

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) ►

| | |
|--|--|
| Taxpayer's name ROHITH KUMAR IRUKULLA | Social security number 795-84-7456 |
| Spouse's name PUJITHA BONAGIRI | Spouse's social security number 966-96-4060 |

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 | 93,969. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 8,016. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 9,229. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 1,213. |
| 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.

| | | | | |
|---|---|---|---|---|
| 4 | 7 | 4 | 5 | 6 |
|---|---|---|---|---|

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 | 4 | 0 | 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

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

Your first name and initial: ROHITH KUMAR Last name: IRUKULLA Your social security number: 795-84-7456

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: PUJITHA Last name: BONAGIRI Spouse's social security number: 966-96-4060

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: 8649 A C SKINNER PKWY Apt. no.: 1214 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: JACKSONVILLE FL 32256 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 |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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 | 93,969. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | 93,969. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 93,969. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 24,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 69,969. |
| 11 | a Tax (see inst.) 8,016. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 11 | 8,016. |
| 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 12 | 8,016. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 8,016. |
| 14 | Other taxes. Attach Schedule 4 | 14 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 15 | 8,016. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | 9,229. |
| 17 | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | 17 | |
| 18 | Add lines 16 and 17. These are your total payments | 18 | 9,229. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 19 | 1,213. |
| 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 20a | 1,213. |
| b | Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4 0 1 3 9 6 1 0 | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | 21 | |
| 22 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 22 | |
| 23 | Estimated tax penalty (see instructions) | 23 | |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 795-84-7456
- e** Spouse of U.S. citizen/resident alien } ROHITHKUMAR IRUKULLA
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

| | | | |
|-----------------------------------|---------------------------------|-------------|-----------------------|
| Name (see instructions) | 1a First name PUJITHA | Middle name | Last name BONAGIRI |
| | 1b First name | Middle name | Last name |

| | |
|------------------------------------|---|
| Applicant's mailing address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 8649 A C SKINNER PKWY Apt 1214 |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. JACKSONVILLE FL USA 32256 |

| | |
|--|---|
| Foreign (non-U.S.) address (if different from above) (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. |

| | | | | |
|--------------------------|---|---------------------------|--|--|
| Birth information | 4 Date of birth (month / day / year) 06 / 19 / 1996 | Country of birth INDIA | City and state or province (optional) KHAMMAM | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|--------------------------|---|---------------------------|--|--|

| | | | | |
|--------------------------|--|--|---|--|
| Other information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date H4 M8877004 08/30/2018 | |
| | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): 04/26/2018 Issued by: INDIA No.: R3135948 Exp. date: 10/15/2027 | | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | | |
| | 6f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶ _____ First name Middle name Last name | | | |

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | |
|--|---|--------------|
| Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) | |
| Signature | Date (month / day / year) | Phone |
| | Name and title (type or print) | |

| | | | |
|------------------------------------|-----------------|-----|------|
| Acceptance Agent's Use ONLY | Name of company | EIN | PTIN |
| | Office Code | | |

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI

| Five Year Tax History: | | | | | |
|---|------|------|------|------|---------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | | | | | MFJ |
| Total income | | | | | 93,969. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 93,969. |
| Tax expense | | | | | 4,417. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 24,000. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 69,969. |
| Tax | | | | | 8,016. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 9,229. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 1,213. |
| Effective tax rate % . . | | | | | 8.53 |
| **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. Values: ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI, 795-84-7456

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)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description, Input field. Rows: Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date

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

Part I – Personal Information

Taxpayer:

Last name IRUKULLA
 First name ROHITH KUMAR
 Middle initial Suffix
 Social security no. 795-84-7456
 Occupation SOFTWARE ENGINEER
 Date of birth 05/28/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death
 Legally blind
 E-mail address IROHITH52@GMAIL.COM
 Work phone (240) 246-5684 Ext
 Cell phone
 Home phone
 Fax number

Spouse:

Last name (if different) BONAGIRI
 First name PUJITHA
 Middle initial Suffix
 Social security no. 966-96-4060
 Occupation HOUSE WIFE
 Date of birth 06/19/1996 (mm/dd/yyyy)
 Age as of 1-1-2019 22
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number
 Print phone number on Form 1040 Home Taxpayer work Spouse work

US Address:

Address 8649 A C SKINNER PKWY Apt no. 1214
 City JACKSONVILLE State FL ZIP code 32256

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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* **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

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

| INCOME | Federal Amount | NY Amount |
|---|----------------|-----------|
| 1 Wages, salaries, tips, etc. T | 93,969. | 81,200. |
| | | |
| 2 Taxable interest T | | |
| | | |
| 3 Dividends T | | |
| | | |
| 4 State/local tax refunds T | | |
| | | |
| 5 Alimony received T | | |
| | | |
| 6 Business income or loss T | | |
| | | |
| 7 Capital gain or loss T | | |
| | | |
| 8 Other gains and losses T | | |
| | | |
| 9 Taxable IRA distribution T | | |
| | | |
| 10 Taxable pension and annuities T | | |
| | | |
| 11 Rentals, royalties, partnerships, S corporations, trusts T | | |
| | | |
| 12 Farm income or loss T | | |
| | | |
| 13 Unemployment compensation T | | |
| | | |
| 14 a Taxable social security benefits T | | |
| | | |
| b Taxable railroad retirement benefits T | | |
| | | |
| 15 Other income T | | |
| | | |
| 16 Total income T | 93,969. | 81,200. |
| | | |

Nonresident State Allocation Worksheet

ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI

795-84-7456

| | ADJUSTMENTS | | Federal Amount | NY Amount |
|----|--|---|-------------------|--------------|
| 17 | Educator expenses | T | | |
| | | S | | |
| 18 | Certain business expenses | T | | |
| | | S | | |
| 19 | Health savings account deduction | T | | |
| | | S | | |
| 20 | Moving expenses | T | | |
| | | S | | |
| 21 | Self-employment tax deduction | T | | |
| | | S | | |
| 22 | Self-employed SEP, SIMPLE, and qualified plans | T | | |
| | | S | | |
| 23 | Self-employed health insurance deduction | T | | |
| | | S | | |
| 24 | Penalty on early withdrawal of savings | T | | |
| | | S | | |
| 25 | Alimony paid | T | | |
| | | S | | |
| 26 | IRA deduction | T | | |
| | | S | | |
| 27 | Student loan interest deduction | T | | |
| | | S | | |
| 28 | Tuition/fees deduction | T | | |
| | | S | | |
| 29 | Reserved | T | | |
| | | S | | |
| 30 | Total other adjustments | T | | |
| | | S | | |
| 31 | Total adjustments | T | | |
| | | S | | |
| 32 | Adjusted gross income | T | 93,969. | 81,200. |
| | | S | | |

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

Driver's License or State Id Information

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

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Taxpayer | Note: Alabama does not allow this option |
| <input checked="" type="checkbox"/> Spouse | |

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Taxpayer | Note: Alabama, New Mexico, New York and Ohio do not allow this option |
| <input type="checkbox"/> 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: | Spouse: |
|---|---|
| Issuing state _____ | Issuing state _____ |
| License number _____ | License number _____ |
| Issue date _____ | Issue date _____ |
| Expiration date _____ | Expiration date _____ |
| Does not expire <input type="checkbox"/> | Does not expire <input type="checkbox"/> |
| NY Document number (first 3 chars)* _____ | NY Document number (first 3 chars)* _____ |

State Identification Card Detail

| Taxpayer: | Spouse: |
|---|---|
| Issuing state _____ | Issuing state _____ |
| Identification number _____ | Identification number _____ |
| Issue date _____ | Issue date _____ |
| Expiration date _____ | Expiration date _____ |
| Does not expire <input type="checkbox"/> | Does not expire <input type="checkbox"/> |
| NY Document number (first 3 chars)* _____ | 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

Name(s) Shown on Return

ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI

Social Security Number

795-84-7456

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; E-mail Address:

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and 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"/> |
| Form 8858, Foreign Disregarded Entities. <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/> | N/A | <input type="checkbox"/> |

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| VALSATECH CORP | | 93,969. | 9,229. | 145,168. | 4,417. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 93,969. | 9,229. | 145,168. | 4,417. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 93,969. | | 93,969. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 9,229. | | 9,229. |
| 3 & 7 | Total social security wages/tips | 93,969. | | 93,969. |
| 4 | Total social security tax withheld | 5,826. | | 5,826. |
| 5 | Total Medicare wages and tips | 93,969. | | 93,969. |
| 6 | Total Medicare tax withheld | 1,363. | | 1,363. |
| 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 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 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 | 102. | | 102. |
| 16 | Total state wages and tips | 145,168. | | 145,168. |
| 17 | Total state tax withheld | 4,417. | | 4,417. |
| 19 | Total local tax withheld. | | | |

| | |
|--|---------------------------------------|
| Name as shown on return ROHITH KUMAR IRUKULLA | Social Security Number 795-84-7456 |
|--|---------------------------------------|

Employer EIN 90-0345011
Employer Name VALSATECH CORP
 Name (cont.) _____
Street Address or P. O. Box 3104 LORD BALTIMORE DRIVE SUITE 207
City WINDSOR MILL State MD ZIP 21244
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 | 93,969. | 2 Federal tax withheld | 9,229. |
| 3 Social security wages | 93,969. | 4 Social sec tax withheld | 5,826. |
| 5 Medicare wages and tips | 93,969. | 6 Medicare tax withheld | 1,363. |
| 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: |
|-------------|---------------|--|
| _____ | _____ | A: Enter amount attributable to RRTA Tier 2 tax |
| _____ | _____ | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| NJ | 900-345-011/000 | 63,968. | 9. |
| NY | 90-0345011 | 81,200. | 4,408. |
| _____ | _____ | _____ | _____ |

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). |
|---|--------|---|
| NY PFL | 86. | Other (not classified) |
| VPDI | 16. | Other (not classified) |
| _____ | _____ | _____ |

Keep for your records

| | |
|---|--------------------|
| ROHITH KUMAR IRUKULLA | 795-84-7456 Page 2 |
| Employer Name VALSATECH CORP | |

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. 795-84-7456

First name ROHITH KUMAR M.I. Last name IRUKULLA Suff. _____

Address 8649 A C SKINNER PKWY, Apt. 1214 City JACKSONVILLE St FL ZIP code 32256

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. ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

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

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

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

| | Federal | State | Local |
|--|---------|--------|-------|
| Taxes Withheld From: | | | |
| 10 Forms W-2 | 9,229. | 4,417. | |
| 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 | 9,229. | 4,417. | |
| 20 Total Tax Payments for 2018 | 9,229. | 4,417. | |

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

Earned Income Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

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 | 93,969 . | | 93,969 . |
| 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 | 93,969 . | | 93,969 . |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 | 93,969 . | | 93,969 . |
| 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 | 93,969 . | | 93,969 . |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|----------|--|----------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 93,969 . | | 93,969 . |
| 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. | 93,969 . | | 93,969 . |

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

| | | | |
|--|----------|--|----------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 93,969 . | | 93,969 . |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 93,969 . | | 93,969 . |

Federal Carryover Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|---|---------------------------------------|

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 | | 4,417. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 93,969. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 8,016. |
| 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
 ROHITH KUMAR IRUKULLA & PUJITHA BONAGIRI

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

| | |
|---|----------------|
| Wages and salaries | 93,969. |
| Interest and dividend income | _____ |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | _____ |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 93,969. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) 93,969.

Itemized/Standard Deductions

| | |
|--|---------------|
| Medical and dental | _____ |
| Taxes | 4,417. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 4,417. |
| Standard deduction | 24,000. |

Taxable Income 69,969.

| | |
|---|---------------|
| Income tax | 8,016. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 8,016. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 8,016.

| | |
|---|---------------|
| Withholding | 9,229. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 9,229. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 1,213.

Refund 1,213.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|--------|
| Tax bracket | 12.0 % |
| Effective tax rate | 8.53 % |

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form W-7 (BONAGIRI PUJITHA): Application for IRS Individual Taxpayer Identification Number

| Document Information Worksheet | | | | |
|--|-----------|----------|------------|------------|
| Use this worksheet to enter information for ID documents | | | | |
| ID Type | Issued by | Number | Expiration | Entry Date |
| Passport | INDIA | R3135948 | 10/15/2027 | 04/26/18 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SMART WORKSHEET FOR: Form W-7 (BONAGIRI PUJITHA): Application for IRS Individual Taxpayer Identification Number

Filing Address Information Smart Worksheet

Using private delivery service

Send Form W-7 to: Internal Revenue Service

ITIN Operation

P.O. Box 149342

Austin, TX 78714-9342

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act

Apply 15-year recovery period to qualified improvement property

(asset types J2, J3, J4 and J5)

placed in service after December 31, 2017?

Yes No

Refer to Tax Help

SMART WORKSHEET FOR: Federal Information Worksheet
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



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: ROHITH KUMAR IRUKULLA

Spouse's name: PUJITHA BONAGIRI
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1. 93969.
2 Refund 2. 690.
3 Amount you owe 3.
4 Financial institution routing number 4. 211391825
5 Financial institution account number 5. 40139610
6 Account type: [X] Personal checking [] Personal savings [] Business checking [] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|--|----------|--|-------------------|---|--|
| Your first name and middle initial ROHITH KUMAR | | Your last name (for a joint return, enter spouse's name on line below) IRUKULLA | | Your date of birth (mmddyyyy) 05281988 | Your social security number 795847456 |
| Spouse's first name and middle initial PUJITHA | | Spouse's last name BONAGIRI | | Spouse's date of birth (mmddyyyy) 06191996 | Spouse's social security number 966964060 |
| Mailing address (see instructions, page 14) (number and street or PO box) 8649 A C SKINNER PKWY | | | | Apartment number 1214 | New York State county of residence NR |
| City, village, or post office JACKSONVILLE | | State FL | ZIP code 32256 | Country (if not United States) | School district name NR |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route) | | | | Apartment no. | City, village, or post office |
| | | | | School district code number | |
| State | ZIP code | Country (if not United States) | | Decedent information | Taxpayer's date of death |
| | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2018
- (2) Number of months your spouse lived in NY City in 2018

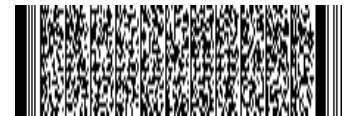
F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

| First name and middle initial | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
795847456

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|----|---|----|-----------|----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 93969 .00 | 1 | 81200 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) .. | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12 .00 | | | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of social security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 23) Identify: | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 93969 .00 | 17 | 81200 .00 |
| 18 | Total federal adjustments to income (see page 23) Identify: | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 93969 .00 | 19 | 81200 .00 |

New York additions (see page 25)

| | | | | | |
|----|---|----|-----------|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19 through 22 | 23 | 93969 .00 | 23 | 81200 .00 |

New York subtractions (see page 26)

| | | | | | |
|----|---|----|-----------|----|-----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 26) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of social security benefits (from line 15) ... | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 93969 .00 | 31 | 81200 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 93969 .00

Standard deduction or itemized deduction (see page 28)

| | | | |
|----|---|----|---------------|
| 33 | Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized | 33 | 16050 .00 |
| 34 | Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | 77919 .00 |
| 35 | Dependent exemptions (enter the number of dependents listed in Item I; see page 28) | 35 | 000.00 |
| 36 | New York taxable income (subtract line 35 from line 34) | 36 | 77919 .00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

| | | |
|--|-----------|-----------|
| 37 New York taxable income (from line 36 on page 2)..... | 37 | 77919 .00 |
| 38 New York State tax on line 37 amount (see page 29) | 38 | 4303 .00 |
| 39 New York State household credit (page 29, table 1, 2, or 3)..... | 39 | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)..... | 40 | 4303 .00 |
| 41 New York State child and dependent care credit (see page 30) | 41 | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)..... | 42 | 4303 .00 |
| 43 New York State earned income credit (see page 30) | 43 | .00 |

| | | |
|---|-----------|----------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 4303 .00 |
|---|-----------|----------|

| | | | | | | |
|------------------------------------|--|---|---|--|---|--|
| 45 Income percentage (see page 30) | | New York State amount from line 31 81200 .00 | ÷ | Federal amount from line 31 93969 .00 | = | Round result to 4 decimal places 45 0.8641 |
|------------------------------------|--|---|---|--|---|--|

| | | |
|---|-----------|----------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 3718 .00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 3718 .00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 50 | 3718 .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|---|------------|-------|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a Subtract line 52 from line 51 | 52a | .00 |
| 52b MCTMT net earnings base | 52b | .00 |
| 52c MCTMT | 52c | .00 |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 |
| 56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) | 56 | 0 .00 |

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

| | | | | | |
|--------------------------------|------------|-----|----------------------------|------------|-----|
| 57a Return a Gift to Wildlife | 57a | .00 | 57o Veterans' Homes | 57o | .00 |
| 57b Missing/Exploited Children | 57b | .00 | 57p Love Your Library Fund | 57p | .00 |
| 57c Breast Cancer Research | 57c | .00 | 57q Lupus Fund | 57q | .00 |
| 57d Alzheimer's Fund | 57d | .00 | 57r Military Family Fund | 57r | .00 |
| 57e Olympic Fund (\$2 or \$4) | 57e | .00 | 57s CUNY Fund | 57s | .00 |
| 57f Prostate Cancer | 57f | .00 | | | |
| 57g 9/11 Memorial | 57g | .00 | | | |
| 57h Volunteer Firefighting | 57h | .00 | | | |
| 57i Teen Health Education | 57i | .00 | | | |
| 57j Veterans Remembrance | 57j | .00 | | | |
| 57k Homeless Veterans | 57k | .00 | | | |
| 57l Mental Illness Anti-Stigma | 57l | .00 | | | |
| 57m Women's Cancers Fund | 57m | .00 | | | |
| 57n Autism Fund | 57n | .00 | | | |



| | | |
|--|-----------|----------|
| 57 Total voluntary contributions (add lines 57a through 57s) | 57 | .00 |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 3718 .00 |



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
795847456

59 Enter amount from line 58 59 3718 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 211391825 73c Account number 40139610

74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name APPANA RUPA VENKATA SATY, Firm's name GLOBAL TAXES LLC, Preparer's PTIN or SSN P02090332, Address 2530 PEBBLE CREEK LN CUMMING GA 30041, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation SOFTWARE ENGINEER, Spouse's signature and occupation (if joint return) HOUSE WIFE, Date, Daytime phone number (240)246 5684, E-mail: IROHITH52@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

| | |
|---|--|
| Name(s) and occupation(s) as shown on Form IT-203 ROHITH KUMAR IRUKULLA SOFTWARE ENGINEER AND PUJITHA BONAGIRI | Your social security number 795847456 |
|---|--|

Complete all parts that apply to you; see instructions (Form IT-203-l). Submit this form with your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

| | | |
|---|-----------|-----|
| 1a Total days (see instructions) | 1a | |
| Nonworking days included in line 1a: | | |
| 1b Saturdays and Sundays (not worked) | 1b | |
| 1c Holidays (not worked) | 1c | |
| 1d Sick leave | 1d | |
| 1e Vacation | 1e | |
| 1f Other nonworking days | 1f | |
| 1g Total nonworking days (add lines 1b through 1f) | 1g | |
| 1h Total days worked in year at this job (subtract line 1g from line 1a) | 1h | |
| 1i Total days included in line 1h worked outside New York State | 1i | |
| 1j Enter number of days worked at home included in line 1i amount | 1j | |
| 1k Subtract line 1j from line 1i | 1k | |
| 1l Days worked in New York State (subtract line 1k from line 1h) | 1l | |
| 1m Enter number of days from line 1h above | 1m | |
| 1n Divide line 1l by line 1m; round the result to the fourth decimal place | 1n | |
| 1o Wages, salaries, tips, etc. (to be allocated) | 1o | .00 |
| 1p New York State allocated wage and salary income (multiply line 1n by line 1o) | 1p | .00 |

Include the line 1p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule B – Living quarters maintained in New York State by a nonresident

Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. **For column E, mark an X in the box if the living quarters are still maintained for or by you.**

| A – Street address | B – City, village, or post office | C | D – ZIP code | E |
|--------------------|-----------------------------------|----|--------------|--------------------------|
| HJH | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |
| | | NY | | <input type="checkbox"/> |

Enter the number of days spent in New York State in this tax year

Any part of a day spent in New York State is considered a day spent in New York State.

NO HANDWRITTEN ENTRIES ON THIS FORM



Enter your social security number
795847456

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No X
- If **Yes**, stop; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

| | | | | | | | |
|--|----------|------------|----|-----------|--------|---------------------------------|-----------------------------------|
| Eligible student 1 | A | First name | MI | Last name | Suffix | B Social security number | C Date of birth (mmddyyyy) |
| <p>D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>E EIN of college or university (see instructions) F Name of college or university (see instructions)</p> <p>G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>H Amount of qualified college tuition expenses (see instructions) <input type="text"/>.00 I Enter the lesser of line H or 10,000 <input type="text"/>.00</p> | | | | | | | |

| | | | | | | | |
|--|----------|------------|----|-----------|--------|---------------------------------|-----------------------------------|
| Eligible student 2 | A | First name | MI | Last name | Suffix | B Social security number | C Date of birth (mmddyyyy) |
| <p>D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>E EIN of college or university (see instructions) F Name of college or university (see instructions)</p> <p>G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>H Amount of qualified college tuition expenses (see instructions) <input type="text"/>.00 I Enter the lesser of line H or 10,000 <input type="text"/>.00</p> | | | | | | | |

| | | | | | | | |
|--|----------|------------|----|-----------|--------|---------------------------------|-----------------------------------|
| Eligible student 3 | A | First name | MI | Last name | Suffix | B Social security number | C Date of birth (mmddyyyy) |
| <p>D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>E EIN of college or university (see instructions) F Name of college or university (see instructions)</p> <p>G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>H Amount of qualified college tuition expenses (see instructions) <input type="text"/>.00 I Enter the lesser of line H or 10,000 <input type="text"/>.00</p> | | | | | | | |

2 College tuition itemized deduction (total the line I amounts for all eligible students; include amounts from any additional sheets).
Also enter this amount on Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deductions. **2** .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 2a Total days (see instructions) | | 2a | |
| Nonworking days included in line 2a: | | | |
| 2b Saturdays and Sundays (not worked) | 2b | | |
| 2c Holidays (not worked) | 2c | | |
| 2d Sick leave | 2d | | |
| 2e Vacation | 2e | | |
| 2f Other nonworking days | 2f | | |
| 2g Total nonworking days (add lines 2b through 2f) | | 2g | |
| 2h Total days worked in year at this job (subtract line 2g from line 2a) | | 2h | |
| 2i Total days included in line 2h worked outside New York State | 2i | | |
| 2j Enter number of days worked at home included in line 2i amount | 2j | | |
| 2k Subtract line 2j from line 2i | | 2k | |
| 2l Days worked in New York State (subtract line 2k from line 2h) | | 2l | |
| 2m Enter number of days from line 2h above | | 2m | |
| 2n Divide line 2l by line 2m; round the result to the fourth decimal place | | 2n | |
| 2o Wages, salaries, tips, etc. (to be allocated) | 2o | | .00 |
| 2p New York State allocated wage and salary income (multiply line 2n by line 2o) | 2p | | .00 |

Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule A – Allocation of wage and salary income to New York State

| | | | |
|---|-----------|-----------|-----|
| 3a Total days (see instructions) | | 3a | |
| Nonworking days included in line 3a: | | | |
| 3b Saturdays and Sundays (not worked) | 3b | | |
| 3c Holidays (not worked) | 3c | | |
| 3d Sick leave | 3d | | |
| 3e Vacation | 3e | | |
| 3f Other nonworking days | 3f | | |
| 3g Total nonworking days (add lines 3b through 3f) | | 3g | |
| 3h Total days worked in year at this job (subtract line 3g from line 3a) | | 3h | |
| 3i Total days included in line 3h worked outside New York State | 3i | | |
| 3j Enter number of days worked at home included in line 3i amount | 3j | | |
| 3k Subtract line 3j from line 3i | | 3k | |
| 3l Days worked in New York State (subtract line 3k from line 3h) | | 3l | |
| 3m Enter number of days from line 3h above | | 3m | |
| 3n Divide line 3l by line 3m; round the result to the fourth decimal place | | 3n | |
| 3o Wages, salaries, tips, etc. (to be allocated) | 3o | | .00 |
| 3p New York State allocated wage and salary income (multiply line 3n by line 3o) | 3p | | .00 |

Include the line 3p amount on Form IT-203, line 1, in the *New York State amount* column.

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

795847456

Box b Employer identification number (EIN)

900345011

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| VALSATECH CORP | | | |
| Employer's address (number and street) | | | |
| 3104 LORD BALTIMORE DRIVE SUITE 207 | | | |
| City | State | ZIP code | Country (if not United States) |
| WINDSOR MILL | MD | 21244 | |

Box 1 Wages, tips, other compensation

93969.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

86.00

Description

NY PFL

Box 14b Amount

16.00

Description

VPDI

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

81200.00

Box 17a NYS income tax withheld

4408.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

63968.00

Box 17b Other state income tax withheld

9.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| | | | |
| Employer's address (number and street) | | | |
| | | | |
| City | State | ZIP code | Country (if not United States) |
| | | | |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



► Keep for your records

Part I – Personal Information

Taxpayer:

First Name ROHITH KUMAR
 Middle Initial Suffix
 Last Name TRUKULLA
 Social Security No. 795-84-7456
 Occupation SOFTWARE ENGINEER
 Date of Birth 05-28-1988
 Age as of 1-1-2019 30
 Date of Death
 State Issued ID info
 Email Address TROHITH52@GMAIL.COM
 Work phone (240) 246-5684
 Extension
 Home Phone

Spouse:

First Name PUJITHA
 Middle Initial Suffix
 Last Name BONAGIRI
 Social Security No. 966-96-4060
 Occupation HOUSE WIFE
 Date of Birth 06-19-1996
 Age as of 1-1-2019 22
 Date of Death
 State Issued ID info
 Email Address BPUJITHA95@GMAIL.COM
 Work phone (201) 647-6839
 Extension

Print phone number on main form Home Taxpayer work Spouse work

Mailing Address

Street Address 8649 A C SKINNER PKWY Apartment No. 1214
 City JACKSONVILLE State FL ZIP Code 32256
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
 City State ZIP Code
 (Below should be used by New York nonresidents only)
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

New York County and School District Information

County NR School District NR School District Code

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If only one spouse has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

| | Taxpayer | | Spouse | |
|---|-------------------------------------|--|-------------------------------------|--|
| | New York City | Yonkers | New York City | Yonkers |
| Residency Status: | | | | |
| Full-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Part-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nonresident | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Part-year residents dates of residency: | | | | |
| From: | _____ | _____ | _____ | _____ |
| To: | _____ | _____ | _____ | _____ |
| If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . . | | Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> | | Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> |

New York City Residents:

- Did the taxpayer or spouse maintain living quarters in New York City during 2018?
- If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Filing only IT-214, NYC-208 and/or NYC-210:

- Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners
 and Renters ►
 Form NYC-210, Claim for NYC School Tax Credit ►

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - Taxpayer **did not** live with their spouse at any time during the year
 - If both taxpayer and spouse itemized deductions on their federal tax return:
 - The spouse is itemizing deductions on their New York state tax return
 - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York State Charitable Gifts Trust Fund

Yes No
 Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:

Health Charitable Account ▶ _____

Elementary and Secondary Education Account ▶ _____

New York City Accumulation Distribution Credit:

Taxpayer . . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____

Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No
 Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)

If Yes, enter the amount ▶ _____

Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

| | Taxpayer | Spouse |
|--|--------------------------|--------------------------|
| Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203. | | |
| 1 Complete MCTM Tax Worksheet | <input type="checkbox"/> | <input type="checkbox"/> |

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) Digital Federal Credit Union
Account Type Checking [X] Savings []
Personal or business account Personal [X] Business []
Routing number 211391825 Confirm routing number 211391825
Account number 40139610 Confirm account number 40139610

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above
State balance-due amount from this return

International ACH Transactions

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

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

Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form IT-370

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[] [X] Tax return due date extended?
Extended due date
[] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[] Extension accepted?
Extension filing date
Extension acceptance date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[] Separately, considering only the income/adjustments of the New York City employee
[] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) ▶ 1

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

Preparer Name
Preparer PTIN or SSN NYTPRIN or NY exclusion code
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)

2-digit special condition code number:

[] Code A6 Build America Bond Interest — Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
* Enter total BAB interest included on Form 1040, line 8a
* Enter BAB interest entered above from NY state or local governments

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
 - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2018 tax return not listed above, enter your 2-digit special condition code number
 ____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:
 Preparer is the third party designee
 Designee's phone number _____
 Designee's name _____
 Designee's email address _____
 Personal identification number _____

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

 Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

| | Taxpayer | Spouse |
|--|----------|--------|
| | | |
| | | |

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation required by Section 457A:

Yes No
 Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

Tax Payments Worksheet

2018

▶ Keep for your records.

| | |
|--|---------------------------------------|
| Name ROHITH KUMAR IRUKULLA AND PUJITHA BONAGIRI | Social Security Number 795-84-7456 |
|--|---------------------------------------|

Tax Payments for the Current Year

| | Date | Payments | | |
|--|------|----------|---------------|-----------|
| | | State | New York City | Yonkers |
| 1 First Payment | | | | |
| 2 Second Payment | | | | |
| 3 Third Payment | | | | |
| 4 Fourth Payment | | | | |
| Additional Payments | | | | |
| 5 Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| 5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer | | | | 5 a _____ |
| 5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse | | | | 5 b _____ |
| 6 Overpayment from previous year applied to current year | | | | 6 _____ |
| 6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer | | | | 6 a _____ |
| 6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse | | | | 6 b _____ |
| 7 Amount paid with current year extension | | | | 7 _____ |
| 8 Total tax payments | | | | 8 _____ |

New York State Income Tax Withheld for the Current Year

| | | |
|---|------|--------|
| 9 State withholding on Forms W-2 | 9 | 4,408. |
| 10 State withholding on Forms W-2G | 10 | |
| 11 State withholding on Forms 1099-R | 11 | |
| 12 a State withholding on Forms 1099-MISC | 12 a | |
| 12 b State withholding on Forms 1099-G | 12 b | |
| 12 c State withholding on Forms 1099-K | 12 c | |
| 13 Other state tax withholding | 13 | |
| 14 Total state income tax withheld | 14 | 4,408. |

City Income Tax Withheld for the Current Year

| | | |
|---|----|--|
| 15 Total City of New York withholding | 15 | |
| 16 Total Yonkers withholding | 16 | |
| 17 Section 1127 withholding | 17 | |

Section 414(h) and 125 Withholding

| | | |
|---|----|--|
| 18 Public employee 414(h) retirement contributions - subject to New York Tax | 18 | |
| 19 Public employee 414(h) retirement contributions - not subject to New York Tax | 19 | |
| 20 Total City of New York withholding (IRC 125) - subject to New York Tax | 20 | |
| 21 Total City of New York withholding (IRC 125) - not subject to New York Tax | 21 | |
| 22 Date return will be filed and balance paid | 22 | |

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

| | |
|--|---|
| Name(s) as Shown on Return ROHITH KUMAR IRUKULLA AND PUJITHA BONAGIRI | Your Social Security No. 795-84-7456 |
|--|---|

Check this box if you used Form 203-F to allocate your wages between multiple years.

| | Federal Amount | New York State Resident Period (part-year residents only) | Nonresident Period (nonresidents and part-year residents) | |
|---|--|--|--|--|
| | Column A Income from federal return | Column B Income from column A for this period | Column C Income from column A for this period | Column D Income from Column C from New York State Sources |
| Income | | | | |
| 1 Wages, salaries, tips, etc. | 93,969. | | 93,969. | 81,200. |
| 2 Federally taxable interest income . . | | | | |
| 3 Dividends | | | | |
| 4 State/local tax refunds | | | | |
| 5 Alimony received | | | | |
| 6 Business income or loss | | | | |
| 7 Capital gain or loss | | | | |
| 8 Other gains and losses | | | | |
| 9 Taxable IRA distribution. | | | | |
| 10 Taxable pension and annuities | | | | |
| 11 Rentals, royalties, p'ship, etc. | | | | |
| 12 Rental real estate included in ln 11 (federal amount) | | | | |
| 13 Farm income or loss. | | | | |
| 14 Unemployment compensation | | | | |
| 15 Taxable social security benefits | | | | |
| 16 Other income | | | | |
| 17 Total income. Add lines 1-11, 13-16 | 93,969. | | 93,969. | 81,200. |

| Adjustments to Income | | | | |
|--|---------|---|---------|---------|
| a Educator expenses | | | | |
| b Certain business expenses | | | | |
| c Health savings account | | | | |
| d Moving expenses | | | | |
| e Self-employment tax deduction | | | | |
| f Self-employed SEP, SIMPLE | | | | |
| g Self-employed health insurance | | | | |
| h Early withdrawal penalty | | | | |
| i Alimony paid | | | | |
| j IRA deduction | | | | |
| k Student loan interest deduction | | | | |
| l Reserved | | | | |
| m Reserved | | | | |
| n Total other adjustments | | | | |
| 18 Total adjustments | | | | |
| 19 Adjusted gross income | 93,969. | * | 93,969. | 81,200. |

* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information

**New York State
Wages/Self-Employment Income Allocation**

2018

▶ Keep for your records

| | |
|---|------------------------------------|
| Name as Shown on Return ROHITH KUMAR IRUKULLA AND PUJITHA BONAGIRI | Social Security No. 795-84-7456 |
|---|------------------------------------|

Part I – New York Wage Allocation

Taxpayer

| Allocate by Formula | Allocate by Percent | | New York Wages |
|---------------------|---------------------|----------------|----------------|
| | | VALSATECH CORP | 81,200. |
| | | | |
| | | | |
| | | | |

Spouse

| Allocate by Formula | Allocate by Percent | | New York Wages |
|---------------------|---------------------|--|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

See Tax Help for details.

Part II – State Self-Employment Income Allocation

Taxpayer

| Type of Business | State Code | Allocation Percent | | State Self-Employment Income |
|------------------|------------|--------------------|--|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Spouse

| Type of Business | State Code | Allocation Percent | | State Self-Employment Income |
|------------------|------------|--------------------|--|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

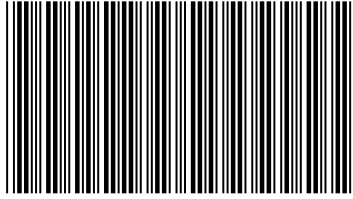
See Tax Help for details.

Smart Worksheets from your 2018 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201 and IT-203

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2018 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
795847456

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
IRUKULLA ROHITH KUMAR & BONAGIRI PUJITHA

Spouse's/CU Partner's SSN (if filing jointly)
966964060

County/Municipality Code (See Table page 50)
0101

Home Address (Number and Street, including apartment number)
8649 A C SKINNER PKWY APT 1214

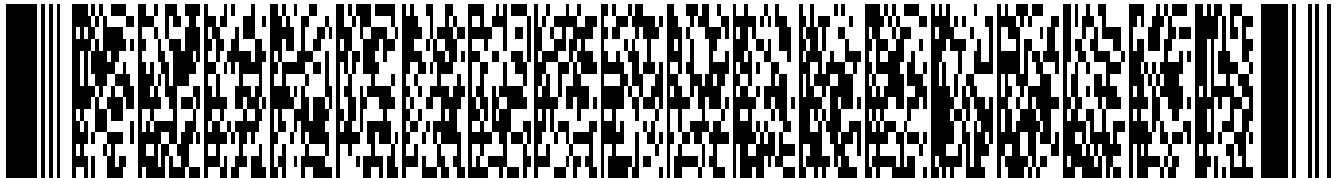
City, Town, Post Office State ZIP Code
JACKSONVILLE FL 32256

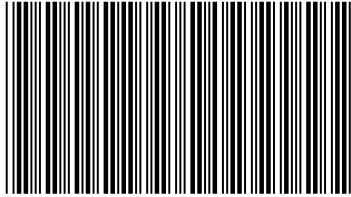
Driver's License Number (Voluntary) (Instructions page 42)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

| | | | |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 211391825 |
| dd5. Account number | dd5. | | 40139610 |





040MP02180

Name(s) as shown on Form NJ-1040

IRUKULLA ROHITH KUMAR & BONAGIRI PUJITHA

Your Social Security Number

795847456

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:

From: To:

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household Enter Spouse's/CU partner's SSN
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

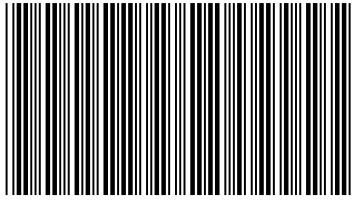
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1953 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$3,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ |
| d. | _____ | _____ | _____ | _____ |



040MP03180

Name(s) as shown on Form NJ-1040

IRUKULLA ROHITH KUMAR & BONAGIRI PUJITHA

Your Social Security Number

795847456

1030

| | | | |
|--|------|-------|---|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 63968 | . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . | . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a | 16b. | . | . |
| 17. Dividends | 17. | . | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C) | 18. | . | . |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4) | 19. | . | . |
| 20a. Pensions, Annuities, and IRA Withdrawals (See instructions) | 20a. | . | . |
| 20b. Excludable Pensions, Annuities, and IRA Withdrawals | 20b. | . | . |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . | . |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . | . |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4) | 23. | . | . |
| 24. Net Gambling Winnings (See instructions) | 24. | . | . |
| 25. Alimony and Separate Maintenance Payments received | 25. | . | . |
| 26. Other (Enclose documents) (See instructions) | 26. | . | . |
| 27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 63968 | . |
| 28a. Retirement/Pension Exclusion (See instructions) | 28a. | . | . |
| 28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22) | 28b. | . | . |
| 28c. Total Exclusion Amount (Add Lines 28a and 28b) | 28c. | . | . |
| 29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions) | 29. | 63968 | . |
| 30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.) | 30. | 2000 | . |
| 31. Medical Expenses (Worksheet F and instructions page 24) | 31. | . | . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) | 35. | . | . |
| 36. Total Exemptions and Deductions (Add Lines 30 through 35) | 36. | 2000 | . |
| 37. Taxable Income (Subtract Line 36 from Line 29) | 37. | 61968 | . |
| 38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25) | 38a. | 3024 | . |
| 38b. Block | . | . | . |
| 38b. Lot | . | . | . |
| 38b. Qualifier | . | . | . |
| 38c. County/Municipality Code | . | . | . |
| Fill in if you completed Worksheet G | . | . | . |
| 39. Property Tax Deduction (From Worksheet H) (See instructions) | 39. | . | . |
| 40. New Jersey Taxable Income (Subtract Line 39 from Line 37) | 40. | 61968 | . |
| 41. Tax on Amount on Line 40 (Tax Table page 52) | 41. | 1098 | . |
| 42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 42. | 1098 | . |
| Enter Code | 32 | . | . |
| 43. Balance of Tax (Subtract Line 42 from Line 41) | 43. | 0 | . |
| 44. Child and Dependent Care Credit (See instructions) | 44. | . | . |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit | . | . | . |
| 45. Balance of Tax (Subtract Line 44 from Line 43) | 45. | 0 | . |
| 46. Sheltered Workshop Tax Credit | 46. | . | . |
| 47. Balance of Tax (Subtract Line 46 from Line 45) | 47. | 0 | . |
| 48. Gold Star Family Counseling Credit (See instructions) | 48. | . | . |
| 49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry | 49. | . | . |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00 | 50. | 0 | . |
| 51. Interest on Underpayment of Estimated Tax | 51. | . | . |
| Fill in if Form NJ-2210 is enclosed | . | . | . |
| 52. Total Tax Due (Add Lines 49, 50, and 51) | 52. | 0 | . |



Name(s) as shown on Form NJ-1040
IRUKULLA ROHITH KUMAR & BONAGIRI PUJITHA

Your Social Security Number
795847456

1030

| | | | |
|--|------|------|------------------|
| 53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 53. | 9 | . |
| 54. Property Tax Credit (See instructions page 25) | 54. | 50 | . |
| 55. New Jersey Estimated Tax Payments/Credit from 2017 tax return | 55. | . | . |
| 56. New Jersey Earned Income Tax Credit (See instructions) | 56. | . | . |
| Fill in if you had the IRS calculate your federal earned income credit | | | |
| Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | | | |
| 57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 57. | . | . |
| 58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 58. | . | . |
| 59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . | . |
| 60. Wounded Warrior Caregivers Credit (See instructions) | 60. | . | . |
| 61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60) | 61. | 59 | . |
| 62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe | 62. | . | . |
| If you owe tax, you can still make a donation on Lines 65 through 72. | | | |
| 63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment | 63. | 59 | . |
| 64. Amount from Line 63 you want to credit to your 2019 tax | 64. | . | . |
| 65. Contribution to N.J. Endangered Wildlife Fund | \$10 | \$20 | Other |
| 66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | \$10 | \$20 | Other |
| 67. Contribution to N.J. Vietnam Veterans' Memorial Fund | \$10 | \$20 | Other |
| 68. Contribution to N.J. Breast Cancer Research Fund | \$10 | \$20 | Other |
| 69. Contribution to U.S.S. New Jersey Educational Museum Fund | \$10 | \$20 | Other |
| 70. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 71. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 72. Other Designated Contribution (See instructions) | \$10 | \$20 | Other Enter Code |
| 73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72) | 73. | . | . |
| 74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73) | 74. | . | . |
| 75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63) | 75. | 59 | . |

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.
 You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

P02090332

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040 IRUKULLA, ROHITH KUMAR & BONAGIRI, PUJITHA | Social Security Number 795-84-7456 |
|--|---------------------------------------|

Schedule NJ-COJ
(Previously Schedule A)

Credit for Income or Wage
Taxes Paid to Other Jurisdiction

2018

| | | | |
|----|--|----|---------|
| 1. | Income properly taxed by both New Jersey and other jurisdiction. (Instructions page 33) Jurisdiction Name: <u>New York</u> Do not combine the same income taxed by more than one jurisdiction. (The amount on Line 1 cannot exceed the amount on Line 2.) | 1. | 63,968. |
| 2. | Income subject to tax by New Jersey (From Line 29, NJ-1040) | 2. | 63,968. |
| 3. | Maximum allowable credit percentage. Divide Line 1 by Line 2. (Instructions page 35) | 3. | 100% |

| | | | |
|--|--|-----------------|-----------------|
| See page 26 to determine if you are eligible for a property tax benefit. If you are not eligible, only complete Column B. | | Column A | Column B |
|--|--|-----------------|-----------------|

| | | | | | | | |
|----|--|-----|---------|----|---------|----|--------|
| 4. | Taxable Income (From Line 37, Form NJ-1040) | 4. | 61,968. | 4. | 61,968. | | |
| 5. | Enter in Box 5a the amount from Worksheet H, Line 1. (Instructions page 30) Property Tax Deduction. Enter the amount from Worksheet H, line 2. (Instructions page 30) | 5a. | 3,024. | 5. | 3,024. | 5. | - 0 - |
| 6. | New Jersey Taxable Income (Subtract Line 5 from Line 4) | 6. | 58,944. | 6. | 61,968. | | |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 1,024. | 7. | 1,098. | | |
| 8. | Allowable Credit (Multiply Line 7 by Line 3) | 8. | 1,024. | 8. | 1,098. | | |
| 9. | Credit for Taxes Paid to Other Jurisdiction. Enter in Box 9a the income or wage tax paid to other jurisdiction. (Instructions page 35) Credit Allowed. Enter the lesser of Line 8 or Box 9a. This amount cannot exceed your New Jersey tax on Line 41. | 9a. | 3,718. | 9. | 1,024. | 9. | 1,098. |

If you are **not eligible** for a property tax benefit, enter the amount from Line 9, Column B on Line 42 Form NJ-1040. Make no entry on Lines 39 or 54, Form NJ-1040.

If you are **eligible** for a property tax benefit, you must complete Worksheet I on page 34 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Keep a copy of this schedule for your records

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2018

▶ Do not mail the NJ-8879 to New Jersey

| | |
|---|--|
| Taxpayer's name IRUKULLA, ROHITH KUMAR | Social security number 795-84-7456 |
| Spouse's name or Civil Union Prtnr's BONAGIRI, PUJITHA | Spouse's social security number or Civil Union Prtnr's 966-96-4060 |

Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)

| | | |
|----------------------------------|---|---------|
| 1 New Jersey Taxable income | 1 | 61,968. |
| 2 Total tax | 2 | 0. |
| 3 New Jersey income tax withheld | 3 | 9. |
| 4 Refund | 4 | 59. |
| 5 Amount you owe | 5 | |

Part II Declaration and Signature Authorization of Taxpayer

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, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN

| | | | | |
|---|---|---|---|---|
| 4 | 7 | 4 | 5 | 6 |
|---|---|---|---|---|

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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

(or Civil Union Prtnr's PIN)

I authorize GLOBAL TAXES LLC to enter my PIN

| | | | | |
|---|---|---|---|---|
| 6 | 4 | 0 | 6 | 0 |
|---|---|---|---|---|

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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 |
|---|---|---|---|---|---|---|---|---|---|---|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name IRUKULLA
First Name ROHITH KUMAR
Middle Initial Suffix
Social Security No. 795-84-7456
Date of Birth 05/28/88
Age as of 12/31/2018 30
Date of Death
Daytime Phone (240) 246-5684 *
Home Phone *

Spouse:

Last Name BONAGIRI
First Name PUJITHA
Middle Initial Suffix
Social Security No. 966-96-4060
Date of Birth 06/19/96
Age as of 12/31/2018 22
Date of Death
Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
Street Address 8649 A C SKINNER PKWY Apt. No 1214
City JACKSONVILLE State FL ZIP Code 32256
County/Municipality Code (residents only) 0101

- Check this box if taxpayer's name is different on last year's NJ tax return
Check this box if taxpayer's address is different on last year's NJ tax return

Part II - Main Form

- X Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. From To
Yes No
Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents

Part III - Filing Status

- Single
X Married/Civil Union Couple, filing joint return
Married/Civil Union Partner, filing separate return
Yes No
Did the taxpayer maintain the same residence as the spouse/CU partner?
If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29
Head of household
Qualifying widow(er)/Surviving CU Partner

Part IV - Exemptions

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, Veteran exemption, and dependent counts.

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 03/13/2019
 - 4 Date return was accepted by the state. 03/14/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . Digital Federal Credit Union

Checking account

Savings account

Routing number 211391825

Account number 40139610

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.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

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 NJ-630: Application for Extension of Time to File ► _____

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Total Wages Worksheet

2018

▶ Keep for your records

| | |
|--|---|
| Name as Shown on Return <u>IRUKULLA, ROHITH KUMAR & BONAGIRI, PUJITHA</u> | Social Security No. <u>795-84-7456</u> |
|--|---|

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

| A Employer's name | B State name | C Federal wages tips, etc from Form W-2 Box 1 | D State wages tips, etc from Form W-2 Box 16 | E Check box to exclude duplicate state wages |
|---|-----------------|--|---|---|
| <u>VALSATECH CORP</u> | | <u>93,969.</u> | | <input type="checkbox"/> |
| <u>- State Wages</u> | <u>NJ</u> | | <u>63,968.</u> | <input type="checkbox"/> |
| <u>- State Wages</u> | <u>NY</u> | | <u>81,200.</u> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| Total federal wages from column C | | 93,969. | | |
| Total state wages from column D | | | 145,168. | |
| Less wages excluded from New Jersey return (by checking box in column E). | | | 81,200. | |
| Wages from all sources | | | 63,968. | |

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

| | |
|--|---|
| Name(s) <u>IRUKULLA, ROHITH KUMAR & BONAGIRI, PUJITHA</u> | Social Security No. <u>795-84-7456</u> |
|--|---|

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you.

| | | |
|---|----------|--------|
| 1 Property Taxes. Enter the property taxes from line 38a of Form NJ-1040 Senior Freeze (Property Tax Reimbursement) applicants must use their base year amount. (See instructions) | 1 | 3,024. |
| 2 Property Tax Deduction. Is the amount on line 1 of this worksheet \$15,000 or more (\$7,500 or more if you and your spouse file separate returns but maintained the same principal residence)? | | |
| <input type="checkbox"/> Yes. Enter \$15,000 (\$7,500 if you and your spouse file separate returns but maintained the same principal residence). | | |
| <input checked="" type="checkbox"/> No. Enter the amount from line 1. | 2 | 3,024. |

STOP if you are claiming a credit for taxes paid to other jurisdictions.
Complete only lines 1 and 2. Then complete Schedule NJ-COJ and Worksheet I. See instructions.

| | | Column A | Column B |
|---|----------|----------|----------|
| 3 Taxable Income (from line 37 of Form NJ-1040) | 3 | | |
| 4 Property Tax Deduction (from line 2 above) | 4 | | -0- |
| 5 New Jersey Taxable Income (subtract line 4 from line 3). | 5 | | |
| 6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules) | 6 | | |
| 7 Subtract line 6, column A, from line 6, column B | 7 | | |

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse file separate returns but maintain the same principal residence)?
Part-year residents, see instructions before answering "No."

Yes. The Property Tax Deduction is more beneficial for you.
Make the following entries on Form NJ-1040.

| | |
|---------------------|---------------------------|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Line 4, Column A |
| Line 40 | Line 5, Column A |
| Line 41 | Line 6, Column A |
| Line 54 | Make no entry |

No. The Property Tax Credit is more beneficial for you.
Make the following entries on Form NJ-1040.

| | |
|---------------------|---|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Make no entry |
| Line 40 | Line 5, Column B |
| Line 41 | Line 6, Column B |
| Line 54 | \$50 (\$25 if you and your spouse file separate returns but maintained the same principal residents). |

Part-year residents must prorate this amount.

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name IRUKULLA, ROHITH KUMAR & BONAGIRI, PUJITHA | Social Security Number 795-84-7456 |
|--|---------------------------------------|

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|------------|
| 9 | State withholding on Forms W-2 | 9 | 9. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 9. |
| 15 | Date return will be filed and balance paid | 15 | 04/15/2019 |

Worksheet I Which Property Tax Benefit to Use

2018

▶ Keep for your records

| | |
|---|---|
| Name <u>IRUKULLA, ROHITH KUMAR & BONAGIRI, PUJITHA</u> | Social Security No. <u>795-84-7456</u> |
|---|---|

| | Column A | Column B |
|--|---------------|---------------|
| 1 Tax. Enter amounts from line 7, Schedule NJ-COJ, columns A and B here | <u>1,024.</u> | <u>1,098.</u> |
| 2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule NJ-COJ, Columns A and B. If you completed more than one Schedule NJ-COJ, enter the total of all line 9 amounts (Columns A and B) in the corresponding column. | <u>1,024.</u> | <u>1,098.</u> |
| 3 Balance of tax due. Subtract line 2 from line 1 | <u>0.</u> | <u>0.</u> |
| 4 Subtract line 3, Column A from line 3, Column B and enter the result here | | <u>0.</u> |

5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

| | |
|---------------------|-----------------------------------|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Line 5, Column A, Schedule NJ-COJ |
| Line 40 | Line 6, Column A, Schedule NJ-COJ |
| Line 41 | Line 7, Column A, Schedule NJ-COJ |
| Line 42 | Line 2, Column A, Worksheet I |
| Line 54 | Make no entry |

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

| | |
|---------------------|---|
| <i>Form NJ-1040</i> | <i>Enter amount from:</i> |
| Line 39 | Make no entry |
| Line 40 | Line 6, Column B, Schedule NJ-COJ |
| Line 41 | Line 7, Column B, Schedule NJ-COJ |
| Line 42 | Line 2, Column B, Worksheet I |
| Line 54 | \$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions. |

Smart Worksheets from your 2018 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

| Property Tax Information Smart Worksheet | |
|--|--|
| 1 | Did you live in more than one qualifying New Jersey residence during 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Did you share ownership of a principal residence during 2018 with anyone other than your spouse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did a principal residence you owned during 2018 consist of multiple units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Were you both a homeowner and a tenant during 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p>If the answer to any of the above questions is Yes, complete Schedule G. QuickZoom to Schedule G</p> | |
| A | Total property tax paid in 2018 _____ Part-year residents: Enter the amount while a resident of New Jersey _____ |
| B | Total rent paid in 2018 <u>16,800</u> Part-year residents: Enter the amount while a resident of New Jersey _____ |
| C | If your filing status is married filing separate return , did you maintain the same residence as your spouse? Answer this question on NJ Information Wks (if Yes, reduce by 50%). . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D | You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No |

SMART WORKSHEET FOR: Sch NJ-COJ: Credit for Income or Wage Taxes Paid to Other Jurisdiction

| Other State Income and Tax Smart Worksheet | | | | | | | |
|--|---|--------------------|----------------------------------|---------|--|--------|--|
| <p><i>Use column B only if there is an amount in column A.</i></p> <p>Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.</p> | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Column A Amount</th> <th style="width: 50%;">Column B* Amount if Different</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">63,968.</td> <td></td> </tr> <tr> <td style="text-align: center;">3,718.</td> <td></td> </tr> </tbody> </table> | Column A Amount | Column B* Amount if Different | 63,968. | | 3,718. | |
| Column A Amount | Column B* Amount if Different | | | | | | |
| 63,968. | | | | | | | |
| 3,718. | | | | | | | |
| A | Income taxed by New Jersey and the other jurisdiction . . . | | | | | | |
| B | Tax paid to other jurisdiction | | | | | | |
| <p>*Use this column only to modify an entry made by the program in column A.</p> | | | | | | | |