

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 587278201905801gaqh7

Taxpayer's name ARUN KUMAR SRIDHARAN	Social security number 166-89-8021
Spouse's name ARUL DIVYA RAMACHANDRAN	Spouse's social security number 941-96-7960

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	86,627.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	5,134.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	8,490.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,356.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

9	8	0	2	1
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

6	7	9	6	0
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

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

166-89-8021

Taxpayer name ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Taxpayer address (optional)

504 SW ARCH ST

BENTONVILLE AR 72712

1. Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/27/2019 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 587278201905801gaqh7.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: ARUN KUMAR Last name: SRIDHARAN Your social security number: 166-89-8021

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: ARUL DIVYA Last name: RAMACHANDRAN Spouse's social security number: 941-96-7960

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. 504 SW ARCH ST. 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. BENTONVILLE AR 72712 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ISHAN	ARUN	803-65-5327	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: [Signature] PTIN: P02090332 Firm's EIN: [] [] [] [] [] [] [] [] [] []

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

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

Check if: 3rd Party Designee Self-employed

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	89,402.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-2,775.	6	86,627.
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	86,627.
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	62,627.
11	a Tax (see inst.) 7,134. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	7,134.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	2,000.
13	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	5,134.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	5,134.
16	Total tax. Add lines 13 and 14		16	8,490.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		18	8,490.
19	Add any amount from Schedule 5		19	3,356.
20a	Add lines 16 and 17. These are your total payments		20a	3,356.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
23	Routing number 211391825 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 19352004		24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	26	
27	Estimated tax penalty (see instructions)	27	27	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Your social security number

166-89-8021

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-2,775.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-2,775.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Your social security number

166-89-8021

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	VILANGUDI MADURAI TAMILNADU IN 625018				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:	A	B	C
3	Rents received	3			
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12	2,775.		
13	Other interest.	13			
14	Repairs.	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities.	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	2,775.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-2,775.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,775.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c		2,775.	
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e		2,775.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(2,775.)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			-2,775.

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

Taxpayer name(s) shown on return: **ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN** Taxpayer identification number: **166-89-8021**

Enter preparer's name and PTIN: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** **P02090332**

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					86,627.
Adjustments to income					
Adjusted gross income					86,627.
Tax expense					5,076.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					62,627.
Tax					7,134.
Alternative min tax . .					
Total credits					2,000.
Other taxes					
Payments					8,490.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,356.
Effective tax rate % . .					5.93
**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, Social Security Number. Row 1: ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN, 166-89-8021

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, Input field. Rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s) (with X in box)

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 signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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, Input field. Rows: Taxpayer's PIN (5 numbers) 98021, Spouse's PIN (5 numbers) 67960, Date 02/19/2019

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 SRIDHARAN
 First name ARUN KUMAR
 Middle initial Suffix
 Social security no. 166-89-8021
 Occupation SOFTWARE ENGINEER
 Date of birth 06/08/1986 (mm/dd/yyyy)
 Age as of 1-1-2019 32
 Date of death
 Legally blind
 E-mail address ARUNSRIDHARAN.86@GMAIL.COM
 Work phone (440) 382-6848 Ext _____
 Cell phone (440) 382-6848
 Home phone
 Fax number

Spouse:

Last name (if different) RAMACHANDRAN
 First name ARUL DIVYA
 Middle initial Suffix
 Social security no. 941-96-7960
 Occupation HOMEMAKER
 Date of birth 12/06/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death
 Legally blind
 E-mail address ARUNSRIDHARAN.86@GMAIL.COM
 Work phone Ext _____
 Cell phone (440) 382-6848
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (440) 382-6848
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 504 SW ARCH ST. Apt no.
 City BENTONVILLE State AR ZIP code 72712

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		
ISHAN ARUN		803-65-5327 Son	08/06/2016	2			L	

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

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security Number 166-89-8021
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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

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

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

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

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 AR
License number 940267345
Issue date 11/23/2016
Expiration date 10/16/2019
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state AR
Identification number 943985885
Issue date 12/11/2018
Expiration date 10/26/2019
Does not expire
NY Document number (first 3 chars)* _____

* 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:

- 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

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN, 166-89-8021

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

Table with 2 columns: ERO Name, ERO Electronic Filers Identification Number (EFIN). Values: GLOBAL TAXES LLC, 587278. Includes ERO Address, City, State, ZIP Code, ERO Employer Identification Number, ERO Social Security Number or PTIN, and Country.

Paid Preparer Information

Table with 2 columns: Firm Name, Social Security Number or PTIN. Values: GLOBAL TAXES LLC, P02090332. Includes Name, Address, City, State, ZIP Code, Employer Identification Number, Phone Number, Fax Number, and 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.

Form with three rows and checkboxes: 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.

Form titled 'State/City *' with a list of states: 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"/>	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security Number 166-89-8021
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
WAL-MART ASSOCIATES INC		89,402.	8,490.	89,402.	5,076.
Totals		89,402.	8,490.	89,402.	5,076.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	89,402.		89,402.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,490.		8,490.
3 & 7	Total social security wages/tips	95,386.		95,386.
4	Total social security tax withheld	5,914.		5,914.
5	Total Medicare wages and tips	95,386.		95,386.
6	Total Medicare tax withheld	1,383.		1,383.
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	19,110.		19,110.
b	Elective deferrals to qualified plans	5,984.		5,984.
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	13,126.		13,126.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	89,402.		89,402.
17	Total state tax withheld	5,076.		5,076.
19	Total local tax withheld.			

Name as shown on return ARUN KUMAR SRIDHARAN	Social Security Number 166-89-8021
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Employer EIN 71-0794409
Employer Name WAL-MART ASSOCIATES INC
 Name (cont.) _____
Street Address or P. O. Box 702 SW 8TH STREET
City BENTONVILLE **State** AR **ZIP** 72716-0135
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	89,402.	2 Federal tax withheld	8,490.
3 Social security wages	95,386.	4 Social sec tax withheld	5,914.
5 Medicare wages and tips	95,386.	6 Medicare tax withheld	1,383.
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:
DD	13,126.	A: Enter amount attributable to RRTA Tier 2 tax
D	5,984.	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
AR	12286157WHW	89,402.	5,076.

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

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

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

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

Keep for your records

ARUN KUMAR SRIDHARAN	166-89-8021 Page 2
Employer Name WAL-MART ASSOCIATES INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

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

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 166-89-8021

First name ARUN KUMAR M.I. Last name SRIDHARAN Suff. _____

Address 504 SW ARCH ST. City BENTONVILLE St AR ZIP code 72712

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. ▶ _____

Name as Shown on Return ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security No. 166-89-8021
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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

<p>1 Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result</p> <p>2 Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result</p> <p>3 Add lines 1 and 2</p> <p>4 Enter the amount from Form 1040, line 7</p> <p>5 1040 filers: enter the total of any — <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.</p> <p>6 Add lines 4 and 5. Enter the total</p> <p>7 Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly — \$400,000 • All other filing statuses — \$200,000 </p> <p>8 Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.</p> <p>9 Multiply the amount on line 8 by 5% (.05). Enter the result</p> <p>10 Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>2,000.</p> <p>0.</p> <p>86,627.</p> <p>0.</p> <p>86,627.</p> <p>400,000.</p> <p></p> <p></p> <p></p> <p></p> <p></p>	<p>3</p> <p>9</p> <p>10</p>	<p>2,000.</p> <p>0.</p> <p>2,000.</p>
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Part 2

<p>11 Enter the amount from Form 1040, line 11</p> <p>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</p> <p>13 Subtract line 12 from line 11</p> <p>14 Are you claiming any of the following credits? <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.</p> <p>15 Subtract line 14 from line 13. Enter the result</p> <p>16 Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.</p>	<p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p>	<p>7,134.</p> <p>0.</p> <p>7,134.</p> <p></p> <p></p> <p>0.</p> <p>7,134.</p> <p></p>	<p>11</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p>	<p>7,134.</p> <p>0.</p> <p>7,134.</p> <p>2,000.</p>
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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 ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security Number 166-89-8021
---	---------------------------------------

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

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	8,490.	5,076.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	8,490.	5,076.	
20 Total Tax Payments for 2018	8,490.	5,076.	

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

Earned Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security Number 166-89-8021
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	89,402.		89,402.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	89,402.		89,402.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	89,402.		89,402.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	89,402.		89,402.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	89,402.		89,402.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	89,402.		89,402.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	89,402.		89,402.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	89,402.		89,402.

Keep for your records

Name(s) shown on return

ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Social Security No.

166-89-8021

General Information:

Property description BUILDING
Property type . . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) VILANGUDI
City MADURAI State ZIP code
If a foreign address: Foreign province or state . . . TAMILNADU
Foreign postal code 625018 Foreign country India

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

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

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

VILANGUDI, MADURAI, TAMILNADU, 625018, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified	2,775.				
From Form 1098 import					
Total mort int qualified	2,775.		2,775.		
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	2,775.		2,775.		
21 Income or (loss)			-2,775.		
22 Deductible rental real estate loss			-2,775.		

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN	Social Security Number 166-89-8021
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2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		5,076.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		86,627.
6	Tax liability for Form 2210 or Form 2210-F		5,134.
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

ARUN KUMAR SRIDHARAN & ARUL DIVYA RAMACHANDRAN

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	89,402.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-2,775.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	86,627.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 86,627.

Itemized/Standard Deductions

Medical and dental	
Taxes	5,076.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	5,076.
Standard deduction	24,000.

Taxable Income 62,627.

Income tax	7,134.
Alternative minimum tax	
Total Taxes before Credits	7,134.
Nonbusiness credits	2,000.
Business credits	
Total Credits	2,000.
Self-employment tax	
Other taxes	

Total Tax 5,134.

Withholding	8,490.
Estimated tax payments	
Other payments	
Total Payments	8,490.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 3,356.

Refund 3,356.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	12.0 %
Effective tax rate	5.93 %

Smart Worksheets from your 2018 Federal Tax Return

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

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

SMART WORKSHEET FOR: Federal Information Worksheet

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

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>5,914.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,383.</u>
C	Enter any amount from Form 8959, line 7 <u>0.</u>
D	Add line A, B, and C <u>7,297.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>7,297.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J _____
O	Add line L, M, and N _____
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. <u>7,297.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (VILANGUDI)

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

SMART WORKSHEET FOR: Schedule E Worksheet (VILANGUDI)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-2,775.		-2,775.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss.			
H Passive disallowed loss			
I Net profit (loss) allowed	-2,775.		-2,775.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss.			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (VILANGUDI)

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

2018 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__

PROSERIES

Primary's Legal First Name MI Last Name Primary's Social Security Number
Spouse's Legal First Name MI Last Name Spouse's Social Security Number
Mailing Address (Number and Street, P.O. Box or Rural Route)
City State or Province Zip Foreign Country Name

FILING STATUS Check Only One
1. Single (Or widowed before 2018 or divorced at end of 2018)
2. Married Filing Joint (Even if only one had income)
3. Head of Household (See Instructions)
4. Married Filing Separately on the Same Return
5. Married Filing Separately on Different Returns
6. Qualifying Widow(er) with dependent child

Check here if you do NOT want a tax booklet mailed to you next year.
Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself Spouse 65 or Over 65 Special Blind Deaf
Multiply number of boxes checked 7A 2 x \$26 = 52.00

Dependents (Do not list yourself or spouse)
Table with columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you
7B. Multiply number of DEPENDENTS from above 7B 1 x \$26 = 26.00
7C. First name of Qualifying Individual(s) from AR1000RC5:
7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 34) 7D 78.00

ROUND ALL AMOUNTS TO WHOLE DOLLARS
Table with columns: Description, (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: 89,402.00
9A. U.S. Military compensation: 00
9B. U.S. Military compensation: 00
10. Interest income: 00
11. Dividend income: 00
12. Alimony and separate maintenance received: 00
13. Business or professional income: 00
14. Capital gains/(losses) from stocks, bonds, etc: 00
15. Other gains or (losses): 00
16. Non-Qualified IRA distributions and taxable annuities: 00
17A. U.S. Military pension: 00
17B. U.S. Military pension: 00
18A. Your/Joint Employer pension plan(s)/Qualified IRA(s): 00
18B. Spouse's Employer pension plan(s)/Qualified IRA(s): 00
19. Rents, royalties, partnerships, estates, trusts, etc: -2,775.00
20. Farm income: 00
21. Unemployment: 00
22. Other income/depreciation differences: 00
23. TOTAL INCOME: 86,627.00
24. TOTAL ADJUSTMENTS: 00
25. ADJUSTED GROSS INCOME: 86,627.00



Primary SSN 166-89-8021

		(A) Primary/Joint Income		(B) Spouse's Income Status 4 Only																											
TAX COMPUTATION	26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B).....	26	86,627.00	26	00																										
	27. Select tax table: (See Instructions, Line 27)																														
	• <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table																														
	If you qualify for the Low Income Tax Table, enter zero (0) on Line 27A. If not, then:																														
	Enter the larger of your: • <input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3)																														
	OR If your spouse itemizes on a separate return, check here • <input type="checkbox"/>																														
	<input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 27).....	27	4,400.00	27	00																										
	28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26)	28	82,227.00	28	00																										
	29. TAX: (Enter tax from tax table).....	29	4,473.00	29	00																										
	30. Combined tax: (Add amounts from Line 29, Columns A and B)	30		4,473.00																											
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD).....	31		00																												
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required).....	32		00																												
33. TOTAL TAX: (Add Lines 30 through 32).....	33		4,473.00																												
TAX CREDITS	34. Personal Tax Credit(s): (Enter total from Line 7D)	34	78.00																												
	35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	35	00																												
	36. Other Credits: (Attach AR1000TC)	36	00																												
	37. TOTAL CREDITS: (Add Lines 34 through 36)	37		78.00																											
38. NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0)	38		4,395.00																												
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) ...	39	5,076.00																												
	40. Estimated tax paid or credit brought forward from 2017:.....	40	00																												
	41. Payment made with extension: (See Instructions).....	41	00																												
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42	00																												
	43. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43	00																												
	44. TOTAL PAYMENTS: (Add Lines 39 through 43).....	44		5,076.00																											
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions).....	45		00																											
46. Adjusted Total Payments: (Subtract Line 45 from Line 44).....	46		5,076.00																												
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38, enter difference)	47		681.00																											
	48. Amount to be applied to 2019 estimated tax:	48	00																												
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49	00																												
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47).....REFUND	50		681.00																											
	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. • <input type="checkbox"/>																														
Routing Number Account Number																															
• <table border="1"><tr><td>2</td><td>1</td><td>1</td><td>3</td><td>9</td><td>1</td><td>8</td><td>2</td><td>5</td></tr></table> • <table border="1"><tr><td>1</td><td>9</td><td>3</td><td>5</td><td>2</td><td>0</td><td>0</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	2	1	1	3	9	1	8	2	5	1	9	3	5	2	0	0	4														<input checked="" type="checkbox"/> Checking or
2	1	1	3	9	1	8	2	5																							
1	9	3	5	2	0	0	4																								
• <input type="checkbox"/> Savings																															
51. AMOUNT DUE: (If Line 46 is less than Line 38, enter difference; If over \$1,000, continue to 52A)...TAX DUE	51			00																											
52A.UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A • <input type="checkbox"/> Penalty 52B • <input type="checkbox"/>				00																											
52C.Add Lines 51 and 52B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions	TOTAL DUE 52C			00																											
I D	DL# / State ID <u>940267345</u> Your state <u>AR</u> Issue Date (mm/dd/yyyy) <u>11/23/2016</u> Expiration Date (mm/dd/yyyy) <u>10/16/2019</u>																														
	DL# / State ID <u>943985885</u> Spouse state <u>AR</u> Issue Date (mm/dd/yyyy) <u>12/11/2018</u> Expiration Date (mm/dd/yyyy) <u>10/26/2019</u>																														
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS																															
PLEASE 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.																															
PLEASE SIGN HERE	Primary's Signature	Date	Telephone (440) 382-6848	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
	Spouse's Signature	Date	Telephone																												
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number • P02090332		For Department Use Only																										
	Preparer's Name GLOBAL TAXES LLC		City/State/Zip		A •																										
	E-mail		CUMMING GA 30041		Telephone																										



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: ARUN KUMAR; Last Name: SRIDHARAN; Primary's Social Security Number: 166-89-8021; Spouse's Legal First Name and Middle Initial: ARUL DIVYA; Last Name: RAMACHANDRAN; Spouse's Social Security Number: 941-96-7960; Mailing Address: 504 SW ARCH ST.; Telephone: (440) 382-6848; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income, 86,627.00; Row 2: Net Tax, 4,395.00; Row 3: State Income Tax Withheld, 5,076.00; Row 4: Refund, 681.00; Row 5: Tax Due, 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2018 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. 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. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only: ERO'S Signature, Date, Check if paid preparer, Check if self-employed, Your SSN or PTIN (P02090332), Firm's name and address (GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041), FEIN (30-1017196).

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. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Preparer's Signature, Date, Check if self-employed, Preparer's SSN or PTIN (P02090332), Firm's name and address (APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041), FEIN.

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name ARUN KUMAR
 Middle Initial Suffix
 Last Name SRIDHARAN

Social Security No. . . 166-89-8021
 Date of Birth 06/08/1986 (mm/dd/yyyy)
 Date of Death (mm/dd/yyyy)
 Occupation SOFTWARE ENGINEER
 E-mail address
 Work Phone (440) 382-6848
 Home phone

Spouse:

First Name ARUL DIVYA
 Middle Initial Suffix
 Last Name RAMACHANDRAN

Social Security No. . . 941-96-7960
 Date of Birth 12/06/1988 (mm/dd/yyyy)
 Date of Death (mm/dd/yyyy)
 Occupation HOMEMAKER
 E-mail address
 Work Phone

Street Address . . . 504 SW ARCH ST. Apt No.
 City BENTONVILLE State/Province . . AR
 ZIP Code 72712 Foreign Country

Check to confirm address information is correct

Part II – Main Form

- Form AR1000F: Full-Year Resident (Long Form)
- Form AR1000NR: Nonresident Form
- Form AR1000NR: Part-year resident

QuickZoom to enter Nonresident/Part-year resident income allocations

State of residence
 Dates lived in Arkansas in 2018 From To
 (mm/dd/yyyy) (mm/dd/yyyy)

Part III – Filing Status

- 1 Single** (or widowed before 2018 or divorced at end of 2018)
- 2 Married Filing Joint** (even if only one had income)
- 3 Head of Household.** If the qualifying person is your child but not your dependent, enter child's name here ►
- 4 Married Filing Separately on same return**
- 5 Married Filing Separately on different return.** List spouse's full name and social security number:
 Spouse's Name . . . ► Spouse's SSN . . . ►
- 6 Qualifying Widow(er)** with dependent child (year spouse died .)

Exemptions:

Taxpayer	Spouse	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal
<input type="checkbox"/>	<input type="checkbox"/>	65 or Over
<input type="checkbox"/>	<input type="checkbox"/>	65 Special
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Head of Household or Qualifying Widow(er)

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* * Check box if totally & permanently disabled	Select type if developmentally disabled ▼
ISHAN	ARUN	803-65-5327	Son	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

Itemize even if itemized deductions are less than the standard deduction
 Filing status is married filing separately and spouse itemizes deductions
 Take the standard deduction even if less than itemized deductions

Authorization:

Yes No
 Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No
 The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.
QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

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

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

Driver's License

Note: Please enter driver's license information on Federal Identification Verification Worksheet.

	Taxpayer	Spouse
State Issued Driver's License	<u>Arkansas</u>	_____
Driver's License Number	<u>940267345</u>	_____
Date Driver's License Issued	<u>11/23/2016</u>	_____
Date Driver's License Expires	<u>10/16/2019</u>	_____

State ID

	Taxpayer	Spouse
Issuing State	_____	<u>AR - Arkansas</u>
State Identification number	_____	<u>943985885</u>
State ID Issue Date	_____	<u>12/11/2018</u>
State ID Expiration Date	_____	<u>10/26/2019</u>

Date return was EFiled ▶ 02/27/2019
Date return was accepted by the state ▶ 02/27/2019
Enter the date Form AR1000-V was given to client ▶ _____
Date Form AR8453 mailed to the state (IF NEEDED) ▶ _____
QuickZoom to Form AR8453 Additional Information SmartWorksheet ▶

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect **direct deposit** of state tax refund?
 Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) DCU
Check the appropriate box:
Checking ▶ Routing number ▶ 211391825
Savings ▶ Account number . . ▶ 19352004

Enter payment date to withdraw from the account above ▶ _____
State balance-due amount from this return ▶ _____

International ACH Transactions

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

Part VII – Paid Preparer Information

Enter the preparer's code from Preparer's Information Worksheet ▶ 1

Part VIII – Extension Status

Yes No
 Has the tax return due date been extended by filing IRS Form 4868?
 Federal Form 4868 "Out of the Country" checkbox checked?
 Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

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

Yes **No**

Use electronic funds withdrawal of extension tax payment?

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

Balance-due amount paid with this extension _____

QuickZoom to Form AR1055, Application for Extension of Time to File. **➔** _____

Income Allocation Worksheet

2018

► Keep for your records

Name as Shown on Return A SRIDHARAN & A RAMACHANDRAN	Social Security Number 166-89-8021
---	---------------------------------------

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR100NR)
1 a Taxpayer wages, salaries, tips, etc.	89,402.			
b Spouse wages, salaries, tips, etc.				
Line 1 total			89,402.	
Note: Excess moving expense reimbursement included in line 1a or 1b				
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total				
3 Interest income				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 a Taxpayer U.S. Military pension				
b Spouse U.S. Military pension				
Line 10 total				
11 Employer-sponsored pension plan and qualified IRA distributions				
Taxpayer				
Spouse				
Line 11 total				
12 Rents, royalties, partnerships, trusts, etc	-2,775.		-2,775.	
13 Farm income				
14 Unemployment				
15 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E	0.		0.	
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Sale of properties/assets				
Line 15 total	0.		0.	
16 Other income/Loss:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Rural physician incentives				
m Excess reimbursement from AR2106				
n Certain business expenses of fee-basis government officials				
o Certain business expenses of performing artists				
p Other income/Loss				
Line 16 total (Add line a to line k, minus line l to line o, add line p)				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Tax Payments Worksheet

2018

▶ Keep for your records

Name A SRIDHARAN & A RAMACHANDRAN	Social Security Number 166-89-8021
--------------------------------------	---------------------------------------

Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			5,076.
10 State withholding on Forms W-2G Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			5,076.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2018 Arkansas Tax Return

SMART WORKSHEET FOR: Declaration for electronic filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ <u>02/27/2019</u>
B	Date return was accepted by the state ▶ <u>02/27/2019</u>
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax		
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0.	0.
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years		
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	0.	0.
E Amount available towards current year contribution	5,000.	5,000.
F Enter any current year contributions to Arkansas Tuition Savings Program		
G Arkansas tuition contribution carryovers from prior years		
2017		
H Amount applied towards current year Arkansas Tuition Savings Program contributions	0.	0.
I Total deduction for Tuition Savings Program (Line B+Line D+Line H)	0.	0.
J Arkansas tuition contribution carryforward to next year		
2017	0.	0.
2018	0.	0.