

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**  
► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ► 5872782019038019xrej

Taxpayer's name DEEPAK KUMAR	Social security number 736-29-9674
Spouse's name SMRITI KUMARI	Spouse's social security number 957-92-2391

**Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	93,085.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	7,408.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	9,109.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	1,701.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

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

9	9	6	7	4
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Enter five digits, but don't enter all zeros

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

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Spouse's PIN: check one box only**

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

2	2	3	9	1
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Enter five digits, but don't enter all zeros

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

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

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

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

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

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

736-29-9674

Taxpayer name DEEPAK KUMAR & SMRITI KUMARI

Taxpayer address (optional)

342 TERRACE AVE

JERSEY CITY NJ 07307

1.  Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 02/07/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019038019xrej.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

**If You Need to Ask About Your Refund**

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: DEEPAK Last name: KUMAR Your social security number: 736-29-9674

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: SMRITI Last name: KUMARI Spouse's social security number: 957-92-2391

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 342 TERRACE AVE Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Jersey City NJ 07307 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SHANVI	SHANDILYA	957-92-2411	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	
		HOMEMAKER	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	96,585.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	93,085.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	93,085.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	69,085.
11	a Tax (see inst.) 7,908. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	7,908.
12	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	12	500.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	7,408.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	7,408.
16	Federal income tax withheld from Forms W-2 and 1099	16	9,109.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
18	Add lines 16 and 17. These are your total payments	18	9,109.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,701.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	20a	1,701.
▶ b	Routing number 3 2 2 2 7 1 7 2 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 4 2 0 1 9 9 7 3 6 6 0		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22		
23	Estimated tax penalty (see instructions) ▶ 23		

**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](http://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

DEEPAK KUMAR & SMRITI KUMARI

Your social security number

736-29-9674

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	-3,500.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>		
<b>22</b>	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 . . . . .	<b>22</b>	-3,500.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

DEEPAK KUMAR & SMRITI KUMARI

Your social security number

736-29-9674

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	KUKATPALLY HYDERABAD TELANGANA IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	2		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		4,000.		
<b>21</b>	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 . . . . .	<b>21</b>		-3,500.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-3,500.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		4,000.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	3,500.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>		-3,500.		

**Paid Preparer's Due Diligence Checklist**

Department of the Treasury  
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

**2018**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return <b>DEEPAK KUMAR &amp; SMRITI KUMARI</b>	Taxpayer identification number <b>736-29-9674</b>
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Enter preparer's name and PTIN <b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</b>	PTIN <b>P02090332</b>
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**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>			
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>b</b> Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>			
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			

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

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

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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



# Tax History Report

▶ Keep for your records

**2018**

Name(s) Shown on Return

DEEPAK KUMAR & SMRITI KUMARI

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .					MFJ
Total income . . . . .					93,085.
Adjustments to income					
Adjusted gross income					93,085.
Tax expense . . . . .					2,916.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					69,085.
Tax . . . . .					7,908.
Alternative min tax . .					
Total credits . . . . .					500.
Other taxes . . . . .					
Payments . . . . .					9,109.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					1,701.
Effective tax rate % . .					7.96
**Tax bracket % . . . .					12.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (DEEPAK KUMAR & SMRITI KUMARI) and Social Security Number (736-29-9674)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (99674, 22391, 01/31/2019)

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2018

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . KUMAR  
 First name . . . . . DEEPAK  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 736-29-9674  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 01/10/1986 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 32  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . DEEPA86@GMAIL.COM  
 Work phone . . . . . (714) 675-0741 Ext \_\_\_\_\_  
 Cell phone . . . . . (714) 675-0741  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . KUMARI  
 First name . . . . . SMRITI  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 957-92-2391  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 02/27/1988 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 30  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . DEEPA86@GMAIL.COM  
 Work phone . . . . . Ext \_\_\_\_\_  
 Cell phone . . . . . (714) 675-0741  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (714) 675-0741  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 342 TERRACE AVE Apt no. . . . .  
 City . . . . . Jersey City State . . . . . NJ ZIP code . . . . . 07307

**Foreign Address:** Check this box to use foreign address . . ▶

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2016  2017
  - Enter the qualifying person's name:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018  Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
SHANVI SHANDILYA		957-92-2411 Daughter	08/25/2014	4	12		L	X

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

**Part-Year Resident State Allocation Worksheet**

**2018**

▶ Keep for your records

Name(s) Shown on Return DEEPAK KUMAR & SMRITI KUMARI	Social Security Number 736-29-9674
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	96,585.	<u>CA</u>	<u>CA</u>	14,560.
		<u>CA</u>	<u>CA</u>	31,807.
		<u>NJ</u>	<u>NJ</u>	50,563.
<b>S</b> Wages, salaries, tips . . . . .		—	—	
		—	—	
		—	—	
		—	—	

\* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>2 T</b> Taxable interest . . . . .						
<b>S</b> Taxable interest . . . . .						
<b>3 T</b> Dividends . . . . .						
<b>S</b> Dividends . . . . .						
<b>4 T</b> State/local tax refund . . . . .						
<b>S</b> State/local tax refund . . . . .						
<b>5 T</b> Alimony received . . . . .						
<b>S</b> Alimony received . . . . .						

\* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
<b>6 T</b> Business inc or loss .							
<b>S</b> Business inc or loss .							
<b>7 T</b> Farm income or loss .							
<b>S</b> Farm income or loss .							
<b>8 Total Schedule E. T</b>	-3,500.	See Sch E Income Allocation Smart Worksheet					
<b>S</b>							

\* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>9 T</b> Capital gain or loss . . . . .						
<b>S</b> Capital gain or loss . . . . .						
<b>10 T</b> Other gains/losses . . . . .						
<b>S</b> Other gains/losses . . . . .						
<b>11 T</b> Unemployment compensation .						
<b>S</b> Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15 Total other income . . . . . T</b>					
<b>S</b>					
<b>16 Total Income. . . . . T</b>	93,085.				
<b>S</b>					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18 T</b> Certain business expenses . . . . .					
<b>S</b> Certain business expenses . . . . .					
<b>19 T</b> Health savings account deduction . . .					
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .					
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . .					
<b>S</b> Student loan interest deduction . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> Tuition and fees deduction . . . . .					



\* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>26 T</b> Self-employment tax . . . . .						
<b>S</b> Self-employment tax . . . . .						
<b>27 T</b> SEP, SIMPLE and qualified plans .						
<b>S</b> SEP, SIMPLE and qualified plans .						
<b>28 T</b> Self-employed health insurance . .						
<b>S</b> Self-employed health insurance . .						
<b>29 T</b> Reserved . . . . .						
<b>S</b> Reserved . . . . .						
<b>30</b> Other adjustments . . . . . <b>T</b>						
<b>31</b> Total adjustments . . . . . <b>T</b>						
<b>32</b> Adjusted gross income . . . . <b>T</b>						93,085.

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (DEEPAK KUMAR & SMRITI KUMARI) and Social Security Number (736-29-9674)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

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

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

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

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: NJ, License number: K92371590001861, Issue date: 11/10/2018, Expiration date: 03/01/2019, Does not expire: [ ]

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- Options for Client Status: New client, Returning client to same preparer and firm, Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: DEEPAK KUMAR & SMRITI KUMARI; Social Security Number: 736-29-9674

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln, Cumming, GA 30041; Employer Identification Number, Phone Number, Fax Number, E-mail Address

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
\* Select the state and/or city amended return(s) to file electronically.

State/City \*
Georgia
Michigan
New York
Vermont

**Miscellaneous Electronic Filing Items**

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

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return  
DEEPAK KUMAR & SMRITI KUMARI

Social Security Number  
736-29-9674

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ZENSAR TECHNOLOGIES INC		14,560.	1,051.	14,560.	303.
CAPGEMINI AMERICA INC		82,025.	8,058.	82,370.	2,331.
<b>Totals</b>		<b>96,585.</b>	<b>9,109.</b>	<b>96,930.</b>	<b>2,634.</b>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	96,585.		96,585.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	9,109.		9,109.
3 & 7	Total social security wages/tips . . . . .	96,585.		96,585.
4	Total social security tax withheld . . . . .	5,989.		5,989.
5	Total Medicare wages and tips . . . . .	96,585.		96,585.
6	Total Medicare tax withheld . . . . .	1,400.		1,400.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .	5,632.		5,632.
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	5,632.		5,632.
14 a	Total deductible mandatory state tax . . . . .	282.		282.
b	Total deductible charitable contributions . . . .			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	96,930.		96,930.
17	Total state tax withheld . . . . .	2,634.		2,634.
19	Total local tax withheld. . . . .			

Name as shown on return DEEPAK KUMAR	Social Security Number 736-29-9674
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Employer EIN . . . . . 77-0283746  
 Employer Name . . . . ZENSAR TECHNOLOGIES INC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 55 W MONROE ST STE 1200  
 City CHICAGO State IL ZIP 60603  
 Foreign Province/County . . . . . \_\_\_\_\_  
 Foreign Postal Code . . . . . \_\_\_\_\_  
 Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp . . . . .	14,560.	2	Federal tax withheld . . . . .	1,051.
3	Social security wages . . . . .	14,560.	4	Social sec tax withheld . . . . .	903.
5	Medicare wages and tips . . . . .	14,560.	6	Medicare tax withheld . . . . .	211.
7	Social security tips . . . . .		8	Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	19.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	1,942.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	384-1773 9	14,560.	303.

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

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

9	Verification Code . . . . .	9	7297-b559-5cae-97d1
10	Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account . . . . .		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	145.	California SDI tax

Keep for your records

DEEPAK KUMAR

736-29-9674 Page 2

Employer Name . . . . . ZENSAR TECHNOLOGIES INC

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

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

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

13 c [ ] Third-party sick pay
[ ] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[ ] Corrected W-2
[ ] Income from Paid Family Leave
Control number (optional) . . . . .

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

Employee's SSN. . . . . 736-29-9674
First name DEEPAK M.I. Last name KUMAR Suff.
Address 342 TERRACE AVE City Jersey City St NJ ZIP code 07307
Foreign Province/County Foreign Postal Code
Foreign Country



► Keep for your records

Name as shown on return DEEPAK KUMAR	Social Security Number 736-29-9674
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**Employer EIN** . . . . . 22-2575929  
**Employer Name** . . . . . CAPGEMINI AMERICA INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6400 SCHAFFER CT STE 100  
**City** DES PLAINES **State** IL **ZIP** 60018  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	82,025.	<b>2</b> Federal tax withheld . . . . .	8,058.
<b>3</b> Social security wages . . . . .	82,025.	<b>4</b> Social sec tax withheld . . . . .	5,086.
<b>5</b> Medicare wages and tips . . . . .	82,025.	<b>6</b> Medicare tax withheld . . . . .	1,189.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	57.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	3,614.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	258-1159 7	31,807.	1,023.
NJ	222575929/000	50,563.	1,308.

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
UI/WF/SWF	113.	New Jersey UI/WF/SWF tax
FLI	24.	New Jersey FLI tax

Keep for your records

DEEPAK KUMAR

736-29-9674 Page 2

Employer Name . . . . CAPGEMINI AMERICA INC

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

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

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

13 c [ ] Third-party sick pay
[ ] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[ ] Corrected W-2
[ ] Income from Paid Family Leave
Control number (optional) . . . . .

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

Employee's SSN. . . . . 736-29-9674
First name M.I. Last name Suff.
DEEPAK KUMAR
Address City St ZIP code
342 TERRACE AVE Jersey City NJ 07307
Foreign Province/County Foreign Postal Code
Foreign Country

# Healthcare Entry Sheet

**2018**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶ \_\_\_\_\_

► Keep for your records

Name as Shown on Return DEEPAK KUMAR & SMRITI KUMARI	Social Security No. 736-29-9674
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children under age 17 with the required social security number: <u>0</u> X \$2,000. Enter the result . . . . .	1		
2	Number of other dependents, including qualifying children without the required social security number: <u>1</u> X \$500. Enter the result . . . . .	2	500.	
3	Add lines 1 and 2 . . . . .	3		500.
4	Enter the amount from Form 1040, line 7 . . . . .	4	93,085.	
5	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040NR filers:</b> Enter -0-.	5	0.	
6	Add lines 4 and 5. Enter the total . . . . .	6	93,085.	
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$400,000</li> <li>All other filing statuses — \$200,000</li> </ul>	7	400,000.	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result . . . . .	9		0.
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> . . . . .	10		500.

**Part 2**

11	Enter the amount from Form 1040, line 11 . . . . .	11		7,908.
12	Add the amounts from — Schedule 3, line 48 . . . . . Schedule 3, line 49 . . . . . + Schedule 3, line 50 . . . . . + Schedule 3, line 51 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	12	0.	
13	Subtract line 12 from line 11 . . . . .	13		7,908.
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter -0- . . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14		0.
15	Subtract line 14 from line 13. Enter the result . . . . .	15		7,908.
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below.	16		500.

**This is your child tax credit and credit for other dependents**

Enter this amount on Form 1040, line 12a

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

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return <b>DEEPAK KUMAR &amp; SMRITI KUMARI</b>	Social Security Number <b>736-29-9674</b>
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**Estimated Tax Payments for 2018** (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	9,109.	2,634.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .			
	9,109.	2,634.	
20 <b>Total Tax Payments for 2018</b> . . . . .	9,109.	2,634.	

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

# Earned Income Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return <b>DEEPAK KUMAR &amp; SMRITI KUMARI</b>	Social Security Number <b>736-29-9674</b>
--	--

## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	96,585.	_____	96,585.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	96,585.	_____	96,585.
<b>9 a</b> Taxable dependent care benefits . . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	96,585.	_____	96,585.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
<b>12</b> SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	96,585.	_____	96,585.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .	_____	_____	_____
<b>16</b> Wages, salaries, tips, etc . . . . .	96,585.	_____	96,585.
<b>17</b> Net self-employment loss . . . . .	_____	_____	_____
<b>18</b> Alimony received . . . . .	_____	_____	_____
<b>19</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>20</b> Foreign earned income exclusion . . . . .	_____	_____	_____
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	96,585.	_____	96,585.

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

<b>23</b> Self-employed, church and statutory employees . . . . .	_____	_____	_____
<b>24</b> Wages, salaries, tips, etc . . . . .	96,585.	_____	96,585.
<b>25</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	96,585.	_____	96,585.

Keep for your records

Name(s) shown on return
DEEPAK KUMAR & SMRITI KUMARI

Social Security No.
736-29-9674

General Information:

Property description . . . . . APPARTMENT
Property type. . . 2 Multi-Family Residence If type is other, enter a description . .
Location (street address) . . . . . KUKATPALLY
City . . . . . HYDERABAD State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 500072 Foreign country . . . . . India

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

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

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

KUKATPALLY, HYDERABAD, TELANGANA, 500072, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . . . . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import . . . . .					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import . . . . .					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import . . . . .					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	4,000.		4,000.		
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import . . . . .					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	4,000.		4,000.		
<b>21</b> Income or (loss) . . . . .			-3,500.		
<b>22</b> Deductible rental real estate loss . . . . .			-3,500.		



# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return DEEPAK KUMAR & SMRITI KUMARI	Social Security Number 736-29-9674
---	---------------------------------------

**2017 State and Local Income Tax Information**

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

**2017 State Extension Information**

(a) State	(b) Paid With Extension

**2017 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2017 State Estimates Information**

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

**2017 Locality Estimates Information**

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

**2017 State Taxes Due Information**

(a) State	(e) Paid With Return

**2017 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2017 State Refund Applied Information**

(a) State	(g) Applied Amount

**2017 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2017 State Tax Refund Information**

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

**2017 Locality Tax Refund Information**

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

Other Tax and Income Information		2017	2018
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		2,916.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		93,085.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		7,408.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

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

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

# Tax Summary Report

2018

Name(s) Shown on Return

DEEPAK KUMAR & SMRITI KUMARI

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	96,585.
Interest and dividend income . . . . .	
Business income (loss) . . . . .	
Capital gains (losses) . . . . .	
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	-3,500.
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>93,085.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 93,085.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	2,916.
Interest . . . . .	
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
Phaseout of itemized deductions . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>2,916.</b>
Standard deduction . . . . .	24,000.

**Taxable Income** . . . . . 69,085.

Income tax . . . . .	7,908.
Alternative minimum tax . . . . .	
<b>Total Taxes before Credits</b> . . . . .	<b>7,908.</b>
Nonbusiness credits . . . . .	500.
Business credits . . . . .	
<b>Total Credits</b> . . . . .	<b>500.</b>
Self-employment tax . . . . .	
Other taxes . . . . .	

**Total Tax** . . . . . 7,408.

Withholding . . . . .	9,109.
Estimated tax payments . . . . .	
Other payments . . . . .	
<b>Total Payments</b> . . . . .	<b>9,109.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 1,701.

**Refund** . . . . . 1,701.

**Amount Applied to Estimate** . . . . .

**Amount Due** . . . . . 0.

Tax bracket . . . . .	12.0 %
Effective tax rate . . . . .	7.96 %

# Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

<p><b>Paid Preparer Smart Worksheet</b></p> <p>If <b>different</b> from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).</p> <p><b>A</b> Enter paid preparer code from Firm/Preparer Info. . . . . <u>  1  </u></p>
---

SMART WORKSHEET FOR: Federal Information Worksheet

<p><b>2017 Tax Cuts &amp; Jobs Act</b></p> <p><b>Apply 15-year recovery period to qualified improvement property</b></p> <p><b>(asset types J2, J3, J4 and J5)</b></p> <p><b>placed in service after December 31, 2017?</b></p> <p>Yes <input type="checkbox"/>      No <input checked="" type="checkbox"/></p> <p style="text-align: center;">Refer to Tax Help</p>
--

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .



SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

<b>Line 7 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>5,989.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,400.</u>
<b>C</b>	Enter any amount from Form 8959, line 7 . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>7,389.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>7,389.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . . _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 7 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . . <u>7,389.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-3,500.		-3,500.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-3,500.		-3,500.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

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



TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include DEEPAK KUMAR, SMRITI KUMARI, 736-29-9674, and 957-92-2391.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 46,367. Line 2: (blank). Line 3: 232.

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

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

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 99674 as my signature on my 2018 e-filed California individual income tax return.

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

Your signature Date

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

[X] I authorize GLOBAL TAXES LLC to enter my PIN 22391 as my signature on my 2018 e-filed California individual income tax return.

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

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727812345 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

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

736-29-9674 KUMA 957-92-2391
DEEPAK KUMAR
SMRITI KUMARI

18

342 TERRACE AVE
JERSEY CITY NJ 07307

01-10-1986 02-27-1988

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

Filing Status

1 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

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. 2 X \$118 = \$ 236

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

10 Dependents: Do not include yourself or your spouse/RDP.

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

Total dependent exemptions 1 X \$367 = \$ 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="46367"/> <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="93085"/> <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="93085"/> <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="93085"/> <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="8802"/> <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="84283"/> <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"/> ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="2798"/> <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="46367"/> <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="41983"/> <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="0.0332"/>		
	<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="1394"/> <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="0.4981"/>		
	<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="300"/> <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="1094"/> <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="1094"/> <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=""/>		
	<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>	58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
	59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
	60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
	61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text"/>	.00
	62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="1094"/>	.00

<b>Other Taxes</b>	71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
	72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
	73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="1094"/>	.00

<b>Payments</b>	81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="1326"/>	.00
	82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
	83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
	84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
	85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
	86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text" value="1326"/>	.00

<b>Overpaid Tax/Tax Due</b>	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text" value="232"/>	.00
	102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00
	103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="232"/>	.00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	.00

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

Your name:

Your SSN or ITIN:



		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	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:  Your SSN or ITIN:

**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**  **.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**  
● **Routing number**  ● **Account number**  ● **126** **Direct deposit amount**  **.00**  
 **Checking**  **Savings**

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

● **Type**  
● **Routing number**  ● **Account number**  ● **127** **Direct deposit amount**  **.00**  
 **Checking**  **Savings**

**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

**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)  ● **PTIN**

Firm's address  ● **Firm's FEIN**

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

Print Third Party Designee's Name  Telephone Number

# 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: D E E P A K K U M A R & S M R I T I K U M A R I SSN or ITIN: 7 3 6 - 2 9 - 9 6 7 4

**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"/> CA	<input checked="" type="radio"/> CA
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"/> NJ 0 2 / 1 6 / 2 0 1 8	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" 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"/> 4 7	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" type="radio"/> N	<input type="radio"/> N
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"/> 96,585.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 96,585.	<input checked="" type="radio"/> 46,367.
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 checked="" type="radio"/> -3,500.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -3,500.	<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"/> 93,085.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 93,085.	<input checked="" type="radio"/> 46,367.

	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"/> 93,085.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 93,085.	<input checked="" type="radio"/> 46,367.



**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"/> 93,085	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 6,981	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	2,916.	<input checked="" type="radio"/>	2,916.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 2,916.	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	2,916.	<input checked="" type="radio"/>	2,916.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 2,916.	7		<input checked="" type="radio"/>	2,916.	<input checked="" type="radio"/> 0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 2,916.	17		<input checked="" type="radio"/>	<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  93,085.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24  1,862.

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  8,802.

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from line 37, column E.  1  46,367.

2 Enter your deductions from line 30.  2  8,802.

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  0.4981

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4  4,384.

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  41,983.

► Keep for your records

**Part I – Personal Information**

**Taxpayer:**

Last Name . . . . . KUMAR  
 First Name . . . . . DEEPAK  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 736-29-9674  
 Date of Birth . . . . . 01/10/1986 (mm/dd/yyyy)  
 or age as of 1-1-2019 . . . . . 32  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . (714) 675-0741 Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

**Spouse/RDP:**

Last name (if different) . KUMARI  
 First Name . . . . . SMRITI  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 957-92-2391  
 Date of Birth . . . . . 02/27/1988 (mm/dd/yyyy)  
 or age as of 1-1-2019 . . . . . 30  
 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 . . 342 TERRACE AVE  
 Unit Description . . \_\_\_\_\_ Unit Number \_\_\_\_\_ Private Mailbox (PMB) . \_\_\_\_\_  
 City . . . . . Jersey City State . . . . . NJ ZIP Code . . . . . 07307  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . \_\_\_\_\_

**Military Filers:**

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

**Part II – Main Form**

Form 540: Resident Income Tax Return . . . . . ►  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ►  
 Enter the state of residence as of December 31, 2018 . . . . . NJ  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . . 02/16/2018  
 In which state (or foreign country) did taxpayer reside before this change? . . . . . CA  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ► \_\_\_\_\_

**Part III – Filing Status**

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

**Part IV – Dependent Information**

First Name	I	Last Name	Social Security Number	Relationship
SHANVI		SHANDILYA	957-92-2411	Daughter

Part V – Standard Deduction/Itemized Deductions

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

Part VI – Other Information

Prior Name:

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

Dependent of Someone Else:

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

Interest and Penalties:

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

Farmers and Fishermen:

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

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

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

Third Party Designee:

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

Disasters:

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

Outside of the USA:

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

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

Part VII – Electronic Filing Information

- File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled 02/07/2019

Date return was accepted by the state 02/07/2019

Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

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

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

Name of Financial Institution (optional) Citi Bank
Account type Checking Savings
Routing number 322271724
Account number 42019973660

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

Total refund available 232.
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 (1-28), Contribution Name, and Amount. Lists various California funds like Seniors Special Fund, Alzheimer's Disease Fund, etc.

**Part X – Preparer Information**

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

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

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

**Part XI – Extension Status**

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

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

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

File Extension Payment electronically?

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

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

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

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

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

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

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

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

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

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

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name DEEPAK KUMAR & SMRITI KUMARI	Social Security Number 736-29-9674
--------------------------------------	---------------------------------------

## 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	1,326.
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	1,326.
15	Date return will be filed and balance paid . . . . .	15	

**California  
Schedule E Worksheet**

**2018**

▶ Keep for your records

Name(s) Shown on Return DEEPAK KUMAR & SMRITI KUMARI	Social Security No. 736-29-9674
---	------------------------------------

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

**Check all that apply**

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

**Ownership Percentage**

- H** Check to allocate income and expenses using ownership percentage . . . . .   
**I** Enter ownership percentage \_\_\_\_\_ %

**Owner rents part of a property**

- J** Check to allocate personal use items to Schedule A . . . . .   
**K** Percentage of rental use . . . . . \_\_\_\_\_ %

**Vacation home or property with personal use days**

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



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

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 wks . .					
Total mort insur qual . .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal and other professional fees . . . .					
<b>11</b> Management fees . . . .					
<b>12 a</b> Mortgage int qualified					
From Form 1098 wks . .					
Total mort int qualified .					
<b>b</b> Mort int other					
From Form 1098 wks . .					
Total mort int other . . .					
<b>13</b> Other interest . . . . .	4,000.		4,000.		
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . .					
From Form 1098 wks . .					
Total real estate taxes .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	4,000.		4,000.		
<b>21</b> Income or (loss) . . . . .			-3,500.		
<b>22</b> Deductible rental real estate loss . . . . .			-3,500.		

# California Electronic Filing Information Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return <u>DEEPAK KUMAR &amp; SMRITI KUMARI</u>	Social Security Number <u>736-29-9674</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>587278</u>	

### Paid Preparer Information

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

### Electronic Filing Review Check

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

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

Name  
DEEPAK KUMAR & SMRITI KUMARI

SSN or FEIN  
736-29-9674

**A – Practitioner PIN Authorization**

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

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

**B – Signature of Electronic Return Originator**

**ERO Declaration**

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

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

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

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

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

**Perjury Statement**

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

**Consent to Disclosure**

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

**Electronic Funds Withdrawal Consent**

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

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

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

the tax liability and all applicable interest and penalties.

---

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

Taxpayer's PIN: 99674 Date: 01/25/19  
Spouse's/RDP's PIN: 22391

---

**D – Decedent Signature and Verification**

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

Name of person claiming refund (35 character limit):

Date:

# Smart Worksheets from your 2018 California Tax Return

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

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>1,326.</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>1,326.</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>46,367.</u>

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

<b>Schedule CA(NR) Schedule E Income Smart Worksheet</b>			
<b>Rental Real Estate &amp; Royalty Income:</b>			
Rental & Royalty Name	State Rental or Royalty was Located	Column D Total Amounts	Column E CA Source Amounts
KUKATPALLY		-3,500.	0.
<b>QuickZoom</b> to Schedule E Worksheet . . . . . ▶			
<b>K-1 Partnership Income:</b>			
Partnership Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 Partnership Worksheet . . . . . ▶			
<b>K-1 S-Corp Income:</b>			
S-Corp Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 S-Corp Worksheet . . . . . ▶			
<b>K-1 Trust Income:</b>			
Trust Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 Trust Worksheet. . . . . ▶			

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

<b>General Information Smart Worksheet</b>	
<b>A</b> Federal depreciation from this activity . . . . .	_____
<b>B</b> Federal amortization from this activity . . . . .	_____
<b>C</b> Federal profit (loss) before passive loss limitation, if any . . . . .	-3,500.
<b>D</b> If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 <b>or</b> Passive Activities Worksheet 3, column A or column B, whichever is applicable . . . . .	-3,500.
<b>E QuickZoom</b> to another copy of Schedule E Worksheet . . . . .	→

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

<b>Federal/California Adjustment Smart Worksheet</b>	
<b>A</b> Net California profit or (loss) allowed . . . . .	-3,500.
<b>B</b> Net federal profit or (loss) allowed . . . . .	-3,500.
<b>C</b> Federal/CA adjustment. Line A less line B . . . . .	0.

SMART WORKSHEET FOR: Schedule E Worksheet (KUKATPALLY)

<b>Activity Summary Smart Worksheet</b>		
<b>Supporting information provided by program. NO ENTRIES ARE NEEDED.</b>		
<b>A</b> Ownership . . . . .	<u>Taxpayer</u>	
<b>B</b> At-risk status . . . . .	<u>All</u>	
<b>C</b> Passive status . . . . .	<u>Active RE</u>	
	<b>Regular Tax</b>	<b>Alternative Minimum Tax</b>
<b>Schedule E</b>		
<b>D</b> Tentative profit (loss) . . . . .	-3,500.	-3,500.
<b>E</b> Other adjustments and preferences . . . . .		
<b>F</b> At-risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss. . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	-3,500.	-3,500.
<b>Related Disposition</b>		
<b>J</b> Tentative profit (loss) . . . . .		
<b>K</b> At-risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss. . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .		
<b>AMT Exclusion</b>		
<b>O</b> Schedule E income/loss . . . . .	-3,500.	