

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) ► 587278201904701d9xxs

Taxpayer's name KRISHNA MOHAN CHARUGUNDLA	Social security number 532-73-5914
Spouse's name RAJANI CHARUGUNDLA	Spouse's social security number 961-97-2715

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	78,942.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	5,210.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	5,875.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	665.
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.

3	5	9	1	4
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Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

7	2	7	1	5
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Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	1	2	3	4	5
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Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

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

532-73-5914

Taxpayer name KRISHNA MOHAN & RAJANI CHARUGUNDLA

Taxpayer address (optional)

8700 MILLICENT WAY APT 1002

SHREVEPORT LA 71115

1. Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/16/2019 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 587278201904701d9xxs.
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: KRISHNA MOHAN Last name: CHARUGUNDLA Your social security number: 532-73-5914

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: RAJANI Last name: CHARUGUNDLA Spouse's social security number: 961-97-2715

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: 8700 MILLICENT WAY Apt. no.: 1002 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: SHREVEPORT LA 71115 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
TANMAYI	CHARUGUNDLA	961-97-2813	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GESHNA	CHARUGUNDLA	961-97-2878	Daughter	<input type="checkbox"/>	<input checked="" 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: [] [] [] [] [] [] [] [] [] []

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

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

Check if: 3rd Party Designee Self-employed

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	78,942.
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		6	78,942.
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	78,942.
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	54,942.
11	a Tax (see inst.) 6,210. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	6,210.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	1,000.
13	a Child tax credit/credit for other dependents 1,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	5,210.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	5,210.
16	Total tax. Add lines 13 and 14		16	5,875.
17	Federal income tax withheld from Forms W-2 and 1099			
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		17	
18	Add any amount from Schedule 5			
18	Add lines 16 and 17. These are your total payments		18	5,875.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	665.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		20a	665.
21	Routing number 082000073 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
21	Account number 48700459 5008			
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21			
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶		22	
23	Estimated tax penalty (see instructions) ▶ 23			

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 KRISHNA MOHAN CHARUGUNDLA	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 532-73-5914
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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	1,500.	
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		5,400.
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	

Paid Preparer's Due Diligence Checklist
 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Taxpayer identification number 532-73-5914
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

KRISHNA MOHAN & RAJANI CHARUGUNDLA

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					78,942.
Adjustments to income					
Adjusted gross income					78,942.
Tax expense					3,076.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					54,942.
Tax					6,210.
Alternative min tax . .					
Total credits					1,000.
Other taxes					
Payments					5,875.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					665.
Effective tax rate % . .					6.60
**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 (KRISHNA MOHAN & RAJANI CHARUGUNDLA) and Social Security Number (532-73-5914)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (35914, 72715, 02/11/2019)

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

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Part I – Personal Information

Taxpayer:

Last name CHARUGUNDLA
 First name KRISHNA MOHAN
 Middle initial Suffix
 Social security no. 532-73-5914
 Occupation SOFTWARE ENGINEER
 Date of birth 12/30/1976 (mm/dd/yyyy)
 Age as of 1-1-2019 42
 Date of death
 Legally blind
 E-mail address SAPCKM@GMAIL.COM
 Work phone (309) 825-4847 Ext _____
 Cell phone (309) 825-4847
 Home phone
 Fax number

Spouse:

Last name (if different) . CHARUGUNDLA
 First name RAJANI
 Middle initial Suffix
 Social security no. 961-97-2715
 Occupation HOME MAKER
 Date of birth 08/19/1985 (mm/dd/yyyy)
 Age as of 1-1-2019 33
 Date of death
 Legally blind
 E-mail address SAPCKM@GMAIL.COM
 Work phone Ext _____
 Cell phone (309) 825-4847
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (309) 825-4847
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 8700 MILLICENT WAY Apt no. 1002
 City SHREVEPORT State LA ZIP code 71115

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		
TANMAYI CHARUGUNDLA		961-97-2813 Daughter	03/09/2007	11			L	
GESHNA CHARUGUNDLA		961-97-2878 Daughter	10/17/2010	8			L	

* **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 (KRISHNA MOHAN & RAJANI CHARUGUNDLA) and Social Security Number (532-73-5914)

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

- Input boxes 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

- Input boxes 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

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

* 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:

- Input boxes for New client, Returning client to same preparer and firm, and 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

KRISHNA MOHAN & RAJANI CHARUGUNDLA

Social Security Number

532-73-5914

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; 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 *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Social Security Number 532-73-5914
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
BENTELEER STEEL/TUBE		78,942.	5,875.	78,942.	3,076.
Totals		78,942.	5,875.	78,942.	3,076.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	78,942.		78,942.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	5,875.		5,875.
3 & 7	Total social security wages/tips	84,095.		84,095.
4	Total social security tax withheld	5,214.		5,214.
5	Total Medicare wages and tips	84,095.		84,095.
6	Total Medicare tax withheld	1,219.		1,219.
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	22,616.		22,616.
b	Elective deferrals to qualified plans	5,154.		5,154.
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	17,462.		17,462.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	78,942.		78,942.
17	Total state tax withheld	3,076.		3,076.
19	Total local tax withheld.			

Name as shown on return KRISHNA MOHAN CHARUGUNDLA	Social Security Number 532-73-5914
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Employer EIN 45-3839333
Employer Name BENTELEER STEEL/TUBE
 Name (cont.) MANUFACTURING CORP
Street Address or P. O. Box 2650 N OPDYKE RD STE B
City AUBURN HILLS **State** MI **ZIP** 48326
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 78,942.	2 Federal tax withheld 5,875.
3 Social security wages 84,095.	4 Social sec tax withheld 5,214.
5 Medicare wages and tips 84,095.	6 Medicare tax withheld 1,219.
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	144.	A: Enter amount attributable to RRTA Tier 2 tax
D	5,154.	M: Enter amount attributable to RRTA Tier 2 tax
W	1,500.	P: Double click to link to Form 3903, line 4
DD	15,818.	R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer 1,500.
		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
LA	1792596001	78,942.	3,076.

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) <input type="checkbox"/>	10	
Dependent care benefits - Amount forfeited from flexible spending account		
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

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

Keep for your records

KRISHNA MOHAN CHARUGUNDLA

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Employer Name BENTELEER STEEL/TUBE

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

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

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] 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 [] Pay self-employment tax on this W-2 income
2 [] 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
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] 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. 532-73-5914
First name M.I. Last name Suff.
KRISHNA MOHAN CHARUGUNDLA
Address City St ZIP code
8700 MILLICENT WAY , Apt. 1002 SHREVEPORT LA 71115
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2018

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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 as Shown on Return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Social Security No. 532-73-5914
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>0</u> X \$2,000. Enter the result	1		
2	Number of other dependents, including qualifying children without the required social security number: <u>2</u> X \$500. Enter the result	2	1,000.	
3	Add lines 1 and 2	3		1,000.
4	Enter the amount from Form 1040, line 7	4	78,942.	
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. } 1040NR filers: Enter -0-.	5	0.	
6	Add lines 4 and 5. Enter the total	6	78,942.	
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 } • All other filing statuses — \$200,000	7	400,000.	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9		0.
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10		1,000.

Part 2

11	Enter the amount from Form 1040, line 11	11		6,210.
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	0.	
13	Subtract line 12 from line 11	13		6,210.
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. }	14		0.
15	Subtract line 14 from line 13. Enter the result	15		6,210.
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below. } This is your child tax credit and credit for other dependents	16		1,000.

Enter this amount on Form 1040, line 12a

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Social Security Number 532-73-5914
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Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	5,875.	3,076.	
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	5,875.	3,076.	
20 Total Tax Payments for 2018	5,875.	3,076.	

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

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Social Security Number 532-73-5914
---	---------------------------------------

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	78,942.		78,942.
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	78,942.		78,942.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	78,942.		78,942.
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	78,942.		78,942.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	78,942.		78,942.
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.	78,942.		78,942.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	78,942.		78,942.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	78,942.		78,942.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return KRISHNA MOHAN & RAJANI CHARUGUNDLA	Social Security Number 532-73-5914
---	---------------------------------------

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		3,076.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		78,942.
6	Tax liability for Form 2210 or Form 2210-F		5,210.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Tax Summary Report

2018

Name(s) Shown on Return

KRISHNA MOHAN & RAJANI CHARUGUNDLA

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	78,942.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	78,942.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 78,942.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,076.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	3,076.
Standard deduction	24,000.

Taxable Income 54,942.

Income tax	6,210.
Alternative minimum tax	_____
Total Taxes before Credits	6,210.
Nonbusiness credits	1,000.
Business credits	_____
Total Credits	1,000.
Self-employment tax	_____
Other taxes	_____

Total Tax 5,210.

Withholding	5,875.
Estimated tax payments	_____
Other payments	_____
Total Payments	5,875.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 665.

Refund 665.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	12.0 %
Effective tax rate	6.60 %

Smart Worksheets from your 2018 Federal Tax Return

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)	1,500.
B Enter employer contributions made in 2018 for the tax year 2017	
C Subtract line B from line A	1,500.
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	1,500.

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: Form 8867: Paid Preparer's Due Diligence Checklist

Paid Preparer Smart Worksheet

If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).

A Enter paid preparer code from Firm/Preparer Info. 1

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

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: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	5,214.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,219.
C Enter any amount from Form 8959, line 7	0.
D Add line A, B, and C	6,433.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	6,433.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	_____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N.	_____
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018)	_____
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018)	_____
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J	_____
O Add line L, M, and N	_____
Line 7 Amount	
P Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7.	6,433.

LOUISIANA

DEPARTMENT of REVENUE

Your first name and initial KRISHNA MOHAN	Last name CHARUGUNDLA	Your Social Security Number 1 5 3 2 7 3 5 9 1 4	2018
Spouse's first name and initial RAJANI	Last name CHARUGUNDLA	Spouse's Social Security Number 2 9 6 1 9 7 2 7 1 5	
Present home address (number and street including apartment number or rural route) 8700 MILLICENT WAY #1002		Daytime Telephone Number 3 0 9 8 2 5 4 8 4 7	
City, town, or post office SHREVEPORT		State ZIP LA 71115	

Part A Tax Return Information

Balance Due , , . Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

, , .

Account Number

Withdrawal Date

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 12/10/18 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature 30-1017196 Social Security Number or ID Number Date Telephone

This form is to be maintained by ERO.

Name Change

2018 LOUISIANA RESIDENT - 2D

Decedent Filing

KRISHNA MOHAN CHARUGUNDLA

Taxpayer SSN 532735914

Spouse Decedent

RAJANI CHARUGUNDLA

Spouse SSN 961972715

Address Change

8700 MILLICENT WAY #1002

Amended Return

SHREVEPORT

LA 71115

Telephone 3098254847

NOL Carryback

Taxpayer DOB

Spouse DOB

2015 Legislation Recovery

12301976

08191985

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if **qualifying widow(er)**.

6 EXEMPTIONS:

6A Yourself

65 or older

Blind

Qualifying Widow(er)

Total of 6A & 6B

2

6B Spouse

65 or older

Blind

2

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040.

6C 2

Dependent First and Last Name

Social Security Number

Relationship to you

Birth Date (mm/dd/yyyy)

TANMAYI CHARUGUNDLA

961-97-2813

DAUGHTER

03/09/2007

GESHNA CHARUGUNDLA

961-97-2878

DAUGHTER

10/17/2010

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

6D 4

FOR OFFICE USE ONLY

Field Flag

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If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 13.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	78942
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C	0
9	FEDERAL INCOME TAX Mark Box 1 if your federal income tax has been decreased by the foreign tax credit. Mark Box 2 if your federal income tax has been decreased by a federal disaster credit allowed by IRS.	1 2	9	5210
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0".		10	73732
11	YOUR LOUISIANA INCOME TAX		11	2225
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9		12	0
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, enter zero "0".		13	2225
14	2018 LOUISIANA REFUNDABLE CHILD CARE CREDIT – From Refundable Child Care Credit Worksheet, Line 11		14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		14B	0
15	2018 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – From Refundable School Readiness Credit Worksheet, Line 4		15	0
	5 0 4 0 3 0 2 0			
16	EARNED INCOME CREDIT – From Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3		16	0
17	LOUISIANA CITIZENS INSURANCE CREDIT 17A	0	17	0
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10		18	0
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14 and 15 through 18. Do not include amounts on Lines 14A, 14B, and 17A.		19	0
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		20	2225
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		21	0
22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16		22	0



23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20. If the result is less than zero, enter zero "0".		23	2225
24A	CONSUMER USE TAX for purchases before July 1, 2018	<input checked="" type="checkbox"/> No use tax due.	24A	0
24B	CONSUMER USE TAX for purchases on or after July 1, 2018	Amount from the Consumer Use Tax Worksheet.	24B	0
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23, 24A, and 24B.		25	2225
26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.		26	0
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6		27	0

PAYMENTS

28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2018 – Attach Forms W-2 and 1099.		28	3076
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2017		29	0
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2018		30	0
31	AMOUNT PAID WITH EXTENSION REQUEST		31	0
32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.		32	3076
33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. Otherwise, enter zero "0" on Lines 33 through 39 and go to Line 40.		33	851
34	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.		34	0
35	ADJUSTED OVERPAYMENT – If Line 33 is greater than Line 34, subtract Line 34 from Line 33 and enter the result here. If Line 34 is greater than Line 33, enter zero "0" on Lines 35 through 39, subtract Line 33 from Line 34, and enter the balance on Line 40.		35	851
36	TOTAL DONATIONS – From Schedule D, Line 21		36	0

REFUND DUE

37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.		37	851
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2019 INCOME TAX	CREDIT	38	0
39	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit and complete the information below. If the information is unreadable, you will receive your refund by paper check.		39	851

REFUND 3

If you are filing for the first time or if you do not make a refund selection, you will receive your refund by paper check.

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number 082000073 Account Number 4870 0459 5008



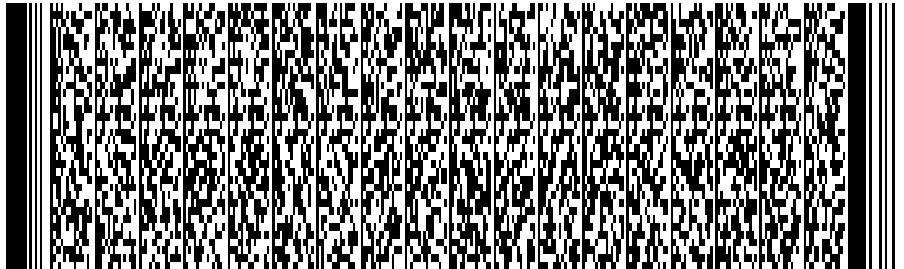
AMOUNTS DUE LOUISIANA

40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	0
41	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	41	0
42	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	42	0
43	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	43	0
44	INTEREST	44	0
45	DELINQUENT FILING PENALTY	45	0
46	DELINQUENT PAYMENT PENALTY	46	0
47	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	47	0
48	BALANCE DUE LOUISIANA – Add Lines 40 through 47.	48	0

**PAY THIS AMOUNT.
DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.



Status 010

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
----------------	-------------------	---	-------------------

PAID PREPARER USE ONLY	Print/Type Preparer's Name APPANA RUPA VENKATA SATY	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ► GLOBAL TAXES LLC		Firm's FEIN ►	
	Firm's Address ► 2530 PEBBLE CR CUMMING GA 30041		Telephone ►	

Name
CHAR

Individual Income Tax Return
Calendar year return due 5/15/2019

P02090332

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

PTIN, FEIN, or LDR
Account Number
of Paid Preparer

For Office
Use Only.



Louisiana Information Worksheet

2018

Keep for your records

Part I – Personal Information

Taxpayer:

First Name KRISHNA MOHAN
Middle Initial Suffix
Last Name CHARUGUNDLA
Social Security No. 532-73-5914
Occupation SOFTWARE ENGINEER
Taxpayer 65/Over. [] Taxpayer Blind []
Date of Death
Work Phone (309) 825-4847 [X]
Date of Birth 12/30/1976

Spouse :

First Name RAJANI
Middle Initial Suffix
Last Name CHARUGUNDLA
Social Security No. 961-97-2715
Occupation HOME MAKER
Spouse 65/Over . . [] Spouse Blind []
Date of Death
Work Phone
Date of Birth 08/19/1985

c/o Name
Mailing Address . . . 8700 MILLICENT WAY Apt No. . . 1002
City SHREVEPORT State LA ZIP Code . . . 71115
Home phone []

Dependents:

Table with columns: First Last, Initial Relationship, SSN Date of Birth, Child Care Credit, Disabled, Hunter/Fisher License. Rows include TANMAYI, CHARUGUNDLA Daughter, GESHNA, CHARUGUNDLA Daughter.

Part II – Main Form

- [X] Form 540: Resident Tax Return
[] Form 540B: Part-year Tax Return
[] Form 540B: Nonresident Tax Return.

Part-year residents who choose to file a nonresident return or Nonresident must complete the Part-Year/Nonresident Worksheet

Part III – Filing Status Information

- [] Single
[X] Married filing joint
[] Married filing separate
[] Head of household
[] Qualifying widow(er)
Qualifying child's name

Louisiana Filing Status 2

Part IV – Nonrefundable Credits

Credit for certain disabilities:

Table with columns: Deaf, Loss of Limb, Mentally Incapacitated, Blind. Rows: Yourself, Spouse, Dependents name(s).

Caution: Number of disability credits for dependents is based on number of dependents entered here.

[] Is this the first time claiming a disability for any of the above?

Credit for contributions to educational institutions

Enter the value of computer equipment donated

Part V – Other Information

- First time filer
- Has the name of the taxpayer(s) changed since 2017
- Has the address of the taxpayer(s) changed since 2017

Yes No

Do you qualify as a farmer or fisherman?

Filing for a refund of Louisiana income tax withheld when no federal return is required:

You are not required to file a federal return but had Louisiana income tax withheld in 2018
If checked, total wages from which Louisiana tax was withheld. _____

Consumer use tax:

Enter taxable purchases made before July 1, 2018 _____ 0. x .09 = _____ 0.

Enter taxable purchases made on or after July 1, 2018 _____ 0. x .0845 = _____ 0.

START contributions refunded to you by the LA Office of Student Financial Aid ▶ _____

Last year's tax refund to be entered on START Deduction Wks, Col A ▶ _____

Military personnel filing a Louisiana resident return:

Check each true statement: In 2018

Taxpayer Spouse

Louisiana is my home of record

I am active duty military

I have military orders (a copy must be attached), AND

I did or will serve outside of Louisiana for 120 days or more

_____ Enter the 2018 exempt portion of wages earned outside of Louisiana during and
after 120 plus consecutive days of active duty military service

Nonresident military members stationed in Louisiana:

The program uses the following information to comply with the federal H.R. 100, Servicemembers Civil Relief Act. This act prohibits states from taxing the military wages of **nonresident** military members stationed in their state. Note: If you are **not filing a resident return**, and need to exclude these wages from your taxable income, please use the **Part Year/Nonresident Allocation Worksheet**.

Taxpayer Spouse

I am a nonresident member of the military stationed in Louisiana
_____ Enter the total of all excludable military wages

- Do you want Louisiana to figure the underpayment penalty Form R-210R?
- Do you want Louisiana to calculate your Louisiana Penalty Worksheet

Yes No

Would you like to use the Underpayment Statement to calc the penalty?

QuickZoom to Form R-210R, Underpayment Penalty ▶ _____

Quickzoom to Underpayment Statement. ▶ _____

Quickzoom to Louisiana Penalty Worksheet. ▶ _____

Part VI – Preparer Information

Enter the preparer's assigned number from Preparer's Information Worksheet 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Date return was filed electronically ▶ 02/16/2019
Date return was accepted by the state ▶ 02/16/2019
Enter the date Form R-540V was given to client ▶ _____
QuickZoom to Form LA 8453 Additional Information SmartWorksheet ▶

Part VIII - Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect direct deposit of state tax refund? **NOTE: Not available for first time filers**
 Do you want electronic funds withdrawal of state tax payment (EF Only)?

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

Name of Financial Institution (optional) ▶ Bank of America

Check the appropriate box:

Checking Routing number ▶ 082000073
 Savings Account number . ▶ 4870 0459 5008

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

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX - Authenticate Your Return for the On-Line Filing Program

By using a computer system and software to prepare and transmit return(s) electronically, I consent to the disclosure of all information pertaining to my use of the system and software to the Louisiana Department of Revenue, as applicable by law, and to the transmission of my tax return(s).

I am signing this Consent to Disclosure by entering my date of birth below.

Taxpayer's date of birth _____
Today's Date _____
If you're filing a joint return:
Spouse's date of birth _____

Part X - Extension Status

If the Louisiana tax return can't be filed by May 15, 2019, a state extension is required to be filed on or before the filing date. Copies of the federal extension (Form 4868) will **not** be accepted.

Yes **No**

Did you file an extension before May 15, 2019 ?

Caution: An extension of time to file is **not** an extension of time to pay.

Extended due date _____

QuickZoom to Form R-2868V, Extension Request and Payment Voucher. ▶ _____

File extension electronically?

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

Yes **No**

Use electronic funds withdrawal of Louisiana extension tax payment?

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

State balance-due amount paid with this extension (Form R-2868V). _____

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

Extension accepted?

Extension filing date _____

Extension acceptance date _____

Part XI – Amended Return

Are you filing a Louisiana amended return (See Tax Help)

Are you amending a Louisiana return due to a Net Operating Loss (NOL) carryback? (See Tax Help)

The last day of the tax year you are amending is ▶ _____

Overpayment calculated with original return _____

Additional Tax paid with original return _____

QuickZoom to Explanation of Changes Worksheet. ▶ _____

Note: If amending, you must fill out the Explanation if Changes Worksheet.

Louisiana Nonrefundable Child Care Credit Worksheet

2018

▶ Keep for your records

Name as Shown on Return KRISHNA MOHAN AND RAJANI CHARUGUNDLA	Your Social Security Number 532-73-5914
---	--

1 Federal Child Care Credit claimed (from federal Form 1040, Schedule 3, line 49).	
1a Federal Adjusted Gross Income (AGI) from federal Form 1040, line 7	78942
Federal Adjusted Gross Income Percentage Nonrefundable Credit Allowable	
Over \$25,000 up to \$35,000 30% Lesser of 30% or LA net tax	
Over \$35,000 up to \$60,000 10% Lesser of 10% or LA net tax	X . <u>0.10</u>
Over \$60,000 10% Lesser of 10% or tax or \$25	
2 Available Nonrefundable Child Care Credit. Multiply Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A.	
2a Important! If AGI is more than \$60,000, the credit is limited to the LESSER of \$25 or 10% of the federal credit. If line 2 is greater than \$25, print \$25 here. This is your available Nonrefundable Child Care Credit for this year.	0
3 Line 20 from Form IT-540 or Line 20 from IT-540B.	2225
4 If Line 3 is less than or equal to zero, your entire Child Care Credit of 2018 will be carried forward to 2019. "0" will be transferred to Form IT-540, Schedule J, lines 2 and 3, or to IT-540B, Schedule J-NR, lines 2 and 3. Do not complete the rest of this worksheet.	

5 From Line 3, if greater than zero.	2,225.
6 Enter the amount of any Child Care Credit Carryforward from previous years	0
7 Line 5 minus Line 6	2,225.
8 If Line 7 is less than or equal to zero, your Child Care Credit Carryforward is equal to Line 5. Line 6 minus Line 5 is printed here: the amount of previous unused Child Care Credit Carryforward that can be carried forward to next year, along with the entire credit for this year. Line 5 will transfer to Form IT-540, Schedule J, Line 3, or to IT-540B, Schedule J-NR, Line 3. Do not complete the rest of this worksheet. . . .	

9 If Line 7 is greater than zero, Line 6 will be transferred to Form IT-540, Schedule J, line 3, or to IT-540B, Schedule J-NR line 3	
10 From Line 7 above (if greater than 0).	2,225.
11 2018 Child Care Credit (from Line 2 or Line 2A, above).	
12 Line 10 minus Line 11.	2,225.
13 If Line 12 is greater than zero, your entire Child Care Credit for 2018 has been utilized. Line 11 will be transferred to Form IT-540, Schedule J, Line 2. Do not complete the rest of this worksheet.	
14 If Line 12 is less than zero, the amount of your 2018 Child Care Credit is the amount shown on Line 10. This amount will be transferred to Form IT-540, Schedule J, Line 2, or to IT-540B, Schedule J-NR, Line 2.	
15 If Line 12 is less than zero, Line 11 minus Line 10 is your Child Care Credit Carryforward to 2019. Keep this for your records.	0

Tax Payments Worksheet

2018

► Keep for your records

Name KRISHNA MOHAN AND RAJANI CHARUGUNDLA	Social Security Number 532-73-5914
--	---------------------------------------

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	3,076.
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	3,076.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Louisiana Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ <u>02/16/2019</u>
B	Date return was accepted by the state ▶ <u>02/16/2019</u>
C	Documents to attach to the FRONT of Form LA 8453: <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Form W-2 (Copy 2)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div>
Retain the completed Form LA 8453 with your ERO records for three years. Do Not Mail	

SMART WORKSHEET FOR: Child Care Credit Wks -- Nonrefundable

Child Care Credit Carryforward Smart Worksheet			
(a) Year of Carryforward	(b) Unused amount available	(c) Amount used this year	(d) Carryforward next year
2013		0.	0.
2014		0.	0.
2015		0.	0.
2016		0.	0.
2017		0.	0.
2018		0.	0.
Total			0.