

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) ► 587278201903901abs40

Taxpayer's name SAI KIRAN REDDY KANDALA	Social security number 068-39-1612
Spouse's name	Spouse's social security number

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	81,671.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	11,268.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	13,281.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,013.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

9	1	6	1	2
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Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

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

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

068-39-1612

Taxpayer name SAI KIRAN REDDY KANDALA

Taxpayer address (optional)

39 EUCLID AVE APT 3A

HACKENSACK NJ 07601

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/08/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201903901abs40.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **SAI KIRAN REDDY** Last name: **KANDALA** Your social security number: **068-39-1612**

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: _____ Last name: _____ Spouse's social security number: _____

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. **39 EUCLID AVE** Apt. no. **3A** 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. **HACKENSACK NJ 07601** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<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: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

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

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

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: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018) Page **2**

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	89,171.
	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	3b Ordinary dividends	3b
	4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
	5a Social security benefits	5a	5b Taxable amount	5b
	6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -7,500.		6	81,671.
	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	81,671.
	8 Standard deduction or itemized deductions (from Schedule A)		8	12,000.
	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	69,671.
	11 a Tax (see inst.) 11,268. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	11,268.
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	11,268.
	12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	11,268.
	13 Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
	14 Other taxes. Attach Schedule 4		15	11,268.
	15 Total tax. Add lines 13 and 14		16	13,281.
	16 Federal income tax withheld from Forms W-2 and 1099		17	
	17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	13,281.
	Add any amount from Schedule 5		19	2,013.
	18 Add lines 16 and 17. These are your total payments		20a	2,013.
	19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
	20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		22	
	▶ b Routing number 0 2 1 2 0 2 3 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
	▶ d Account number 5 8 2 7 0 8 1 3 2			
	21 Amount of line 19 you want applied to your 2019 estimated tax			
	Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions			
	23 Estimated tax penalty (see instructions)			

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SAI KIRAN REDDY KANDALA

Your social security number

068-39-1612

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-7,500.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-7,500.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SAI KIRAN REDDY KANDALA

Your social security number

068-39-1612

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	BUILDING HYDERABAD INDIA IN 533103				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	4		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		2,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18		5,500.		
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-7,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,500.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d		5,500.		
e	Total of all amounts reported on line 20 for all properties	23e		8,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,500.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26		-7,500.		

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment* on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to IRS.gov and click on *freefile*.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2017 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2018 calendar year income tax return also extends the time to file Form 709 for 2018. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2018. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2018, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2018 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

Part I Identification		Part II Individual Income Tax	
1	SAI KIRAN REDDY KANDALA 39 EUCLID AVE 3A HACKENSACK, NJ 07601	4	Estimate of total tax liability for 2018 . . . \$ <u>12,918.</u>
2	068-39-1612	5	Total 2018 payments <u>13,281.</u>
3	068391612 DK KAND 30 0 201812 670	6	Balance due. Subtract line 5 from line 4 (see instructions) <u>0.</u>
		7	Amount you're paying (see instructions) . . ▶
		8	Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) ▶ <input type="checkbox"/>
		9	Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return SAI KIRAN REDDY KANDALA	Business or activity to which this form relates Sch E BUILDING	Identifying number 068-39-1612
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	5,500.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,500.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

SAI KIRAN REDDY KANDALA

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					81,671.
Adjustments to income					
Adjusted gross income					81,671.
Tax expense					4,029.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					69,671.
Tax					11,268.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					13,281.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,013.
Effective tax rate % . .					13.80
**Tax bracket %					22.0

**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 (SAI KIRAN REDDY KANDALA) and Social Security Number (068-39-1612)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 91612 Spouse's PIN (5 numbers) Date 01/31/2019

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2018

► Keep for your records

Part I – Personal Information

Taxpayer:

Last name KANDALA
 First name SAI KIRAN REDDY
 Middle initial _____ Suffix _____
 Social security no. 068-39-1612
 Occupation SOFTWARE ENGINEER
 Date of birth 02/12/1991 (mm/dd/yyyy)
 Age as of 1-1-2019 27
 Date of death _____
 Legally blind
 E-mail address SAIKIRANREDDYKANDALA@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (201) 637-7886
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2019 _____
 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 _____ Taxpayer cell phone (201) 637-7886
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 39 EUCLID AVE Apt no. 3A
 City HACKENSACK State NJ ZIP code 07601

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

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SAI KIRAN REDDY KANDALA) and Social Security Number (068-39-1612)

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 boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state: NJ
License number: K03936840002911
Issue date: 01/07/2019
Expiration date: 09/10/2020
Does not expire: []
NY Document number (first 3 chars)*: []

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

- Input boxes for 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: SAI KIRAN REDDY KANDALA; Social Security Number: 068-39-1612

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; 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 (checkboxes)

Amended Returns

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

State/City *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return SAI KIRAN REDDY KANDALA	Social Security Number 068-39-1612
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
TECHIE BRAINS INCORPORATED		89,171.	13,281.	89,171.	3,792.
Totals		89,171.	13,281.	89,171.	3,792.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	89,171.		89,171.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	13,281.		13,281.
3 & 7	Total social security wages/tips	80,500.		80,500.
4	Total social security tax withheld	4,991.		4,991.
5	Total Medicare wages and tips	80,500.		80,500.
6	Total Medicare tax withheld	1,167.		1,167.
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	1,500.		1,500.
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	1,500.		1,500.
14 a	Total deductible mandatory state tax	237.		237.
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	89,171.		89,171.
17	Total state tax withheld	3,792.		3,792.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return
SAI KIRAN REDDY KANDALA

Social Security Number
068-39-1612

Employer EIN 45-4925316
Employer Name TECHIE BRAINS INCORPORATED
 Name (cont.) _____
Street Address or P. O. Box 3060 SHEPARD RD
City .NORMAL **State** IL **ZIP** 61761
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	89,171.	2 Federal tax withheld	13,281.
3 Social security wages	80,500.	4 Social sec tax withheld	4,991.
5 Medicare wages and tips	80,500.	6 Medicare tax withheld	1,167.
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:
L	1,500.	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	454-925-316/000	89,171.	3,792.
_____	_____	_____	_____
_____	_____	_____	_____

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 1d351d598ae367f1
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10 _____
Dependent care benefits - Amount forfeited from flexible spending account	_____	11 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
UI/HC/WD	143.	New Jersey UI/WF/SWF tax
DI	64.	New Jersey SDI tax
FLI	30.	New Jersey FLI tax
_____	_____	_____

Keep for your records

SAI KIRAN REDDY KANDALA

068-39-1612 Page 2

Employer Name TECHIE BRAINS INCORPORATED

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 068-39-1612
First name SAI KIRAN REDDY M.I. Last name KANDALA Suff.
Address 39 EUCLID AVE , Apt. 3A City HACKENSACK St NJ ZIP code 07601
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. ▶ _____

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SAI KIRAN REDDY KANDALA	Social Security Number 068-39-1612
--	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	89,171.		89,171.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	89,171.		89,171.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	89,171.		89,171.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	89,171.		89,171.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	89,171.		89,171.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	89,171.		89,171.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	89,171.		89,171.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	89,171.		89,171.

Keep for your records

Name(s) shown on return
SAI KIRAN REDDY KANDALA

Social Security No.
068-39-1612

General Information:

Property descriptionRENTAL APARTMENT
Property type. . . 4 Commercial If type is other, enter a description . . .
Location (street address)BUILDING
CityHYDERABAD State ZIP code
If a foreign address: Foreign province or state . . .INDIA
Foreign postal code 533103 Foreign countryIndia

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk. []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

Property Location

BUILDING, HYDERABAD, INDIA, 533103, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest	2,500.		2,500.		
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation	5,500.		5,500.		
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	8,000.		8,000.		
21 Income or (loss)			-7,500.		
22 Deductible rental real estate loss			-7,500.		

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SAI KIRAN REDDY KANDALA	Social Security Number 068-39-1612
--	---------------------------------------

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		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		4,029.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		81,671.
6	Tax liability for Form 2210 or Form 2210-F		11,268.
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
SAI KIRAN REDDY KANDALA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	89,171.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-7,500.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	81,671.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 81,671.

Itemized/Standard Deductions

Medical and dental	
Taxes	4,029.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	4,029.
Standard deduction	12,000.

Taxable Income 69,671.

Income tax	11,268.
Alternative minimum tax	
Total Taxes before Credits	11,268.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 11,268.

Withholding	13,281.
Estimated tax payments	
Other payments	
Total Payments	13,281.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 2,013.

Refund 2,013.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	<u>13.80 %</u>

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 4868: Application for Automatic Extension

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
KANSAS CITY MO 64999-0045

SMART WORKSHEET FOR: Federal Information Worksheet

<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p>
--

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Schedule E Worksheet (BUILDING)
This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

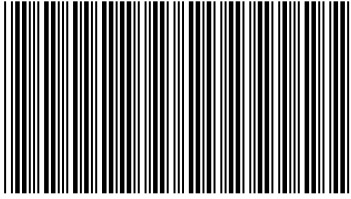
SMART WORKSHEET FOR: Schedule E Worksheet (BUILDING)

Activity Summary Smart Worksheet
 Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-7,500.		-7,500.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-7,500.		-7,500.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (BUILDING)

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



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
068391612

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.)
KANDALA SAI KIRAN REDDY

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

County/Municipality Code (See Table page 50)
1211

Home Address (Number and Street, including apartment number)
39 EUCLID AVE APT 3A

City, Town, Post Office
HACKENSACK

State ZIP Code
NJ 07601

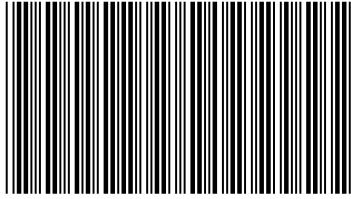
Driver's License Number (Voluntary) (Instructions page 42)
K0393684000291

- 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.		021202337
dd5. Account number	dd5.		582708132





040MP02180

Name(s) as shown on Form NJ-1040

KANDALA SAI KIRAN REDDY

Your Social Security Number

068391612

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

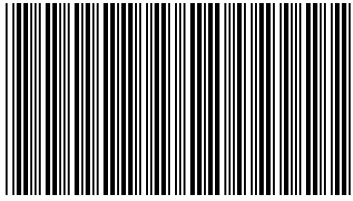
Exemptions

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	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</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.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



040MP03180

Name(s) as shown on Form NJ-1040
KANDALA SAI KIRAN REDDY

Your Social Security Number
068391612

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	89171 .
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.	89171 .
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.	89171 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000 .
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.	1000 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	88171 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2160 .
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.	2160 .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	86011 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	3354 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	. .
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	3354 .
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.	3354 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	3354 .
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.	3354 .
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.	3354 .



Name(s) as shown on Form NJ-1040
KANDALA SAI KIRAN REDDY

Your Social Security Number
068391612

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	3792 .
54. Property Tax Credit (See instructions page 25)	54.	.
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.	3792 .
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.	438 .
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	65.
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66.
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67.
68. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68.
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69.
70. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	70.
71. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71.
72. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72.
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.	438 .

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

P02090332

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

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 KANDALA, SAI KIRAN REDDY	Social Security Number 068-39-1612
--	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2018

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 18, NJ-1040. If loss, make no entry on Line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21, NJ-1040. If loss, make no entry on Line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, NJ-1040. If loss, make no entry on Line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	BUILDING	068391612	1	-7,500.
2.	NJ Depr Adj-BUILDING	068391612	1	4,950.
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.)			4. -2,550.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 KANDALA, SAI KIRAN REDDY	Social Security Number 068-39-1612
--	---------------------------------------

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2018**
(Form NJ-1040) Alternative Business Calculation Adjustment

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-2,550.		
5.	Loss Carryforward From Tax Year 2017			5b.	()		
6.	Totals	6a.	0.	6b.	-2,550.		
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus Line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2019							
12.	Loss Carryforward to Tax Year 2019	12.	(2,550.)		

Instructions

- Line 1a. Enter the amount from Line 18 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 21 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 22 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 23 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

Name KANDALA, SAI KIRAN REDDY	Social Security Number/FEIN 068-39-1612
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For tax years beginning on or after January 1, 2004, use this worksheet to calculate the New Jersey depreciation adjustment required for assets placed in service on or after January 1, 2004, and for which any of the following criteria apply:

- Federal Section 179 expense was deducted
- Federal 50% Special Depreciation Allowance was deducted
- Federal income includes Section 179 recapture income
- Federal income includes a gain or loss from disposition of an asset for which a NJ depreciation adjustment was previously required.

PART I Complete Parts II, III, and IV as required and enter results on this worksheet

1	Total federal depreciation from Part II, Column C	1.	5,500.
2	Total NJ Section 179 deduction allowable from Part II, Column E; total cannot exceed \$25,000 unless Liberty Zone Property is included	2.	0.
3	Total NJ depreciation allowable from Part II, Column K	3.	550.
4	Subtotal (Subtract Lines 2 and 3 from Line 1)	4.	4,950.
5	Total NJ adjustment to federal 179 recapture income from Part III, Column E	5.	
6	Total NJ adjustment to federal gain (loss) on disposition of asset(s) from Part IV, Column F	6.	
7	New Jersey Depreciation Adjustment (total of Lines 4, 5, and 6)	7.	4,950.

Enter the New Jersey Depreciation Adjustment, as a positive or negative amount, on the applicable form, schedule, or worksheet.

For adjustment to S corporation income enter on:

CBT-100S Schedule K or Schedule K, Liquidated, Part II, Line 7
Tax Topic Bulletin GIT-9S, Worksheet B or Worksheet B, Liquidated, Part I, Line 7

For adjustment to partnership income on:

NJ-1065 – If a net addition, include on Line 13b; if a net subtraction, include on Line 15g.
Tax Topic Bulletin GIT-9P, Worksheet A – If a net addition, include on Line 14b; if a net subtraction, include on Line 16e.

For adjustment to net profits from business enter on:

A schedule detailing the calculation of NJ net profits from business and attach to Forms NJ-1040, NJ-1040NR, NJ-1041

For adjustment to income from rents, royalties, patents, and copyrights:

Enter the total adjustments to income from lines 4 and 5 on:

NJ-1040, NJ-BUS-1, Part IV
NJ-1040NR, NJ-BUS-1, Part II
NJ-1041, NJ-BUS-1, Part II

Enter the adjustment to federal gain or loss on disposition from line 6 on:

NJ-1040, Schedule B
NJ-1040NR, Part I
NJ-1041, Schedule A

Name KANDALA, SAI KIRAN REDDY	Social Security Number/FEIN 068-39-1612
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Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

PART II Calculation of New Jersey Depreciation

For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004, and for which Section 179 expense or federal 50% special depreciation allowance were deducted.

A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
BMW	06/01/2018	5,500.	5,500.		5,500.		5,500.	SL	5.0	550.
TOTALS		5,500.	5,500.		5,500.		5,500.			550.

- Instructions:
- For Liberty Zone Property, refer to General Instructions
 - Column A Classify consistent with Internal Revenue Code.
 - Column B Clearly segregate property placed in service during each year.
 - Column C Enter the total special depreciation allowance, 179 expense, and depreciation deducted for federal purposes for this year.
 - Column D Enter federal basis for depreciation prior to special depreciation allowance, 179 expense, or depreciation deduction.
 - Column E For the year placed in service, enter the NJ allowable Section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.
 - Column F Column D less Column E.
 - Column G Enter amounts from prior years' worksheets.
 - Column H For the year placed in service, enter the amount from Column F. For subsequent years, subtract Column G from Column D.
 - Column I Use the same method that was used for federal purposes.
 - Column J Use the same life that was used for federal purposes.
 - Column K Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.
 Enter the total of Column C on Part I, Line 1.
 Enter the total of Column E on Part I, Line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.
 Enter the total of Column K on Part I, Line 3

Name KANDALA, SAI KIRAN REDDY	Social Security Number/FEIN 068-39-1612
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Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

PART III Calculation of Adjustment to Federal 179 Recapture Income

For tax years beginning on or after January 1, 2004, if reported income includes the recapture of Section 179 expense on property placed in service on or after January 1, 2004, use this section to calculate the New Jersey adjustment to federal recapture income. A separate adjustment must be calculated for each asset on which there was recapture income.

A	B	C	D	E
Asset	Date Placed In Service	NJ Section 179 Recapture Income	Federal Section 179 Recapture Income	New Jersey Adjustment to Federal Recapture Income
TOTALS				

Instructions:

- Column A Identify the asset for which the federal recapture income was required.
- Column B Enter date the asset was placed in service.
- Column C Based on federal rules, calculate NJ Section 179 recapture income using amounts allowable for NJ tax purposes.
- Column D Enter the federal Section 179 recapture income which is included in income reported to NJ.
- Column E Subtract Column D from Column C. This is the NJ recapture income adjustment.

Enter the total of Column E, as either a negative or positive, on Part I, Line 5

Name KANDALA, SAI KIRAN REDDY	Social Security Number/FEIN 068-39-1612
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Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

PART IV Calculation of Adjustment to Federal Gain or Loss on Disposition of Asset

For tax years beginning on or after January 1, 2004, use this section to calculate the NJ adjustment to federal gain or loss on disposition of an asset placed in service on or after January 1, 2004, for which Section 179 expense or federal 50% Special Depreciation Allowance were deducted.

A	B	C	D	E	F
Asset	Date Placed in Service	Date of Disposition	Total NJ Depreciation Deducted	Total Federal Depreciation Deducted	Adjustment to Federal Gain (Loss)
TOTALS					

Instructions:

- Column A Identify the asset disposed of.
- Column B Enter date the asset was placed in service.
- Column C Enter date of disposition.
- Column D Enter the total federal Section 179 expense, special allowance, and depreciation deducted for NJ tax purposes.
- Column E Enter the total federal Section 179 expense, special allowance, and depreciation deducted for federal tax purposes.
- Column F Subtract Column E from Column D. This is the NJ adjustment to the federal gain (loss) included in income.

Enter the total of Column F, as either a negative or positive, on Part I, Line 6

New Jersey Information Worksheet

2018

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name KANDALA
 First Name SAI KIRAN REDDY
 Middle Initial _____ Suffix _____
 Social Security No. . . 068-39-1612
 Date of Birth 02/12/91
 Age as of 12/31/2018 . 27
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. . . _____
 Date of Birth _____
 Age as of 12/31/2018 _____
 Date of Death _____
 Daytime Phone _____ *

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

c/o (care of) _____
 Street Address 39 EUCLID AVE Apt. No . 3A
 City HACKENSACK State NJ ZIP Code 07601
 County/Municipality Code (residents only) . . . 1211

- 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

- 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
 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

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of qualifying dependent children _____
 Number of other dependents. _____
 Number of dependents attending colleges (must be under age 22) . . . _____

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 _____
 - 4 Date return was accepted by the state. _____
 - 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) . . . CHASE _____

Checking account

Savings account

Routing number 021202337 _____

Account number 582708132 _____

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 10/15/2019 _____

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>KANDALA, SAI KIRAN REDDY</u>	Social Security No. <u>068-39-1612</u>
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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>TECHIE BRAINS INCORPORATED</u>	<u> </u>	<u>89,171.</u>	<u> </u>	<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>	<u> </u>	<u>89,171.</u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
Total federal wages from column C		89,171.		
Total state wages from column D			89,171.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			89,171.	

Worksheet H Property Tax Deduction/Credit Worksheet

2018

▶ Keep for your records

Name(s) KANDALA, SAI KIRAN REDDY	Social Security No. 068-39-1612
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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	2,160.																		
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	2,160.																		
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.																				
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Column A</th> <th style="width: 30%;">Column B</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">3 Taxable Income (from line 37 of Form NJ-1040)</td> <td style="text-align: right; padding: 2px;">88,171.</td> <td style="text-align: right; padding: 2px;">88,171.</td> </tr> <tr> <td style="padding: 2px;">4 Property Tax Deduction (from line 2 above)</td> <td style="text-align: right; padding: 2px;">2,160.</td> <td style="text-align: right; padding: 2px;">-0-</td> </tr> <tr> <td style="padding: 2px;">5 New Jersey Taxable Income (subtract line 4 from line 3).</td> <td style="text-align: right; padding: 2px;">86,011.</td> <td style="text-align: right; padding: 2px;">88,171.</td> </tr> <tr> <td style="padding: 2px;">6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)</td> <td style="text-align: right; padding: 2px;">3,354.</td> <td style="text-align: right; padding: 2px;">3,490.</td> </tr> <tr> <td style="padding: 2px;">7 Subtract line 6, column A, from line 6, column B</td> <td></td> <td style="text-align: right; padding: 2px;">136.</td> </tr> </tbody> </table>		Column A	Column B	3 Taxable Income (from line 37 of Form NJ-1040)	88,171.	88,171.	4 Property Tax Deduction (from line 2 above)	2,160.	-0-	5 New Jersey Taxable Income (subtract line 4 from line 3).	86,011.	88,171.	6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)	3,354.	3,490.	7 Subtract line 6, column A, from line 6, column B		136.
	Column A	Column B																		
3 Taxable Income (from line 37 of Form NJ-1040)	88,171.	88,171.																		
4 Property Tax Deduction (from line 2 above)	2,160.	-0-																		
5 New Jersey Taxable Income (subtract line 4 from line 3).	86,011.	88,171.																		
6 Tax on line 5 amount (from Tax Tables or Tax Rate Schedules)	3,354.	3,490.																		
7 Subtract line 6, column A, from line 6, column B		136.																		

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 KANDALA, SAI KIRAN REDDY	Social Security Number 068-39-1612
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
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	3,792.
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	3,792.
15	Date return will be filed and balance paid	15	04/15/2019

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	12,000	
	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-BUS-1: Business Income Summary Schedule

Rent and Royalty Income Smart Worksheet				
* Check the box if transaction is not subject to New Jersey tax or will be reported elsewhere (for example, if the transaction occurred during the period of nonresidency for part-year residents or the transaction is being reported on the Business Income Worksheet).				
Source of Income or Loss. If rental real estate, enter physical address of property.	SSN/EIN	Type - Enter number from list above	Income or (Loss)	*
BUILDING	068391612	1	-7,500.	<input type="checkbox"/>
NJ Depr Adj-BUILDING	068391612	1	4,950.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>