

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: BHARATH KUMAR PUDOTA, 179-17-3140. Row 2: (blank), (blank).

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 21,671. Line 2: (blank). Line 3: 849.

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 73140 as my signature on my 2018 e-filed California individual income tax return. I will enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Your signature Date

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

- I authorize (blank) to enter my PIN (blank) as my signature on my 2018 e-filed California individual income tax return. I will enter my PIN as my signature on my 2018 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989 Do not enter all zeros

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

ERO's signature Date

California Nonresident or Part-Year Resident Income Tax Return Long Form

2018

540NR

APE

DO NOT ATTACH FEDERAL RETURN

179-17-3140 PUDO
BHARATHKUMA PUDOTA

18

8501 W 131ST PL
OVERLAND PARK KS 66213

APT 222

10-27-1994

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

Filing Status

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

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

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

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

Exemptions

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

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

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="21671"/> <input type="text" value=".00"/>		
	<b>13</b> Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="27671"/> <input type="text" value=".00"/>		
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>		
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="27671"/> <input type="text" value=".00"/>		
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C..... <input checked="" type="radio"/> <b>16</b> <input type="text" value=""/> <input type="text" value=".00"/>		
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16..... <input checked="" type="radio"/> <b>17</b> <input type="text" value="27671"/> <input type="text" value=".00"/>		
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4401"/> <input type="text" value=".00"/>		
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="23270"/> <input type="text" value=".00"/>		

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input checked="" type="radio"/> <input type="text" value="FTB 3803"/> ..... <b>31</b> <input type="text" value="441"/> <input type="text" value=".00"/>		
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="21671"/> <input type="text" value=".00"/>		
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="18224"/> <input type="text" value=".00"/>		
	<b>36</b> CA Tax Rate. Divide line 31 by line 19..... <input checked="" type="radio"/> <b>36</b> <input type="text" value=".00190"/>		
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36..... <input checked="" type="radio"/> <b>37</b> <input type="text" value="346"/> <input type="text" value=".00"/>		
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000..... <input checked="" type="radio"/> <b>38</b> <input type="text" value=".07832"/>		
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="92"/> <input type="text" value=".00"/>		
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="254"/> <input type="text" value=".00"/>		
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>		
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="254"/> <input type="text" value=".00"/>			

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

Your name:  Your SSN or ITIN:

<b>Special Credits continued</b>	<b>58</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... ● <b>58</b> <input type="text"/> .00
	<b>59</b> Enter credit name <input type="text"/> code <input type="text"/> and amount... ● <b>59</b> <input type="text"/> .00
	<b>60</b> To claim more than two credits. See instructions ..... ● <b>60</b> <input type="text"/> .00
	<b>61</b> Nonrefundable renter's credit. See instructions ..... ● <b>61</b> <input type="text"/> .00
	<b>62</b> Add line 50 and line 55 through 61. These are your total credits ..... ● <b>62</b> <input type="text"/> .00
	<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- ..... ● <b>63</b> <input type="text" value="254"/> .00

<b>Other Taxes</b>	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR) ..... ● <b>71</b> <input type="text"/> .00
	<b>72</b> Mental Health Services Tax. See instructions ..... ● <b>72</b> <input type="text"/> .00
	<b>73</b> Other taxes and credit recapture. See instructions ..... ● <b>73</b> <input type="text"/> .00
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax ..... ● <b>74</b> <input type="text" value="254"/> .00

<b>Payments</b>	<b>81</b> California income tax withheld. See instructions. .... ● <b>81</b> <input type="text" value="1103"/> .00
	<b>82</b> 2018 CA estimated tax and other payments. See instructions ..... ● <b>82</b> <input type="text"/> .00
	<b>83</b> Withholding (Form 592-B and/or 593). See instructions ..... ● <b>83</b> <input type="text"/> .00
	<b>84</b> Excess SDI (or VPD) withheld. See instructions ..... ● <b>84</b> <input type="text"/> .00
	<b>85</b> Earned Income Tax Credit (EITC) ..... ● <b>85</b> <input type="text"/> .00
	<b>86</b> Add lines 81 through 85. These are your total payments. See instructions. .... ● <b>86</b> <input type="text" value="1103"/> .00

<b>Overpaid Tax/Tax Due</b>	<b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86. .... ● <b>101</b> <input type="text" value="849"/> .00
	<b>102</b> Amount of line 101 you want applied to your <b>2019</b> estimated tax. .... ● <b>102</b> <input type="text" value="0"/> .00
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101 ..... ● <b>103</b> <input type="text" value="849"/> .00
	<b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74. .... ● <b>104</b> <input type="text"/> .00

<b>Contributions</b>		<b>Code</b>	<b>Amount</b>
	California Seniors Special Fund. See instructions. ....	● <b>400</b>	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. ....	● <b>401</b>	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program. ....	● <b>403</b>	<input type="text"/> .00

Your name: PUDOTA

Your SSN or ITIN: 179-17-3140



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

Your name: PUDOTA Your SSN or ITIN: 179-17-3140

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

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

Refund and Direct Deposit 125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. . . . . 125 849 .00

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

Type [x] Checking [ ] Savings Routing number 081000032 Account number 355007818717 Direct deposit amount 849 .00

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

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

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

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

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

Your email address. Enter only one email address. Preferred phone number 4174896419

Sign Here

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

Joint tax return? (See instructions)

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

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02090332 Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

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

Print Third Party Designee's Name Telephone Number

# California Adjustments — 2018 Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return B H A R A T H , K U M A R , P U D O T A SSN or ITIN 1 7 9 - 1 7 3 1 4 0

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

During 2018:

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident

b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> <u>K S</u>	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input checked="" type="radio"/> <u>K S 0 1 / 0 8 / 2 0 1 8</u>	<input type="radio"/> ____ / ____ / ____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> ____ / ____ / ____	<input type="radio"/> ____ / ____ / ____
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input type="radio"/> _____	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was: . . . . .	<input checked="" type="radio"/> <u>3 5 8</u>	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> <u>N</u>	<input type="radio"/> _____
8 Before 2018: I was a CA resident for the period of . . . . .	<input type="radio"/> ____ / ____ / ____ - ____ / ____ / ____	<input type="radio"/> ____ / ____ / ____ - ____ / ____ / ____

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 27,671.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 27,671.	<input checked="" type="radio"/> 21,671.
2 Taxable interest. (a) <input type="radio"/> . . . . . 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> . . . . . 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> . . . . . 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> . . . . . 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Section B — Additional Income from federal Schedule 1 (Form 1040)</b>					
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. . . . . 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved . . . . . 15b					
16a Reserved . . . . . 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) . . . . . 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation . . . . . 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20a Reserved . . . . . 20a					
21 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="text"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V. . . . . 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d <input type="text"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e <input type="text"/>		
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C . . . . . 22	<input checked="" type="radio"/> 27,671.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,671.	<input checked="" type="radio"/> 21,671.

	A	B	C	D	E
<b>Income Adjustment Schedule</b>					
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses . . . . . 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction . . . . . 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions . . . . . 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid.   b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction . . . . . 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction . . . . . 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved . . . . . 34					
35 Reserved . . . . . 35					
36 Add line 23 through line 35 in each column, A through E . . . . . 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 27,671.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,671.	<input checked="" type="radio"/> 21,671.



**Part III Adjustments to Federal Itemized Deductions**

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

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

**Medical and Dental Expenses**

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 27,671	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 2,075	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	1,475.	<input checked="" type="radio"/> 1,475.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add lines 5a through 5c <input checked="" type="radio"/> 1,475	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	1,475.	<input checked="" type="radio"/> 1,475.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add lines 5e and 6 <input checked="" type="radio"/> 1,475	7		<input checked="" type="radio"/> 1,475.	<input checked="" type="radio"/> 0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 1,475	17		<input checked="" type="radio"/> 1,475.	<input checked="" type="radio"/> 0.

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

**Job Expenses and Certain Miscellaneous Deductions**

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

20 Tax preparation fees.  20

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

22 Add lines 19 through 21.  22  0.

23 Enter amount from federal Form 1040, line 7  27,671.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24  553.

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28  0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately . . . . . \$194,504  
 Head of household . . . . . \$291,760  
 Married/RDP filing jointly or qualifying widow(er) . . . . . \$389,013

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29  0.

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

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from line 37, column E.  1  21,671.

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

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3  0.7832

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4  3,447.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-  5  18,224.

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name . . . . . PUDOTA
First Name . . . . . BHARATH KUMAR
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . 179-17-3140
Date of Birth . . . . . 10/27/1994 (mm/dd/yyyy)
or age as of 1-1-2019 . . . . . 24
Date of Death . . . . . (mm/dd/yyyy)
Legally blind . . . . .
Work Phone . . . . . (417) 489-6419 Ext
Home phone . . . . .

Spouse/RDP:

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

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

c/o Address . . . .
Street Address . . 8501 W 131st PL
Unit Description . . APT Unit Number 222 Private Mailbox (PMB) .
City . . . . . OVERLAND PARK State . . . . . KS ZIP Code . . . . . 66213
Foreign province/county Foreign postal code
Foreign country . .

Military Filers:

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

Part II - Main Form

Form 540: Resident Income Tax Return . . . . .
[X] Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . .
Enter the state of residence as of December 31, 2018 . . . . . CA
Resident entire year
[X] Resident part of year
Date taxpayer established residence in state above . . . . . 08/01/2018
In which state (or foreign country) did taxpayer reside before this change? . . . . . KS
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . .

Part III - Filing Status

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

Part IV - Dependent Information

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

Part V – Standard Deduction/Itemized Deductions

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

Part VI – Other Information

Prior Name:

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

Dependent of Someone Else:

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

Interest and Penalties:

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

Farmers and Fishermen:

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

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

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

Third Party Designee:

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

Disasters:

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

Outside of the USA:

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

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

Part VII – Electronic Filing Information

- File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled

Date return was accepted by the state

Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Direct deposit your client's state tax refund?

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

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

Name of Financial Institution (optional) . . . . . Bank Of America
Account type . . . . . Checking . [X] Savings . [ ]
Routing number . . . . . 081000032
Account number . . . . . 355007818717

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

Total refund available . . . . . 849 .
Amount to be deposited in first account . . . . .
Amount to be deposited in second account . . . . .
Name of Financial Institution (optional) . . . . .
Account type . . . . . Checking . [ ] Savings . [ ]
Routing number . . . . .
Account number . . . . .
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 . . . . .

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

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

International ACH Transactions

Yes No

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

Part IX – California Contributions

Table with 3 columns: Contribution Number, Contribution Name, and Amount. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Dementia Fund, Rare and Endangered Species Preservation Program, etc.

**Part X – Preparer Information**

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

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

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

**Part XI – Extension Status**

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

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ► \_\_\_\_\_

File Extension Payment electronically?

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

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

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

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

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_

State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

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

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

**QuickZoom** to Form 540 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ► \_\_\_\_\_

# Tax Payments Worksheet

**2018**

► Keep for your records

Name BHARATH KUMAR PUDOTA	Social Security Number 179-17-3140
------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	1,103.
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	<b>Total income tax withheld</b> . . . . .	14	1,103.
15	Date return will be filed and balance paid . . . . .	15	

# California Electronic Filing Information Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return <u>BHARATH KUMAR PUDOTA</u>	Social Security Number <u>179-17-3140</u>
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## Electronic Return Originator Information

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

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

## Paid Preparer Information

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

## Electronic Filing Review Check

		Yes	No
1 If any of the questions below are checked yes, the return may not be filed electronically			
1 Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return? . . . . .	▶	<input type="checkbox"/>	<input type="checkbox"/>



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

Name  
BHARATH KUMAR PUDOTA

SSN or FEIN  
179-17-3140

**A – Practitioner PIN Authorization**

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

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

**B – Signature of Electronic Return Originator**

**ERO Declaration**

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

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

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 587278 Self-Select PIN 61989

**C – Signature of Taxpayer/Spouse/RDP**

**Perjury Statement**

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

**Consent to Disclosure**

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

**Electronic Funds Withdrawal Consent**

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

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

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

the tax liability and all applicable interest and penalties.

---

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

Taxpayer's PIN: 73140 Date: 01/25/19  
Spouse's/RDP's PIN: \_\_\_\_\_

---

**D – Decedent Signature and Verification**

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

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# Smart Worksheets from your 2018 California Tax Return

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

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>1,103.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>1,103.</u>

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

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
<b>A</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>21,671.</u>

# FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2019**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX  
KANSAS DEPARTMENT OF REVENUE  
PO BOX 750260  
TOPEKA KS 66675-0260

**NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.**

**K-40V**  
Rev. 7-18

**2018 Kansas**  
INDIVIDUAL INCOME  
PAYMENT VOUCHER

REV 10/18/18 PRO

005

BHARATH KUMAR PUDOTA

PUDO

8501 W 131ST PL APT 222  
OVERLAND PARK KS 66213

179173140

Daytime Phone Number: 4174896419

Name or Address  
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended  
Return

Extension  
Payment

Payment  
Amount \$

30.00

112218PUD0179173140XXXX00000000

BHARATH KUMA PUDOTA

4174896419

PUDO

179173140

8501 W 131ST PL APT 222  
OVERLAND PARK KS 66213

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2018

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:**  Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

**Residency Status:** Resident NonResident (Complete Sch S, Part B) CA State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012018 To 07312018

**Exemptions:** 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

**Dependent Name** - First, Middle and Last **Date of Birth** - MMDDYYYY **Relationship** **SSN**

**Food Sales Tax Credit:** You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- A. Had a dependent child who lived with you all year and was under the age of 18 all of 2018?
- B. Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?
- C. Were you (or spouse) totally and permanently disabled or blind all of 2018, regardless of age?
- D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 **STOP HERE,** you do not qualify for this credit. 0
- E. Number of exemptions claimed
- F. Number of dependents that are 18 years of age or older (born on or before January 1, 2001)
- G. Total qualifying exemptions (subtract line F from line E)
- H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0

BHARATH KUMA PUDOTA

PUDO 179173140

1. Federal adjusted gross income	27671	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	27671	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	22421	29. Total refundable credits	155
8. Tax	855	30. Underpayment	30
9. Nonresident percentage	21.6834	31. Interest	0
10. Nonresident tax	185	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	185	34. AMOUNT YOU OWE	30
13. Credit for taxes paid to other states	0	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	185	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	185	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	185	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	155	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Signature \_\_\_\_\_ Preparer PTIN, EIN or SSN \_\_\_\_\_  
Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number \_\_\_\_\_ P02090332

**IMPORTANT:** 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

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**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**  
**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

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A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

**A2. Contributions to all KPERs (Kansas Public Employee's Retirement Systems)**

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A7. Social Security benefits

A8. KPERs lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

**NET MODIFICATIONS:**

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	27671	6000
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
<b>Additional Income:</b> <b>(Lines B4 - B12)</b>		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss		
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 through B11)		6000

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions	
B14. Penalty on early withdrawal of savings	
B15. Alimony paid	
B16. Moving expenses	
B17. Other federal adjustments	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	6000
B20. Net modifications from Part A that are applicable to Kansas source income	
B21. Modified Kansas source income (Line B19 plus or minus line B20)	6000
B22. Kansas adjusted gross income (From line 3, Form K-40)	27671
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.	21.6834



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**PART C - KANSAS ITEMIZED DEDUCTIONS**

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C1. Medical and dental expenses from line 4 of federal Schedule A: \$ \_\_\_\_\_ Enter 50% of this amount.

C2. Real estate taxes from line 5b of federal Schedule A: \$ \_\_\_\_\_ Enter 50% of this amount.

C3. Personal property taxes from line 5c of federal Schedule A: \$ \_\_\_\_\_ Enter 50% of this amount.

C4. Qualified residence interest you paid and reported on federal Schedule A. (See instructions) \$ \_\_\_\_\_  
Enter 50% of this amount.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.

Kansas Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer :

First Name . . . . . BHARATH KUMAR
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PUDOTA
Social Security No. . . . . 179-17-3140

Date of Birth . . . . . 10/27/1994
Date of Death . . . . .

Taxpayer Phone . . . . . (417) 489-6419 \* [X]
Home Phone . . . . . \*

\* Check one of these boxes to print daytime phone number on the government forms..

Street Address . 8501 W 131st PL Apt No. . . . . 222
City . . . . . OVERLAND PARK State . . . . . KS ZIP Code . . . . . 66213
Foreign country

School District and County Code:

A-E F-M N-Z
School District Code . . . . .
County . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .

Date of Birth . . . . .
Date of Death . . . . .

Spouse Phone . . . . . \*

Part II - Main Form

[ ] Form K-40 : Kansas Individual Income Tax Return for Resident Filers . . . . .
[X] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers . . . . .
Enter Nonresident and Part-Year Resident allocations on Schedule S . . . . .
Dates of Kansas residence (if part-year resident): from 01/01/2018 to 07/31/2018

Part III - Filing Status

Check only one box:

[X] Single
[ ] Married filing joint (even if only one had income)
[ ] Married filing separate
[ ] Head of household (or qualifying widow with dependent child)

Part IV - Other Information

[ ] Check if your name or address has changed from last year
[ ] Check if taxpayer authorizes Director of Taxation or the Director's designee to discuss return and attachments with preparer
[ ] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
[ ] Check this box to take the standard deduction even if less than itemized deductions
Yes No
[X] Taxpayer was engaged in commercial farming or fishing in 2018
[X] At least two-thirds of gross income derived from commercial farming or fishing

Part V - Paid Preparer Information

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

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name . . . . .
Preparer PTIN . . . . . Preparer SSN . . . . .
Street Address . . . . . Addr cont . . . . .
City . . . . . State . . . . . ZIP Code . . . . .
Signature Date . . . . .
Firm Name . . . . . Firm EIN (if applicable) . . . . .
Phone . . . . . Email . . . . .

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

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

[X] 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.

Table with 2 columns: Description, Filename. Contains 3 empty rows.

Date return was EFiled . . . . . \_\_\_\_\_
Date return was accepted by the state . . . . . \_\_\_\_\_
Enter the date Form K-40V was given to client. . . . . \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit or electronic funds withdrawal:

Name of Financial Institution (optional) . . . . . Bank Of America

Check the appropriate box:

Checking . . . . . [X] Routing number . . . . . 081000032
Savings . . . . . [ ] Account number . . . . . 355007818717

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_
State balance-due amount from this return . . . . . \_\_\_\_\_

International ACH Transactions

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

Part VIII - Extension Status

Yes No
[ ] [X] Has the tax return due date been extended?

Extended due date . . . . . \_\_\_\_\_

QuickZoom to Form K-40V: Payment Voucher for Extension Request . . . . . ► \_\_\_\_\_

QuickZoom here to Form K-40 . . . . . ► \_\_\_\_\_

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name BHARATH KUMAR PUDOTA	Social Security Number 179-17-3140
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	155.
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	<b>Total income tax withheld</b> . . . . .	14	155.
15	Date return will be filed and balance paid . . . . .	15	