1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return (99)

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Filing status:	X	ingle Married filing jointly	Mar	ried filing s	separately	Head of	household	Quali	fying widow	/(er)				
Your first name	and ini	ial	- 1	Last name)					,	Your soc	ial se	curity ı	number
VENKATA	NOOI	CA GANGA		BANTU	PALLI VEI	ERA					052-8	3-5	453	
Your standard d	leduction	on: Someone can claim yo	u as a de	ependent	You were	e born b	efore Januar	y 2, 1954	Yo	u are	blind			
If joint return, sp	ouse's	first name and initial		Last name	<u> </u>						Spouse's	socia	l secur	ity number
Spouse standard	deducti	on: Someone can claim your	spouse a	as a deper	ndent S	pouse w	as born befo	re Januar	/ 2, 1954	1	Full-ve	ear hea	alth car	e coverage
Spouse is bli	ind	Spouse itemizes on a sepa	arate retu	rn or you v	vere dual-status	alien				"			ee inst.	
Home address (numbe	and street). If you have a P.O. be							Apt. no.	.	Presidenti	al Elec	tion Ca	mpaign
3919 CAE	OT 1	PL .							15		(see inst.)	_	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have	e a foreig	ın address	s, attach Schedu	ule 6.					If more th	nan foi	ır dene	endents
HENRICO	VA :	23233									see inst.			
Dependents ((2) Soc	ial security number	r (3) Relationship	to you		(4) 🗸	if qualifies	for (see	e inst.):	
(1) First name		Last name		` ′	•	`		,	Child t	ax cred				dependents
													$\neg \neg$	
													一一	
													一	-
													一	-
		enalties of perjury, I declare that I have								y know	ledge and	belief, t	hey are	true,
Here		and complete. Declaration of preparer	(other than	n taxpayer) i	I	1		er has any k	nowledge.	Lieu	1 100			
Joint return?	Y	our signature			Date		ccupation			PIN	N, enter it	$\dot{\Box}$	n identii	ty Protection
See instructions.			h - 4h		NGINE	ER	_	re (see inst.)		نام ماما م	tu Drataatian			
Keep a copy for your records.	S	ouse's signature. If a joint return,	, botn mi	nust sign. Date Spou			Spouse's occupation			PIN	N, enter it	$\dot{\Box}$	n identii	ty Protection
	D	onerer'e neme	Duamau	u'a alamat				PTIN			re (see inst.)			
Paid		eparer's name	Prepare	er's signat	ure					Firm	's EIN	Che	eck if:	
Preparer		NA RUPA VENKATA SATYA SAI MANIKUMAR						P0209				┨		rty Designee
Use Only		m's name ► GLOBAL TA					20211	Phone n	0.			Ш	Self-en	mployed
		m's address ► 2530 Pebb					30041							040
For Disclosure, I	Privacy	Act, and Paperwork Reduction	n Act No	tice, see s	separate instru	ctions.							Form 1	040 (2018
Form 1040 (2018))													Page 2
	1	Wages, salaries, tips, etc. Attach	n Form(s)	W-2						1	\neg		75	,018.
	2a	Tax-exempt interest	2a			·	b Taxable			21				,
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a				b Ordinary			31				
Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a				b Taxable			41				
1099-R if tax was withheld.	5a	Social security benefits	5a		•		b Taxable			51				
	6	Total income. Add lines 1 through 5.		mount from	Schedule 1, line 2		3,400.			6			71	,618.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,												
Standard		subtract Schedule 1, line 36, fro	m line 6							7				,618.
Deduction for— Single or married	8	Standard deduction or itemized	deductio	ns (from S	schedule A) .					8			12	,000.
filing separately,	9	Qualified business income dedu	,		,					9				
\$12,000 Married filing	10	Taxable income. Subtract lines 8			_					10	3		59	,618.
jointly or Qualifying widow(er),	11	a Tax (see inst.) 9,057. (che	-			2 ∐ F	orm 4972 3	Ш)				
\$24,000		b Add any amount from Schedu							. ▶ 📙	1			9	,057.
Head of household,	12	a Child tax credit/credit for other depe	_			ny amount	from Schedule	3 and check	here 🕨 🔲	12				0.57
\$18,000	13	Subtract line 12 from line 11. If z		ss, enter -	0					13			9	,057.
If you checked any box under	14	Other taxes. Attach Schedule 4								14				0.
Standard deduction,	15	Total tax. Add lines 13 and 14								1:				,057.
see instructions.	16	Federal income tax withheld from		W-2 and						10	3			,486.
	17	Refundable credits: a EIC (see inst	· —		b Sch. 8812 _			m 8863		٠	_			
		Add any amount from Schedule			•					1			10	100
	18	Add lines 16 and 17. These are y		• •						18				,486.
Refund	19	If line 18 is more than line 15, su					•	paid .		19				,429.
Direct deposit?	20a	Amount of line 19 you want refu							. ▶ ∐	20	a			,429.
See instructions.	►b					c Type:		ing L	Savings					
	► d			0 8 6		4 3								
	21	Amount of line 19 you want applie				-	21	ione		-				
Amount You Owe	22	Amount you owe. Subtract line			or details on how	ν το pay, 	1	ions .	•	2:	2			
	23	Estimated tax penalty (see instru	JULIONS)				23							

BAA

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. 01

Name(s) shown on Form 1040 Your social security number VENKATA NOOKA GANGA BANTUPALLI VEERA 052-83-5453 Reserved 1-9b Additional 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes . 10 Income 11 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ 13 14 14 15a Reserved 15b 16a 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -3,400.18 18 19 19 20a 20b Other income. List type and amount ▶ 21 21 22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23. 22 -3,400.23 **Adjustments** Educator expenses 23 24 Certain business expenses of reservists, performing artists, to Income and fee-basis government officials. Attach Form 2106 . . . 24 25 Health savings account deduction. Attach Form 8889 . 25 26 Moving expenses for members of the Armed Forces. Attach Form 3903 26 Deductible part of self-employment tax. Attach Schedule SE 27 27 28 Self-employed SEP, SIMPLE, and qualified plans . . 28 29 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 30 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 32 IRA deduction 33 Student loan interest deduction 33 34 34 35 36 36 Add lines 23 through 35

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

SCHEDULE E (Form 1040)

Department of the Treasury

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

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

Sequence No. 13

Internal Revenue Service (99) Name(s) shown on return Your social security number VENKATA NOOKA GANGA BANTUPALLI VEERA 052-83-5453 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) Α RENTAL APARTMENT HYDERABAD ANDHRA PRADESH IN 54541 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the QJV box only if you meet the requirements to file as 365 Α Α 0 a qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 500. 3 4 Royalties received 4 Expenses: Advertising 100. 5 5 300. 6 Auto and travel (see instructions) . . . 6 Cleaning and maintenance . . . 7 7 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,500. Other interest. 14 Repairs. 14 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 3,900. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -3,400.Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) -3,400.) 500 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 3,900. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 3,400. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the

-3,400.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

2018 Attachment Sequence No. 52

OMB No. 1545-0074

Name(s) shown on Form 1040 or Form 1040NR

VENKATA NOOKA GANGA BANTUPALLI VEERA

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

052-83-5453

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.

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

	and some your spoules sales have soparate the soft of the soft and the		0 a. o o p	
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	X Se	elf-only	☐ 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		3,450.
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		3,450.
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		3,450.
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		0.
8	Add lines 6 and 7	8		3,450.
9	Employer contributions made to your HSAs for 2018 9 479.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		479.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,971.
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 a separate Part II for each spouse.	sepa	rate HS	As, complete
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		
С	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			
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		

Form 8889 (2018) Page **2**

Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instance completing this part. If you are filing jointly and both you and your spouse each have 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	

REV 12/21/18 PRO Form **8889** (2018)

VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2018

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Vir	ginia Submi	ission Iden	ificatio	n Num	ber (SID)													,				
First Name & Middle Initial (if joint or combined return, enter both) Last Name B Your Social Security Number											ity Number											
VEI	NKATA N	OOKA G	ANGA					BAI	NTU!	PALI	LI	VEI	ERA					0.5	52-83	-545	53	
Pres	sent Home A	Address		1 -																	ecurity Number	
City	L9 CABO , State and Z		APT 1																Or	nline Fi	led Return	
Par	NRICO	Return Inf	format	VA ion	2323	13												Λ	Spouse	 	 B Yours∈	\lf
1.		Adjusted Gr				- Line	1. 760	DV Ii	ino 1	colum	nnc	Δ & R	Form	763	Lino	1)		A	Spouse	5		
2.		Adjusted Gr		•												,						518. 518.
3.	Taxable	Income (Fo	m 7600	CG. Line	e 16: 760P	Y. Line	e 17. co	lumns	3 A & I	B: For	rm :	763. Li	ne 18)									588.
4.		ncome Tax												9)								535.
5.	Withhold	ing (Form 7	60CG, 1	Line 20	a & b; 760	PY, Lir	nes 20a	& 20b	o; Fori	m 763	3, Li	ines 20	a & 20	b)								329.
6.	Amount	you Owe (Fo	orm 760)CG, Lir	ne 37; Fori	m 760F	PY, Line	37; F	orm 7	763, Li	ine	37)									<u> </u>	3271
7.	Refund (Form 760C0	3, Line	38; 760	PY, Line 3	38; For	m 763, i	Line 3	(8)													194.
Par	t II Decl	aration of	Тахра	yer																		
8a.	ар	onsent that pointment o e territorial ju	f the oth	ner spol	use as an	agent t	to receiv	e the	refun	id. I c	erti	Virgini ify that	a incom the trai	ie ta nsac	x reti	urn. If does r	l hav not dir	e filed a ectly inv	joint ret olve a fii	urn, thi nancial	s is an irrevocat institution outsi	ole de of
8b.	□ Id	o not want o	lirect de	posit of	f my refund	d or I a	ım not r	eceivi	ng a r	efund	d. 1	choos	e to hav	e a	chec	k mai	ed to	me.				
8c.	8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me. 8c. I authorize the Virginia Department of Taxation (Virginia Tax) and it's designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2018 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution																					
the kno sen tran	outside of the territorial jurisdiction of the United States at any point in the process. I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2018 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.																					
		Your Signat)ate	_,					ature (f Fili	ng St	atus 2	or 4, B	OTH mu	st sign)		Date	
Par		laration of					•															
taxp of a Indi that and	ayer's signa Il forms and vidual Incom I have exan	iture on Fori information he Tax Retui nined the ab Declaration	m VA-8- to be fil rns (Tax ove tax of prep	453 befoled with x Year 2 payer's larer is to	ore submit the IRS are 2018) and a return and based on a	tting thi nd Virg any red d accor all infor	is return ginia Tax quireme mpanyir mation	n to the c and nts sp ng sch of whi	e Inter have foecifien neduler ich pre	rnal R followed by Ves and es and eparer	Reve ved Virg I sta r ha	enue S all oth ginia Ta atemer	ervice (er requi ax. If I a its, and	(IRS rem am a to t	and ents also the	Virgi as de he Pa est of r	nia Ta scribe id Pre ny kn	ax. I hav d in Har parer, u owledge	e provid idbook fo nder per and bel	led the or Electal nalties (lief, the	e. I have obtaine taxpayer with a tronic Filers of of perjury, I decl y are true, corre form using a rub	copy are ect,
ED(D's Signature										D	ate						P020	90332 SSN/P			
) BAL TA		7								D	ale							33IV/F	IIIN		
	o's name (or 30 PEBB				CUMMII	NG		C	‡Δ 3	004	l 1				Paid	Prepa	arer?[□Y []N 1 17196		nployed? TY	□N
	ress, City, S			•	00111111				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	001				_					EIN			
Paid	l Preparer's	Signature									Da	ate		-				P020	SSN/P			
API Firm	PANA RU o's name (or o's PEBB	<u>PA VENE</u> yours if self	-employ	yed)	<u>YA SAI</u> CUMMII		<u>IIKUM</u>			3004					Self-	emplo	yed?	□ Y [
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	ress, City, S	tate and Zip	1																EIN	I		
155	5								REV	12/04/1	18 F	PRO										

2018 VA760CG Page 1 [



VENKATA NOOK

BANTUPALLI VEER

3919 CABOT PL APT 15

HENRICO

VA 23233

SSN - You BANT		052835453	Vendor ID 155	5	ххххх
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	71618.	Withholding (VA) - You	20A.	3829.
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	71618.	Estimated Payments	21.	
Age Deduction - You	4A.		2017 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Reserved for Future Use	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	71618.	Total Payments / Credits	28.	3829.
Itemized Deductions - VA Sch. A	10.		Tax You Owe	29.	
State / Local Income Tax - VA Sch. A	11.		Tax Overpayment	30.	194.
Standard / Itemized Deductions	12.	3000.	Overpayment Credited to Ne.	xt Year 31.	
Exemptions	13.	930.	VAC - Virginia 529 / ABLEnov	N 32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	3930.	Addition to Tax, Penalty & Int	erest 34.	
VA Taxable Income	16.	67688.	Sales and Use Tax	35.	
Amount of Tax	17.	3635.	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card Your Refund	N	194.
VAGI - Spouse	18A.		Bank Routing #	С	081000032
Net Amount of Tax	19.	3635.	Bank Account #	3550	08604043
		LAR[DLARDTDLTD	\$	Page 1 of 2





Γ	-										
Fi	ling Status, Age & I	License Info	rmation	Additional Filing Information							
	Filing Status			1	Locality						
	Federal Head of Hou	ısehold			Name or Filing Status Change						
	DOB - You		082219	991	Address Change						
	VA Driver's License I	ID - You	A671855	530	VA Return Not Filed Last Year						
	VA Driver's License -	- Iss. Date - Yo	ou 010320)19	Dependent on Another's Return						
	Spouse Name (Filing	Status 3 Onl	y)		Farmer / Fisherman / Merchant Seaman						
	DOD Crause				Amended						
	DOB - Spouse	ID Spaugo			NOL						
	VA Driver's License I	•	20100		Overseas on Due Date						
_	VA Driver's License -				Federal EIC & Amount						
You 1 Exemptions (B) 65 & Over - You					Deceased Indicator						
	Spouse		65 & Over - Spouse		No Sales & Use Tax Due Indicator	X					
	Dependents		Blind - You		Refund - Direct Bank Deposit	X					
	Total (A)	1	Blind - Spouse		Refund - Check						
			Total (B)		Obtain Electronic 1099G						
		C	ontact Information		ID Theft PIN						
		eclare under pena	alty of law that I (we) have examine		my (our) knowledge, it is a true, correct & complete retu provided is for a domestic account within the territorial ju						
Si	gnature - You		Dat	te F	Phone - You	6605285154					

The Tax Department may discuss my/our return with my/our preparer.

Date

File by May 1, 2019

Signature - Preparer _____

Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN CUMMING

Phone - Spouse

Phone - Preparer

GLOBAL TAXES LLC

Preparer Information

GA 30041

7

Page 2 of 2

P02090332

Signature - Spouse ___

2018 Schedule INC/CG

052835453

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

VENKATA NOOK BANTUPALLI VEER



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
052835453	W	3829.	822931750	30822931750F001	75018.

 Total VA Withholding
 SSN
 VA Withholding

 You
 052835453
 3829.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

SCHEDULE E (Form 1040)

Department of the Treasury

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

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

Sequence No. 13

Internal Revenue Service (99) Name(s) shown on return Your social security number VENKATA NOOKA GANGA BANTUPALLI VEERA 052-83-5453 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) Α RENTAL APARTMENT HYDERABAD ANDHRA PRADESH IN 54541 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as 365 Α Α 0 a qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 500. 3 4 Royalties received 4 Expenses: Advertising 100. 5 5 300. 6 Auto and travel (see instructions) . . . 6 Cleaning and maintenance . . . 7 7 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,500. Other interest. 14 Repairs. 14 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 3,900. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -3,400.Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) -3,400.) 500 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 3,900. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 3,400. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the

-3,400.