements**, then choose the **Capital Gain(Loss) Transaction Worksheet**. ▶ _____

Capital Gains and Losses Condensed Entry Table

| Description of Property | | | Date Sold | Date Acquired | S/L |
|---------------------------------|---------------------|----------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------|
| Sales Price (Proceeds) | Cost or Other Basis | Wash Loss Disallowed | Reported on Form 1099B? | Basis Reported to IRS? | Trans Type |
| Corrected Basis (if applicable) | Adjusted Gain/Loss | Federal Withholding | Brokerage (optional) | | TSJ |
| APEX CLEARING | | | 05/11/2016 | 04/11/2016 | S |
| 6,556. | 11,453. | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | -4,897. | | | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

SMART WORKSHEET FOR: Schedule D: Capital Gains and Losses

| Form 1099-B Reconciliation Smart Worksheet | | | |
|---------------------------------------------------|----------------|-------------------------------------|-------------------------------------------|
| Brokerage House | Account | Box 2 Gross Proceeds | Box 4 Federal Tax Withheld |
| All | | 6,556. | |
| | | | |
| | | | |
| | | | |
| Total | | 6,556. | |
| | | Sales Price | Cost or Other Basis |
| Short-Term | | 6,556. | 11,453. |
| Long-Term | | | |
| Total | | 6,556. | 11,453. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| Line 3 Smart Worksheet | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|------------------------------------|--------------------------------------------|--|--------|
| <p>A If you had the same coverage every month of the 2018, select the type of coverage here <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family</p> <p>Or, if coverage varied during 2018, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p> | | | | | | |
| 1 | January | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 2 | February | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 3 | March | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 4 | April | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 5 | May | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 6 | June | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 7 | July | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 8 | August | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 9 | September | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 10 | October | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 11 | November | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 6,900. |
| 12 | December | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 6,900. |
| B Maximum allowable contribution. | | | | | | 6,900. |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i> | | | | | | |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| Line 6 Smart Worksheet | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year | 0. |
| B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) | 0. |
| C Portion of Line B amount to be carried to Line 6 of spouse's form QuickZoom to Form 8889S ▶ | 0. |
| D Remainder to be carried to Line 6 (Line 5 minus Line C).. | 6,900. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| Line 9 Employer Contribution Smart Worksheet | |
|-------------------------------------------------------------------------------------------|--------|
| A Enter the employer contributions reported in Box 12 of Form W-2 (code W) | 1,300. |
| B Enter employer contributions made in 2018 for the tax year 2017 | |
| C Subtract line B from line A | 1,300. |
| D Enter employer contributions made in 2019 for the tax year 2018 | |
| E Other employer contributions for 2018 not reported above | |
| F Employer contributions for 2018. Add lines C, D and E. Enter on line 9 | 1,300. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2018 was due to death or disability

A

1 Total HSA contribution in 2017 _____

2 Excess contribution in 2017 _____

3 Net HSA contribution in 2017 0.

B Check the box below to indicate the type of coverage you had for each month of 2017. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

| | | | | | |
|----|-----------------------|-------------------------------|------------------------------------|---------------------------------|-------|
| 1 | January ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 2 | February ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 3 | March ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 4 | April ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 5 | May ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 6 | June ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 7 | July ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 8 | August ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 9 | September ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 10 | October ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 11 | November ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |
| 12 | December ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input type="checkbox"/> Family | _____ |

C

1 Total maximum allowable contribution for 2017 _____

2 Amount allocated to spouse in 2017 _____

3 Net maximum allowable contribution for 2017 _____

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2 ▶

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3 ▶

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4 ▶

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5 ▶

SMART WORKSHEET FOR: Federal Information Worksheet
 Print page 6

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

| Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i> | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payer 1 If CORRECTED check here <input type="checkbox"/> | Recipient 1 |
| Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. State of CA _____ _____ Telephone number Ext: _____ _____ | Recipient Information: Recipient's TIN <u>819-32-5310</u> Name <u>CHANDRA SEKHARA REDD DUGGA</u> Street address Apartment No. <u>4500 TRUXEL ROAD</u> <u>1125</u> City State Zip code <u>SACRAMENTO</u> <u>CA</u> <u>95834</u> Account No. (optional) _____ |
| Payer 2 If CORRECTED check here <input type="checkbox"/> | Recipient 2 |
| Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____ _____ | Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____ |
| Payer 3 If CORRECTED check here <input type="checkbox"/> | Recipient 3 |
| Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____ _____ | Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____ |

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

| Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED. | | | |
|---------------------------------------------------------------------------------------------------------------|-------------|-----|-------------------------|
| | Regular Tax | QBI | Alternative Minimum Tax |
| A Ownership | Taxpayer | | |
| B At risk status | All | | |
| C Passive status | Active RE | | |
| Schedule E | | | |
| D Tentative profit (loss) | -3,591. | | -3,591. |
| E Other adjustments | | | |
| F At risk disallowed loss | | | |
| G Passive carryover loss | | | |
| H Passive disallowed loss | | | |
| I Net profit (loss) allowed | -3,591. | | -3,591. |
| Related Dispositions | | | |
| J Tentative profit (loss) | | | |
| K At risk disallowed loss | | | |
| L Passive carryover loss | | | |
| M Passive disallowed loss | | | |
| N Net profit (loss) allowed | | | |

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

| Qualified Business Income Deduction Info | | | | | | | | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|--|--|--|--|--|--|
| A | Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/> | | | | | | | | |
| B | Trade or Business Name _____ | | | | | | | | |
| C | Trade or Business ID Number _____ | | | | | | | | |
| D | Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. _____ Percentage of qualified income attributable to SSTB _____ % | | | | | | | | |
| E 1 | Tentative Schedule E profit (loss) from this business _____ | | | | | | | | |
| 2 | Reductions to qualified business income _____ | | | | | | | | |
| 3 | Schedule E qualified business income _____ | | | | | | | | |
| 4 | Allowable Schedule E profit (loss) after passive/at-risk limits _____ | | | | | | | | |
| 4 | Portion of Schedule E profit (loss) attributable to co-owned SSTB _____ | | | | | | | | |
| 5 | Allowable Schedule E profit (loss) allocated to SSTB _____ | | | | | | | | |
| 6 | Allowable Schedule E profit (loss) from this business _____ | | | | | | | | |
| F | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">Ordinary G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Description of Asset | Ordinary G/L | | | | | | |
| Description of Asset | Ordinary G/L | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | Ordinary gain (loss) from business assets _____ | | | | | | | | |
| 2 | Ordinary gain (loss) not part of QBI. _____ | | | | | | | | |
| 3 | Qualified ordinary gain (loss) _____ | | | | | | | | |
| 4 | Allowable ordinary qualified gain (loss) after passive/at-risk limits _____ | | | | | | | | |
| 5 | Allowable ordinary gain (loss) allocated to SSTB _____ | | | | | | | | |
| 6 | Allowable ordinary gain (loss)/recapture from this business _____ | | | | | | | | |
| G | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">1231 G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Description of Asset | 1231 G/L | | | | | | |
| Description of Asset | 1231 G/L | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | Section 1231 gain (loss) from business assets _____ | | | | | | | | |
| 2 | Section 1231 gain (loss) not related to qualified business income _____ | | | | | | | | |
| 3 | Section 1231 gain (loss) from qualified business _____ | | | | | | | | |
| 4 | Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. _____ | | | | | | | | |
| 5 | Allowable ordinary 1231 gain (loss) allocated to SSTB _____ | | | | | | | | |
| 6 | Allowable ordinary 1231 gain (loss) from this business _____ | | | | | | | | |
| H 1 | Allowable QBI (E6 plus F6 plus G6) _____ | | | | | | | | |
| 2 | Qualified business income allocated to SSTB (E5 plus F5 plus G5). _____ | | | | | | | | |

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include CHANDRA SEKHARA REDD DUGGA, ARUNA KUMARI DUGGA, 819-32-5310, and 946-96-5944.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 73,789. Line 2: (blank). Line 3: 3,352.

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

- Checkboxes for PIN authorization. Includes fields for ERO firm name (GLOBAL TAXES LLC) and PIN (25310).

Your signature Date

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

- Checkboxes for PIN authorization. Includes fields for ERO firm name (GLOBAL TAXES LLC) and PIN (65944).

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. 58727812345

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

ERO's signature Date

Your name:

Your SSN or ITIN:

| | | | | | |
|----------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------|---------------------------------|
| Taxable Income | 12 | State wages from your Form(s) W-2, box 16. | ● 12 | <input type="text" value="79810"/> | <input type="text" value="00"/> |
| | 13 | Enter federal adjusted gross income from Form 1040, line 7. | ● 13 | <input type="text" value="72948"/> | <input type="text" value="00"/> |
| | 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B | ● 14 | <input type="text" value="1029"/> | <input type="text" value="00"/> |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions | ● 15 | <input type="text" value="71919"/> | <input type="text" value="00"/> |
| | 16 | California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. | ● 16 | <input type="text" value="1870"/> | <input type="text" value="00"/> |
| | 17 | California adjusted gross income. Combine line 15 and line 16. | ● 17 | <input type="text" value="73789"/> | <input type="text" value="00"/> |
| | 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,401 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions | ● 18 | <input type="text" value="8802"/> | <input type="text" value="00"/> |
| | 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- | ● 19 | <input type="text" value="64987"/> | <input type="text" value="00"/> |

| | | | | | |
|-----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|---------------------------------|
| Tax | 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 | ● 31 | <input type="text" value="1640"/> | <input type="text" value="00"/> |
| | 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions | ● 32 | <input type="text" value="236"/> | <input type="text" value="00"/> |
| | 33 | Subtract line 32 from line 31. If less than zero, enter -0- | ● 33 | <input type="text" value="1404"/> | <input type="text" value="00"/> |
| | 34 | Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A. | ● 34 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 35 | Add line 33 and line 34 | ● 35 | <input type="text" value="1404"/> | <input type="text" value="00"/> |

| | | | | | |
|-----------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| Special Credits | 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions | ● 40 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 43 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount | ● 43 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount | ● 44 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 45 | To claim more than two credits, see instructions. Attach Schedule P (540). | ● 45 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 46 | Nonrefundable renter's credit. See instructions | ● 46 | <input type="text" value="120"/> | <input type="text" value="00"/> |
| | 47 | Add line 40 through line 46. These are your total credits. | ● 47 | <input type="text" value="120"/> | <input type="text" value="00"/> |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | ● 48 | <input type="text" value="1284"/> | <input type="text" value="00"/> | |

| | | | | | |
|-------------|----|------------------------------------------------------------------------------|------|-----------------------------------|---------------------------------|
| Other Taxes | 61 | Alternative minimum tax. Attach Schedule P (540) | ● 61 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 62 | Mental Health Services Tax. See instructions. | ● 62 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 63 | Other taxes and credit recapture. See instructions. | ● 63 | <input type="text" value="00"/> | <input type="text" value="00"/> |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax | ● 64 | <input type="text" value="1284"/> | <input type="text" value="00"/> |

Your name:

Your SSN or ITIN:

| Payments | 71 | California income tax withheld. See instructions | ● 71 <input type="text" value="4636"/> <input type="text" value="00"/> |
|----------|----|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| | 72 | 2018 CA estimated tax and other payments. See instructions | ● 72 <input type="text" value=""/> <input type="text" value="00"/> |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 <input type="text" value=""/> <input type="text" value="00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 <input type="text" value=""/> <input type="text" value="00"/> |
| | 75 | Earned Income Tax Credit (EITC) | ● 75 <input type="text" value=""/> <input type="text" value="00"/> |
| | 76 | Add lines 71 through 75. These are your total payments. See instructions | ● 76 <input type="text" value="4636"/> <input type="text" value="00"/> |

| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | ● 91 <input type="text" value="0"/> <input type="text" value="00"/> |
|---------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| | | If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | |

| Overpaid Tax/Tax Due | 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ● 92 <input type="text" value="4636"/> <input type="text" value="00"/> |
|----------------------|----|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| | 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ● 93 <input type="text" value=""/> <input type="text" value="00"/> |
| | 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ● 94 <input type="text" value="3352"/> <input type="text" value="00"/> |
| | 95 | Amount of line 94 you want applied to your 2019 estimated tax | ● 95 <input type="text" value="0"/> <input type="text" value="00"/> |
| | 96 | Overpaid tax available this year. Subtract line 95 from line 94. | ● 96 <input type="text" value="3352"/> <input type="text" value="00"/> |
| | 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ● 97 <input type="text" value=""/> <input type="text" value="00"/> |

| | | Code | Amount |
|---------------|-------|---------------------------------------------------------------|---------------------------------------------------------------|
| Contributions | | | |
| | | ● 400 | <input type="text" value=""/> <input type="text" value="00"/> |
| | | ● 401 | <input type="text" value=""/> <input type="text" value="00"/> |
| | ● 403 | <input type="text" value=""/> <input type="text" value="00"/> | |

Your name:

Your SSN or ITIN:

| | Code | Amount |
|------------------------------------------------------------------------------------------|-------------|-----------------------------------|
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text" value=""/> .00 |
| California Firefighters' Memorial Fund | ● 406 | <input type="text" value=""/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text" value=""/> .00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | <input type="text" value=""/> .00 |
| California Sea Otter Fund | ● 410 | <input type="text" value=""/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text" value=""/> .00 |
| School Supplies for Homeless Children Fund | ● 422 | <input type="text" value=""/> .00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text" value=""/> .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text" value=""/> .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text" value=""/> .00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | <input type="text" value=""/> .00 |
| Prevention of Animal Homelessness and Cruelty Fund | ● 431 | <input type="text" value=""/> .00 |
| Revive the Salton Sea Fund | ● 432 | <input type="text" value=""/> .00 |
| California Domestic Violence Victims Fund | ● 433 | <input type="text" value=""/> .00 |
| Special Olympics Fund | ● 434 | <input type="text" value=""/> .00 |
| Type 1 Diabetes Research Fund | ● 435 | <input type="text" value=""/> .00 |
| California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | <input type="text" value=""/> .00 |
| Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | <input type="text" value=""/> .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text" value=""/> .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text" value=""/> .00 |
| Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | <input type="text" value=""/> .00 |
| Organ and Tissue Donor Registry Voluntary Tax Contribution Fund | ● 441 | <input type="text" value=""/> .00 |
| National Alliance on Mental Illness California Voluntary Tax Contribution Fund | ● 442 | <input type="text" value=""/> .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | <input type="text" value=""/> .00 |
| 110 Add code 400 through code 443. This is your total contribution | ● 110 | <input type="text" value=""/> .00 |

Contributions

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Amount You Owe

Mail to: **FRANCHISE TAX BOARD
PO BOX 942867**

SACRAMENTO CA 94267-0001 ● **111** .00

Pay online – Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD
PO BOX 942840**

SACRAMENTO CA 94240-0001 ● **115** .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 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type

● Routing number

Checking

● Account number

● **116** Direct deposit amount

Savings

.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

Checking

● Account number

● **117** Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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)

Sign Here

● Your email address. Enter only one email address.

● Preferred phone number

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

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

● PTIN

Firm's address

● Firm's FEIN

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

Print Third Party Designee's Name

Telephone Number

2018 California Adjustments – Residents

CA (540)

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

Names(s) as shown on tax return C & A D U G G A SSN or ITIN 8 1 9 3 2 5 3 1 0

Part I Income Adjustment Schedule Section A – Income from federal Form 1040. Table with columns A (Federal Amounts), B (Subtractions), and C (Additions). Rows include Wages, salaries, tips, etc. (78,510), Taxable interest, Ordinary dividends, IRAs, pensions, and annuities, and Social security benefits.

Section B – Additional Income from federal Schedule 1 (Form 1040). Table with columns A, B, and C. Rows include Taxable refunds, credits, or offsets of state and local income taxes (1,029), Alimony received, Business income or (loss), Capital gain or (loss) (-3,000), Other gains or (losses), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-3,591), Farm income or (loss), Unemployment compensation, and Total (72,948).

Section C – Adjustments to Income from federal Schedule 1 (Form 1040). Table with columns A, B, and C. Rows include Educator expenses, Certain business expenses of reservists, performing artists, and fee-basis government officials, Health savings account deduction, Moving expenses, Deductible part of self-employment tax, Self-employed SEP, SIMPLE, and qualified plans, Self-employed health insurance deduction, Penalty on early withdrawal of savings, Alimony paid, IRA deduction, Student loan interest deduction, and Total (72,948).

Part II Adjustments to Federal Itemized Deductions

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

| A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C 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"/> 72,948. | 2 | | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 5,471. | 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 | 5,434. | <input checked="" type="radio"/> | 5,434. | |
| 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"/> 5,434. | 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 | 5,434. | <input checked="" type="radio"/> | 5,434. | <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"/> 5,434. | 7 | | <input checked="" type="radio"/> | 5,434. | <input checked="" type="radio"/> 0. |

Interest You Paid

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

Gifts to Charity

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

Casualty and Theft Losses

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

Other Itemized Deductions

| | | | | | |
|----|---------------------------------------------------------------------------------------------------|----|--|----------------------------------|----------------------------------|
| 16 | Other—from list in federal instructions <input checked="" type="radio"/> | 16 | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,434. | 17 | | <input checked="" type="radio"/> | 5,434. |

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

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. **20**

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

22 Add lines 19 through 21 **22**

23 Enter amount from federal Form 1040, line 7

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

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

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

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540, 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 (540), line 29. **29**

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

Transfer the amount on line 30 to Form 540, line 18. **30**

2018

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

SSN or ITIN

C & A D U G G A

8 1 9 - 3 2 - 5 3 1 0

| | (a) Description of property Example: 100 shares of "Z" Co. | (b) Sales price | (c) Cost or other basis | (d) Loss If (c) is more than (b), subtract (b) from (c) | (e) Gain If (b) is more than (c), subtract (c) from (b) |
|---|------------------------------------------------------------------|-----------------------------------------|------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| 1 | | | | | |
| a | <input checked="" type="radio"/> APEX CLEARING | <input checked="" type="radio"/> 6,556. | <input checked="" type="radio"/> 11,453. | <input checked="" type="radio"/> 4,897. | <input checked="" type="radio"/> |
| b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... 2
- 3 Capital gain distributions (federal Form 1099-DIV, box 2a) 3
- 4 Total 2018 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 4
- 5 2018 loss. Add column (d) amounts of line 1 and line 2. 5 (4,897.)
- 6 California capital loss carryover from 2017, if any. See instructions. 6 ()
- 7 Total 2018 loss. Add line 5 and line 6 7 (4,897.)

2018

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

| | |
|---------------------------------------------------|----------------------------------|
| Name(s) as shown on tax return C & A D U G G A | SSN or ITIN 8 1 9 3 2 5 3 1 0 |
|---------------------------------------------------|----------------------------------|

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

1 This form is being completed for a passive activity.
 This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates
H Y D E R A B A D

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions **2** _____

| Part III Depreciation | (a) Description of property placed in service | (b) Date placed in service mm/dd/yyyy | (c) California basis for depreciation | (d) Method | (e) Life or rate | (f) California depreciation deduction |
|------------------------------|--------------------------------------------------|---------------------------------------------|------------------------------------------|---------------|---------------------|------------------------------------------|
| 3 | IPAD | 11/21/2018 | 453. | 200DB | 7.0 | 16. |
| | APPLE IPHONE 6S | 12/28/2018 | 138. | 200DB | 7.0 | 5. |
| | | | | | | |

4 Add the amounts on line 3, column (f) **4** _____ 21.

5 California depreciation for assets placed in service prior to 2018 **5** _____ 0.

6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 **6** _____ 21.

7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 **7** _____ 591.

8 a If line 6 is **more** than line 7, enter the difference here and see instructions **8a** _____

b If line 6 is **less** than line 7, enter the difference here and see instructions **8b** _____ 570.

| Part IV Amortization | (a) Description of cost | (b) Date amortization begins mm/dd/yyyy | (c) California basis for amortization | (d) Code section | (e) Period or percentage | (f) California amortization deduction |
|-----------------------------|----------------------------|-----------------------------------------------|------------------------------------------|---------------------|-----------------------------|------------------------------------------|
| 9 | | | | | | |
| | | | | | | |
| | | | | | | |

10 Total California amortization from this activity. Add the amounts on line 9, column (f) **10** _____

11 California amortization of costs that began before 2018 **11** _____

12 Total California amortization from this activity. Add the amounts on line 10 and line 11 **12** _____

13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 **13** _____

14 a If line 12 is **more** than line 13, enter the difference here and see instructions **14a** _____

b If line 12 is **less** than line 13, enter the difference here and see instructions **14b** _____

Name as Shown on Return
C & A DUGGA

Social Security No.
819-32-5310

Line 1 – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act | | |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) | | |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). | | |
| 6 Ridesharing fringe benefit differences | | |
| 7 HSA employer contributions | | 1,300. |
| 8 Paid Family Leave Insurance (PFL) benefits | | |
| 9 Employer-provided adoption benefits income exclusions. | | |
| 10 In-Home Supportive Services (IHSS) supplementary payment | | |
| 11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits | | |
| 12 Native American income (Form 3504) | | |
| 13 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value. | | |
| b Enter the amount spent on qual. housing expenses _____ | | |
| 14 Excess moving reimbursements | | |
| 15 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. | | 1,300. |

Line 4 – IRA, Pensions, and Annuities

| IRA's | (B) Subtractions | (C) Additions |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| 1 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to IRA distributions | | |
| Pensions and Annuities | (B) Subtractions | (C) Additions |
| 1 Form 1099-R, Railroad Retirement Benefits. | | |
| 2 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to pensions and annuities. | | |
| Total adjustments to IRA's, pensions and annuities. Enter here and on Schedule CA (540/540NR), line 4 | | |

Nonrefundable Renter's Credit Qualification Record

175



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options. You can claim the nonrefundable renter's credit using CalFile.

If you were a resident of California and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Were you a resident of California for the entire year in 2018? Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident during 2018, and is otherwise qualified. YES. Go to question 2. <input checked="" type="checkbox"/> NO. Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. See "Order Forms and Publications."</p> |
| <p>2. Is your California adjusted gross income the amount on line 17: • \$41,641 or less if single or married/RDP filing separately; or • \$83,282 or less if married/RDP filing jointly, head of household, or qualifying widow(er)? YES. Go to question 3. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p> |
| <p>3. Did you pay rent, for at least half of 2018, on property (including a mobile home that you owned on rented land) in California, which was your principal residence? YES. Go to question 4. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p> |
| <p>4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2018? NO. Go to question 6. <input checked="" type="checkbox"/> YES. Go to question 5.</p> |
| <p>5. For more than half the year in 2018, did you live in the home of the person who can claim you as a dependent? NO. Go to question 6. <input checked="" type="checkbox"/> YES. Stop here. You do not qualify for this credit.</p> |
| <p>6. Was the property you rented exempt from property tax in 2018? You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit. NO. Go to question 7. <input checked="" type="checkbox"/> YES. Stop here. You do not qualify for this credit.</p> |
| <p>7. Did you claim the homeowner's property tax exemption anytime during 2018? You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified. NO. Go to question 8. <input checked="" type="checkbox"/> YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.</p> |
| <p>8. Were you single in 2018? YES. Go to question 11. <input checked="" type="checkbox"/> NO. Go to question 9.</p> |
| <p>9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2018? You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified. NO. Go to question 11. <input checked="" type="checkbox"/> YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.</p> |
| <p>10. Did you and your spouse/RDP maintain separate residences for the entire year in 2018? YES. Go to question 11. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p> |
| <p>11. If you are: • Single, enter \$60 on line 46. • Head of household or qualifying widow(er), enter \$120 on line 46. • Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit (\$120), or each spouse/RDP may claim half the amount (\$60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit (\$60). Enter your credit amount on line 46. • Married/RDP filing jointly, enter \$120 on line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter \$60 on line 46.)</p> |

120.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2018, which qualified you for this credit.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|
| Street Address | City, State, and ZIP Code | Dates Rented in 2018 (From _____ to _____) |
| a _____ | | |
| b _____ | | |
| Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above. | | |
| Name | Street Address | City, State, ZIP Code, and Telephone Number |
| a _____ | | |
| b _____ | | |

Passive Activity Loss Limitations

Attach to Form 540, Long Form 540NR, Form 541,
or Form 100S (S Corporations)

ALT MIN TAX KEEP FOR YOUR RECORDS

| | |
|----------------------------------------------------------|---------------------------------------------------------------------------------|
| Name(s) as Shown on Tax Return C & A DUGGA | Social Security No., ITIN, FEIN, or CA Corporation no. 819-32-5310 |
|----------------------------------------------------------|---------------------------------------------------------------------------------|

- QuickZoom** to Form 3801 ➡
- QuickZoom** to California Passive Worksheet ➡
- QuickZoom** to Passive Activities Worksheets 1 - 5 ➡
- QuickZoom** to Passive Activities Worksheet 6 ➡
- QuickZoom** to AMT Passive Activities Worksheets 1 - 5 ➡
- QuickZoom** to AMT Passive Activities Worksheet 6 ➡

Part I – 2018 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to **use California amounts**.

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| Rental Real Estate Activities with Active Participation | | | |
| 1 a Activities with net income from Worksheet 1, column (a) | 1 a | 0. | |
| b Activities with net loss from Worksheet 1, column (b) | b | -3,016. | |
| c Prior year unallowed losses from Worksheet 1, column (c) | c | | |
| d Combine line 1a, line 1b, and line 1c. | 1 d | | -3,016. |
| All Other Passive Activities | | | |
| 2 a Activities with net income from Worksheet 2, column (a) | 2 a | | |
| b Activities with net loss from Worksheet 2, column (b) | b | | |
| c Prior year unallowed losses from Worksheet 2, column (c) | c | | |
| d Combine line 2a, line 2b, and line 2c. | 2 d | | |
| 3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions | 3 | | -3,016. |

Part II – Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------|
| 4 Enter the smaller of the losses from line 1d or line 3 | 4 | | 3,016. |
| 5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions | 5 | 150,000. | |
| 6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 | 6 | 75,510. | |
| 7 Subtract line 6 from line 5. | 7 | 74,490. | |
| 8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000. | 8 | | 25,000. |
| 9 Enter the smaller of line 4 or line 8 | 9 | | 3,016. |

Part III – Total Losses Allowed

| | | | |
|------------------------------------------------------------------------------------------|-----------|--|----|
| 10 Add the income, if any, from line 1a and line 2a and enter the total | 10 | | 0. |
|------------------------------------------------------------------------------------------|-----------|--|----|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| 11 Total losses allowed from all passive activities for 2018. Add line 9 and line 10. See the instructions to find out how to report the losses on your tax return | 11 | <u>3,016.</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name DUGGA
 First Name CHANDRA SEKHARA REDD
 Middle Initial Suffix
 Social Security No. 819-32-5310
 Date of Birth 07/01/1979 (mm/dd/yyyy)
 or age as of 1-1-2019 39
 Date of Death (mm/dd/yyyy)
 Legally blind
 Work Phone (916) 407-6743 Ext _____
 Home phone _____

Spouse/RDP:

Last name (if different) . DUGGA
 First Name ARUNA KUMARI
 Middle Initial Suffix
 Social Security No. 946-96-5944
 Date of Birth 03/13/1982 (mm/dd/yyyy)
 or age as of 1-1-2019 36
 Date of Death (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____

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

c/o Address _____
 Street Address . . 4500 TRUXEL ROAD
 Unit Description . . APT Unit Number 1125 Private Mailbox (PMB) . _____
 City SACRAMENTO State CA ZIP Code 95834
 Foreign province/county _____ Foreign postal code _____
 Foreign country . . _____

Military Filers:

APO FPO
 For Military Extension:
 Military indicator . . ► Taxpayer _____ Spouse/RDP _____

Part II – Main Form

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

Part III – Filing Status

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

| First Name | I | Last Name | Social Security Number | Relationship |
|------------|---|-----------|------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Enter the date return was EFiled 03/05/2019

Date return was accepted by the state 03/05/2019

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
[X] 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 121000358
Account number 325007068296

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

Total refund available 3,352.
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
[] [X] 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 Amount. Includes items like 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 C & A DUGGA | Social Security Number 819-32-5310 |
|---------------------|---------------------------------------|

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 | 4,636. |
| 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 | 4,636. |
| 15 | Date return will be filed and balance paid | 15 | |

Credits Worksheet

2018

▶ Keep for your records

| | |
|---------------------|---------------------------------------|
| Name C & A DUGGA | Social Security Number 819-32-5310 |
|---------------------|---------------------------------------|

| Code | Current Credits | Carryover Amount | Available Credit |
|-------------------------------------------------------------|-----------------------------------------------------------------------------|------------------|------------------|
| 233 | California Competes, FTB 3531 | | |
| 197 | Child Adoption | | |
| 232 | Child and Dependent Care Expenses Credit, FTB 3506 | | |
| 235 | College Access, FTB 3592 | | |
| 173 | Dependent Parent | | |
| 205 | Disabled Access for Eligible Small Businesses, FTB 3548 | | |
| 204 | Donated Agricultural Products Transportation, FTB 3547 | | |
| 203 | Enhanced Oil Recovery, FTB 3546 | | |
| 176 | Enterprise Zone Hiring, FTB 3805Z | | |
| 170 | Joint Custody Head of Household | | |
| 198 | Local Agency Military Base Recovery Area Hiring, FTB 3807 | | |
| 172 | Low-Income Housing, FTB 3521 | | |
| 213 | Natural Heritage Preservation, FTB 3503 | | |
| 237 | New California Motion Picture and Television Production, FTB 3541 | | |
| 238 | New Donated Fresh Fruits or Vegetables, FTB 3814 | | |
| 234 | New Employment, FTB 3554 | | |
| None | Nonrefundable Renter's Credit | | 120 . |
| 187 | Other State Tax, Schedule S | | |
| 188 | Prior Year Alternative Minimum Tax, FTB 3510 | | |
| 162 | Prison Inmate Labor, FTB 3507 | | |
| 183 | Research, FTB 3523 | | |
| 163 | Senior Head of Household | | |
| Repealed Credits with Carryover Provision – FTB 3540 | | | |
| 175 | Agricultural Products | | |
| 223 | Motion Picture and Television Production, FTB 3541 | | |
| 196 | Commercial Solar Electric System | | |
| 181 | Commercial Solar Energy | | |
| 209 | Community Development Financial Institutions Investment | | |
| 224 | Donated Fresh Fruits or Vegetables Credit, FTB 3811 | | |
| 194 | Employee Ridesharing | | |
| 190 | Employer Childcare Contribution | | |
| 189 | Employer Childcare Program | | |
| 191 | Employer Ridesharing (Large Employer) | | |
| 192 | Employer Ridesharing (Small Employer) | | |
| 193 | Employer Ridesharing (Public Transit Passes) | | |
| 182 | Energy Conservation | | |
| 176 | Enterprise Zone Sales or Use Tax, FTB 3805Z | | |
| 218 | Environmental Tax, FTB 3511 | | |
| 207 | Farmworker Housing | | |
| 198 | Local Agency Military Base Recovery Area Sales or Use Tax, 3807 | | |
| 160 | Low-Emission Vehicles | | |
| 211 | Manufacturing Enhancement Area Hiring, FTB 3808 | | |
| 220 | New Jobs | | |
| 185 | Orphan Drug | | |
| 184 | Political Contributions | | |
| 174 | Recycling Equipment | | |
| 186 | Residential Rental and Farm Sales | | |
| 206 | Rice Straw | | |
| 171 | Ridesharing | | |
| 200 | Salmon and Steelhead Trout Habitat Restoration | | |
| 180 | Solar Energy | | |
| 179 | Solar Pump | | |
| 210 | Targeted Tax Area Hiring, FTB 3809 | | |
| 210 | Targeted Tax Area Sales or Use Tax | | |
| 178 | Water Conservation | | |
| 161 | Young Infant | | |

| | |
|----------------------------------------|------------------------------------|
| Name as Shown on Return C & A DUGGA | Social Security No. 819-32-5310 |
|----------------------------------------|------------------------------------|

Worksheet 1 – Rental Real Estate with Active Participation

AMT

| Name of Activity | Current Year | | Prior Year | Overall Gain or Loss | |
|--------------------------|-------------------|-----------------|-----------------------|----------------------|-------------|
| | (a) Net Income | (b) Net Loss | (c) Unallowed Loss | (d) Gain | (e) Loss |
| HYDERABAD | 0. | 3,016. | | | 3,016. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ► | 0. | 3,016. | | | |

Worksheet 2 – All Other Passive Activities

| Name of Activity | Current Year | | Prior Year | Overall Gain or Loss | |
|--------------------------|-------------------|-----------------|-----------------------|----------------------|-------------|
| | (a) Net Income | (b) Net Loss | (c) Unallowed Loss | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ► | | | | | |

Worksheet 3 – Special Allowance for Active Rental Real Estate

AMT

| Name of Activity | Form or Schedule to be Reported on | (a) Loss | (b) Ratio | (c) Special Allowance | (d) (a) Less (c) |
|--------------------------|------------------------------------------|-------------|--------------|-----------------------------|---------------------|
| HYDERABAD | Schedule E | 3,016. | 1.00000000 | 3,016. | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ► | | 3,016. | 1.00 | 3,016. | 0. |

California Capital Loss Carryover Worksheet

2018

▶ Keep for your records

| | |
|----------------------------------------|---------------------------------------|
| Name as Shown on Return C & A DUGGA | Social Security Number 819-32-5310 |
|----------------------------------------|---------------------------------------|

Part I – Capital Loss Carryover Worksheet

| | | |
|----------------------------------------------------------------------------------------|----------|---------|
| 1 Loss from Schedule D, line 11, stated as a positive number | 1 | 3,000. |
| 2 Amount from Form 540 or Form 540NR, line 17 | 2 | 73,789. |
| 3 Amount from Form 540 or Form 540NR, line 18 | 3 | 8,802. |
| 4 Subtract line 3 from line 2. If less than zero, enter as a negative amount | 4 | 64,987. |
| 5 Combine line 1 and line 4. If less than zero, enter -0- | 5 | 67,987. |
| 6 Enter loss from Schedule D, line 8, stated as a positive amount. | 6 | 4,897. |
| 7 Enter the smaller of line 1 or line 5 | 7 | 3,000. |
| 8 Subtract line 7 from line 6. This is your capital loss carryover to 2019 | 8 | 1,897. |

Part II – Capital Loss Carryover Worksheet for Nonresidents and Part-Year Residents

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
| 1 Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 5, stated as a positive number | 1 | _____ |
| 2 Amount from Form 540NR, line 17 | 2 | _____ |
| 3 Amount from Form 540NR, line 18 | 3 | _____ |
| 4 Subtract line 3 from line 2. If less than zero, enter as a negative amount | 4 | _____ |
| 5 Combine line 1 and line 4. If less than zero, enter -0- | 5 | _____ |
| 6 Loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 4, stated as a positive amount | 6 | _____ |
| 7 Enter the smaller of line 1 or line 5 | 7 | _____ |
| 8 Subtract line 7 from line 6. This is your capital loss carryover to 2019 | 8 | _____ |

California
Schedule E Worksheet

2018

► Keep for your records

Name(s) Shown on Return
C & A DUGGA

Social Security No.
819-32-5310

- 1 Property description BUILDING
Property type. . . 1 Single Family Residence If type is other, enter a description . . .
Location (street address) HYDERABAD
City HYDERABAD State ZIP code
Foreign country . . . India
- 2 Days rented at fair rental value 365 Days of personal use 0

Check all that apply

- | | | | |
|------------------------------------------|-------------------------------------|-------------------------------------------|--------------------------|
| A Owned by spouse | <input type="checkbox"/> | B Owned jointly | <input type="checkbox"/> |
| C Active participation | <input checked="" type="checkbox"/> | D Material participation | <input type="checkbox"/> |
| E Other passive exceptions | <input type="checkbox"/> | F Some investment is not at risk. | <input type="checkbox"/> |
| G Complete taxable disposition | <input type="checkbox"/> | | |

Ownership Percentage

- H Check to allocate income and expenses using ownership percentage
- I Enter ownership percentage _____ %

Owner rents part of a property

- J Check to allocate personal use items to Schedule A
- K Percentage of rental use _____ %

Vacation home or property with personal use days

- L Check to allocate interest and taxes using Tax Court Method
- M Number of days property owned if less than 365 _____

| Income | | % if Different | Total |
|----------------------------------------------------------------|------|----------------|-------|
| 3 Enter rental income (not reported elsewhere) | 500. | | |
| Rental income from Form 1099-MISC | | | |
| Rental income from Form 1099-K | | | |
| Rental Income from Cancellation of Debt Wks | | | |
| Total rents received | 500. | 100.000000 | 500. |
| 4 Enter royalties received (not reported elsewhere) . . | | | |
| Royalty income from Form 1099-MISC | | | |
| Royalty income from Form 1099-K | | | |
| Royalty Income from Cancellation of Debt Wks | | | |
| Royalty Income from Schedule K-1 | | | |
| Total royalties received | | | |

| Expenses | (a) Total | (b) Enter % if Not 100.00 | (c) Reported on Schedule E | (d) Vacation Home Loss Limitation | (e) Allocated to Personal Use |
|--------------------------------------------------------|--------------|------------------------------------|----------------------------------|--------------------------------------------|----------------------------------------|
| 5 Advertising | | | | | |
| 6 a Auto | | | | | |
| b Travel | | | | | |
| 7 Cleaning and maint | | | | | |
| 8 Commissions | | | | | |
| 9 a Mort insur qualified | | | | | |
| From Form 1098 wks | | | | | |
| Total mort insur qual | | | | | |
| b Other Insurance | | | | | |
| 10 Legal and other professional fees | | | | | |
| 11 Management fees | | | | | |
| 12 a Mortgage int qualified | | | | | |
| From Form 1098 wks | | | | | |
| Total mort int qualified | | | | | |
| b Mort int other | | | | | |
| From Form 1098 wks | | | | | |
| Total mort int other | | | | | |
| 13 Other interest | 3,500. | | 3,500. | | |
| 14 Repairs | | | | | |
| 15 Supplies | | | | | |
| 16 a Real estate taxes | | | | | |
| From Form 1098 wks | | | | | |
| Total real estate taxes | | | | | |
| b Other taxes | | | | | |
| 17 Utilities | | | | | |
| 18 a Depreciation | 21. | | 21. | | |
| b Depletion | | | | | |
| c Depreciation carryover | | | | | |
| 19 Other expenses | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e Indirect operating exp | | | | | |
| f Operating exp carryover | | | | | |
| g Vehicle rental | | | | | |
| h Amortization | | | | | |
| 20 Add lines 5 through 19 | 3,521. | | 3,521. | | |
| 21 Income or (loss) | | | -3,021. | | |
| 22 Deductible rental real estate loss | | | -3,021. | | |

California Electronic Filing Information Worksheet

2018

▶ Keep for your records

| | |
|---------------------------------------------------|----------------------------------------------|
| Name as Shown on Return <u>C & A DUGGA</u> | Social Security Number <u>819-32-5310</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> |
| | | EFIN <u>587278</u> |
| Country | 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> |
| | | E-mail Address |

Electronic Filing Review Check

| | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|-------------------------------------|
| 1 If any of the questions below are checked yes, the return may not be filed electronically | | | |
| 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
C & A DUGGA

SSN or FEIN
819-32-5310

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: 25310 Date: 01/25/19
Spouse's/RDP's PIN: 65944

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 540: California Resident Income Tax Return

| Form 540 California Income Tax Withheld Smart Worksheet | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | California income tax withheld from the Tax Payments Worksheet <u>4,636.</u> |
| B | Real estate and other 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 line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A. |
| C | California income tax withheld for line 71. Subtract line B from line A <u>4,636.</u> |

SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

Capital Gains and Losses Smart Worksheet

Enter dispositions of capital assets related to a **specific activity** (i.e., Schedule C, E, etc) on the Disposition Worksheets for non-depreciable assets for that activity. To get there, go to the activity form and **QuickZoom** to the Disposition Worksheet. Entries on the Disposition Worksheets for non-depreciable assets flow to line 1.

Enter dispositions **not** related to a specific activity in the smart worksheet below.

Note: California did not conform to the deferral of capital gains reinvested in a Qualified Opportunity Fund. The gain realized on the sale of these assets will be reported in Column (e).

| Description | | * | | | |
|---------------|------------|--------------------------|---------------------|-----------|--|
| Date Acquired | Date Sold | Sales price | Cost or other basis | Gain/loss | |
| APEX CLEARING | | <input type="checkbox"/> | | | |
| 04/11/2016 | 05/11/2016 | 6,556. | 11,453. | -4,897. | |
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- * Check box to exclude transaction from Schedule D
- Other Capital Gains and/or Losses**
- A Federal Form 1099-R gains ▶ _____
 - B Federal Form 4684 gain ▶ _____
 - C Federal Form 6781 gains or losses. ▶ _____
 - D Federal Form 8824 gain ▶ _____
 - E Canadian RRSP account total capital gain. ▶ _____
 - F Net capital gain or loss from HSA account ▶ _____
 - G Net IRC Section 1231 gain from Schedule D-1, line 9 or line 7 ▶ _____
 - H Form FTB 3805E. ▶ _____
 - I 1 Gain attributable to sale of Qualified Small Business stock included on Line H above ▶ _____
 - 2 Gain qualifying under R&TC 18152.5 ▶ _____
 - J Check this box to print Schedule D and its worksheets even if you are not required to

SMART WORKSHEET FOR: California Credits Worksheet

| Credit Information Smart Worksheet | | | | |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|--------------------------|---------------------|
| Review FTB instructions and check the corresponding box if you qualify for any of the following credits: | | | | |
| A | Credit for Joint Custody Head of Household (Code: 170) | | <input type="checkbox"/> | |
| B | Credit for Dependent Parent (Code: 173) | | <input type="checkbox"/> | |
| C | Credit for Senior Head of Household (Code: 163) | | <input type="checkbox"/> | |
| D | Credit for Adoption Costs (Code: 197): | | | |
| | Child's Name | Qualifying Costs for Each Child | Credit | Allowable Credit |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total | | | |

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

| General Information Smart Worksheet | |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | Federal depreciation from this activity <u>591.</u> |
| B | Federal amortization from this activity <u> </u> |
| C | Federal profit (loss) before passive loss limitation, if any <u>-3,591.</u> |
| D | If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 or Passive Activities Worksheet 3, column A or column B, whichever is applicable <u>-3,591.</u> |
| E | QuickZoom to another copy of Schedule E Worksheet → |

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

| Federal/California Adjustment Smart Worksheet | |
|------------------------------------------------------|------------------------------------------------------------------|
| A | Net California profit or (loss) allowed <u>-3,021.</u> |
| B | Net federal profit or (loss) allowed <u>-3,591.</u> |
| C | Federal/CA adjustment. Line A less line B <u>570.</u> |

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet
 Supporting information provided by program. NO ENTRIES ARE NEEDED.

| | | |
|----------|--------------------------|-----------|
| A | Ownership | Taxpayer |
| B | At-risk status | All |
| C | Passive status | Active RE |

| | Regular Tax | Alternative Minimum Tax |
|------------------------------------------------------|-------------|-------------------------|
| Schedule E | | |
| D Tentative profit (loss) | -3,021. | -3,016. |
| E Other adjustments and preferences | | |
| F At-risk disallowed loss | | |
| G Passive carryover loss | | |
| H Passive disallowed loss | | |
| I Net profit (loss) allowed | -3,021. | -3,016. |
| Related Disposition | | |
| J Tentative profit (loss) | | |
| K At-risk disallowed loss | | |
| L Passive carryover loss | | |
| M Passive disallowed loss | | |
| N Net profit (loss) allowed | | |
| AMT Exclusion | | |
| O Schedule E income/loss | -3,021. | |