

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 587278201908001n9b79

Taxpayer's name SRIKANTH KASAMOLU	Social security number 200-19-7979
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	95,776.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	14,396.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	14,612.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	216.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	7	9	7	9
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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name  
**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 

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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
  - I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
- Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

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

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

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

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

200-19-7979

Taxpayer name SRIKANTH KASAMOLU

Taxpayer address (optional)

2882 NE OVERLOOK DR APT 1818

HILLSBORO OR 97124

- Your federal income tax return for 2018 was filed electronically with the Fresno Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 03/21/2019 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 587278201908001n9b79.
- 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.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

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

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

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

### If You Need to Ask About Your Refund

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

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

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

### **If You Owe Tax**

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

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

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

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

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

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

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

Your first name and initial: **SRIKANTH** Last name: **KASAMOLU** Your social security number: **200-19-7979**

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. **2882 NE OVERLOOK DR** Apt. no. **1818** 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. **HILLSBORO OR 97124** 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**

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	100,326.
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>-4,550.</b>	<b>6</b>	95,776.
<b>7</b>	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	<b>7</b>	95,776.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	12,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	83,776.
<b>11</b>	<b>a</b> Tax (see inst.) <b>14,396.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	14,396.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	14,396.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	14,396.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	14,396.
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	14,612.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	14,612.
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	216.
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	216.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>23</b>	
<b>24</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>24</b>	
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<b>100</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>100</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

SRIKANTH KASAMOLU

Your social security number

200-19-7979

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	-4,550.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	-4,550.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

SRIKANTH KASAMOLU

Your social security number

200-19-7979

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

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

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

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

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		200.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		350.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		4,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,050.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-4,550.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-4,550.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,050.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	4,550.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>				-4,550.



**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2018**  
Attachment  
Sequence No. **88**

Name(s) shown on return <b>SRIKANTH KASAMOLU</b>	Identifying number <b>200-19-7979</b>
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**Part I 2018 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1a</b>	0.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1b</b>	( 4,550. )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1c</b>	( )	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		-4,550.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
<b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2a</b>	( )	
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2b</b>	( )	
<b>c</b> Add lines 2a and 2b . . . . .	<b>2c</b>	( )	
<b>All Other Passive Activities</b>			
<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3b</b>	( )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>		
<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .	<b>4</b>		-4,550.

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	4,550.
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	150,000.
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) . . . . .	<b>7</b>	100,326.
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	49,674.
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	24,837.
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	4,550.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	<b>11</b>	
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>	
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	0.
<b>16</b> <b>Total losses allowed from all passive activities for 2018.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	4,550.

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
HYDERABAD	0.	4,550.			4,550.
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b>	0.	4,550.			

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b>			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b>					

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
HYDERABAD	E Ln 22	4,550.	1.00000000	4,550.	0.
<b>Total</b>		4,550.	1.00	4,550.	0.

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	



# Tax History Report

▶ Keep for your records

**2018**

Name(s) Shown on Return  
SRIKANTH KASAMOLU

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status . . . . .					Single
Total income . . . . .					95,776.
Adjustments to income					
Adjusted gross income					95,776.
Tax expense . . . . .					7,433.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					83,776.
Tax . . . . .					14,396.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					14,612.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					216.
Effective tax rate % . .					15.03
**Tax bracket % . . . .					24.0

\*\*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 (SRIKANTH KASAMOLU) and Social Security Number (200-19-7979)

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) . . . . . 97979 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/11/2019

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 . . . . . KASAMOLU  
 First name . . . . . SRIKANTH  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 200-19-7979  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 03/28/1990 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 28  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . SRIKANTH.KASAMOLU@GMAIL.COM  
 Work phone . . . . . (630) 418-8838 Ext \_\_\_\_\_  
 Cell phone . . . . . (630) 418-8838  
 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 work phone (630) 418-8838  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 2882 NE OVERLOOK DR Apt no. . . . . 1818  
 City . . . . . HILLSBORO State . . . . . OR ZIP code . . . . . 97124

**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 (SRIKANTH KASAMOLU) and Social Security Number (200-19-7979)

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 . . . . . OR
License number . . . . . A241613
Issue date . . . . . 02/01/2017
Expiration date . . . . . 12/30/2019
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

Issuing state . . . . .
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: SRIKANTH KASAMOLU; Social Security Number: 200-19-7979

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

Paid Preparer Information

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

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 [checkbox]; IRS-prepared [checkbox]; Prepared by taxpayer or other non-paid preparer [checkbox]

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 SRIKANTH KASAMOLU	Social Security Number 200-19-7979
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SRIVEN INFOSYS INC		100,326.	14,612.	100,326.	7,433.
<b>Totals</b> . . . . .		100,326.	14,612.	100,326.	7,433.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	100,326.		100,326.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	14,612.		14,612.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	100,326.		100,326.
<b>4</b>	Total social security tax withheld . . . . .	6,220.		6,220.
<b>5</b>	Total Medicare wages and tips . . . . .	100,326.		100,326.
<b>6</b>	Total Medicare tax withheld . . . . .	1,455.		1,455.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. . .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total state deductible employee expenses. . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	100,326.		100,326.
<b>17</b>	Total state tax withheld . . . . .	7,433.		7,433.
<b>19</b>	Total local tax withheld. . . . .			

Name as shown on return SRIKANTH KASAMOLU	Social Security Number 200-19-7979
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**Employer EIN** . . . . . 77-0561842  
**Employer Name** . . . . . SRIVEN INFOSYS INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 43-14, MAIN STREET 3RD FLOOR  
**City** FLUSHING **State** NY **ZIP** 11355  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	100,326.	<b>2</b> Federal tax withheld . . . . .	14,612.
<b>3</b> Social security wages . . . . .	100,326.	<b>4</b> Social sec tax withheld . . . . .	6,220.
<b>5</b> Medicare wages and tips . . . . .	100,326.	<b>6</b> Medicare tax withheld . . . . .	1,455.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	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 <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OR	1386284-9	100,326.	7,433.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Keep for your records

SRIKANTH KASAMOLU	200-19-7979 Page 2
<b>Employer Name . . . .</b> SRIVEN INFOSYS INC	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**d QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

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

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

**13 c**  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

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

Employee's SSN. . . . . 200-19-7979

First name M.I. Last name Suff.

SRIKANTH KASAMOLU

Address City St ZIP code

2882 NE OVERLOOK DR, Apt. 1818 HILLSBORO OR 97124

Foreign Province/County Foreign Postal Code

Foreign Country

# Healthcare Entry Sheet

**2018**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

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

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

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

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return <b>SRIKANTH KASAMOLU</b>	Social Security Number <b>200-19-7979</b>
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**Estimated Tax Payments for 2018** (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	14,612.	7,433.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .			
	14,612.	7,433.	
20 <b>Total Tax Payments for 2018</b> . . . . .	14,612.	7,433.	

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



# Earned Income Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return <b>SRIKANTH KASAMOLU</b>	Social Security Number <b>200-19-7979</b>
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## Part I – Earned Income Credit Worksheet Computation

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

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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	100,326.		100,326.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	100,326.		100,326.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	100,326.		100,326.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	100,326.		100,326.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	100,326.		100,326.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	100,326.		100,326.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	100,326.		100,326.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	100,326.		100,326.

Keep for your records

Name(s) shown on return
SRIKANTH KASAMOLU

Social Security No.
200-19-7979

General Information:

Property description . . . . . BUILDING
Property type. . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . HYDERABAD
City . . . . . HYDERABAD State . . . . . ZIP code . . . . .
If a foreign address: Foreign province or state . . . . . TELANGANA
Foreign postal code . . . . . 500072 Foreign country . . . . . India

Complete For All Properties:

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

Complete For All Rental Properties:

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

Check All That Apply:

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

Ownership Percentage:

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

Owner-Occupied Rentals:

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

Vacation Home or Property with Personal Use Days:

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

HYDERABAD, HYDERABAD, TELANGANA, 500072, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .	200.		200.		
<b>6 a</b> Auto . . . . .	150.		150.		
<b>b</b> Travel . . . . .	200.		200.		
<b>7</b> Cleaning and maint . . . . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .					
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	4,500.		4,500.		
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	5,050.		5,050.		
<b>21</b> Income or (loss) . . . . .			-4,550.		
<b>22</b> Deductible rental real estate loss . . . . .			-4,550.		

# Federal Carryover Worksheet

**2018**

▶ Keep for your records

Name(s) Shown on Return SRIKANTH KASAMOLU	Social Security Number 200-19-7979
--	---------------------------------------

**2017 State and Local Income Tax Information**

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

**2017 State Extension Information**

(a) State	(b) Paid With Extension

**2017 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2017 State Estimates Information**

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

**2017 Locality Estimates Information**

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

**2017 State Taxes Due Information**

(a) State	(e) Paid With Return

**2017 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2017 State Refund Applied Information**

(a) State	(g) Applied Amount

**2017 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2017 State Tax Refund Information**

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

**2017 Locality Tax Refund Information**

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

Other Tax and Income Information		2017	2018
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		7,433.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		95,776.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		14,396.
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 . . . . .

► Keep for your records

Name(s) Shown on Return SRIKANTH KASAMOLU	Social Security Number 200-19-7979
--	---------------------------------------

Description	Amount
<b>Income</b>	
Wages . . . . .	100,326.
Interest income before Series EE bond exclusion . . . . .	_____
Dividend income . . . . .	_____
Tax refund . . . . .	_____
Alimony received . . . . .	_____
Nonpassive business income or loss . . . . .	_____
Royalty and nonpassive rental activities income or loss . . . . .	_____
Nonpassive partnership income or loss . . . . .	_____
Nonpassive S corporation income or loss . . . . .	_____
Nonpassive farm rental income or loss . . . . .	_____
Nonpassive farm income or loss . . . . .	_____
Nonpassive estate and trust income or loss . . . . .	_____
Real estate mortgage investment conduits . . . . .	_____
Business gains and losses from nonpassive activities . . . . .	_____
Capital gains and losses . . . . .	_____
Taxable IRA distributions . . . . .	_____
Taxable pension distributions . . . . .	_____
Unemployment compensation . . . . .	_____
Other income . . . . .	_____
<b>Total income</b> . . . . .	<b>100,326.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	_____
Certain business expenses of reservists, performing artists, and government officials . . . . .	_____
Health savings account deduction . . . . .	_____
Moving expenses . . . . .	_____
Self-employed SEP, SIMPLE, and qualified plans . . . . .	_____
Self-employed health insurance deduction . . . . .	_____
Penalty on early withdrawals of savings . . . . .	_____
Alimony paid . . . . .	_____
Other adjustments . . . . .	_____
<b>Total adjustments</b> . . . . .	_____
<b>Modified adjusted gross income</b> . . . . .	<b>100,326.</b>



# Tax Summary Report

2018

Name(s) Shown on Return  
 SRIKANTH KASAMOLU

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	100,326.
Interest and dividend income . . . . .	
Business income (loss) . . . . .	
Capital gains (losses) . . . . .	
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	-4,550.
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>95,776.</b>

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 95,776.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	7,433.
Interest . . . . .	
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
Phaseout of itemized deductions . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>7,433.</b>
Standard deduction . . . . .	12,000.

**Taxable Income** . . . . . 83,776.

Income tax . . . . .	14,396.
Alternative minimum tax . . . . .	
<b>Total Taxes before Credits</b> . . . . .	<b>14,396.</b>
Nonbusiness credits . . . . .	
Business credits . . . . .	
<b>Total Credits</b> . . . . .	
Self-employment tax . . . . .	
Other taxes . . . . .	

**Total Tax** . . . . . 14,396.

Withholding . . . . .	14,612.
Estimated tax payments . . . . .	
Other payments . . . . .	
<b>Total Payments</b> . . . . .	<b>14,612.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 216.

**Refund** . . . . . 216.

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

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

Tax bracket . . . . .	24.0 %
Effective tax rate . . . . .	15.03 %

# Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

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

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

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

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

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

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

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer		
<b>B</b> At risk status . . . . .	All		
<b>C</b> Passive status . . . . .	Active RE		
<b>Schedule E</b>			
<b>D</b> Tentative profit (loss) . . . . .	-4,550.		-4,550.
<b>E</b> Other adjustments . . . . .			
<b>F</b> At risk disallowed loss . . . . .			
<b>G</b> Passive carryover loss . . . . .			
<b>H</b> Passive disallowed loss . . . . .			
<b>I</b> Net profit (loss) allowed . . . . .	-4,550.		-4,550.
<b>Related Dispositions</b>			
<b>J</b> Tentative profit (loss) . . . . .			
<b>K</b> At risk disallowed loss . . . . .			
<b>L</b> Passive carryover loss . . . . .			
<b>M</b> Passive disallowed loss . . . . .			
<b>N</b> Net profit (loss) allowed . . . . .			

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

<b>Qualified Business Income Deduction Info</b>																											
<b>A</b>	Is this activity a qualified trade or business? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>																										
<b>B</b>	Trade or Business Name . . . . . _____																										
<b>C</b>	Trade or Business ID Number . . . . . _____																										
<b>D</b>	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> 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 _____ %																										
<b>E</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Tentative Schedule E profit (loss) from this business . . . . .</td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td>2</td> <td>Reductions to qualified business income</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>3</td> <td>Schedule E qualified business income</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4</td> <td>Allowable Schedule E profit (loss) after passive/at-risk limits</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4</td> <td>Portion of Schedule E profit (loss) attributable to co-owned SSTB</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>5</td> <td>Allowable Schedule E profit (loss) allocated to SSTB</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>6</td> <td>Allowable Schedule E profit (loss) from this business</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	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						
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**2018 Form OR-40**

Page 1 of 4, 150-101-040 (Rev. 12-18) Oregon Department of Revenue



00461801011555

Office use only	

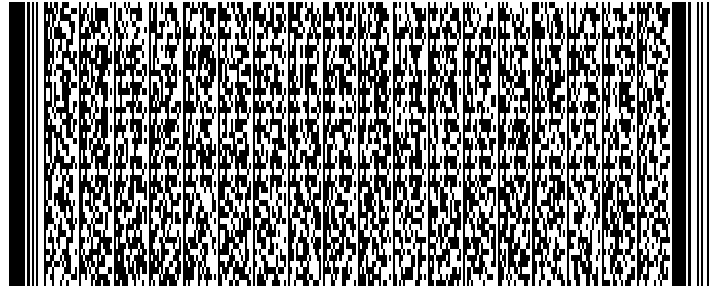
**Oregon Individual Income Tax Return for Full-year Residents**

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election.  Federal disaster relief.
- Extension filed.  Federal Form 8886.
- Form OR-24.



First name and initial <b>SRIKANTH</b>	Last name <b>KASAMOLU</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>200-19-7979</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address <b>2882 NE OVERLOOK DR APT 1818</b>			Date of birth (mm/dd/yyyy) <b>03/28/1990</b>	Spouse's date of birth	
City <b>HILLSBORO</b>	State <b>OR</b>	ZIP code <b>97124</b>	Country <b>USA</b>	Phone <b>(630) 418-8838</b>	

**Filing status** (check only **one** box)

1.  Single.
2.  Married filing jointly.
3.  Married filing separately (enter spouse's information **above**).
4.  Head of household (with qualifying dependent).
5.  Qualifying widow(er) with dependent child.

**Exemptions**

- 6a. Credits for yourself:  Regular  Severely disabled ... 6a. **Total 1**
- Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse:  Regular  Severely disabled ... 6b.
- Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box  and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*Dependent relationship code—Please see instructions to determine the appropriate code.

6c. Total number of dependents. .... 6c.  
 6d. Total number of dependent children with a qualifying disability (see instructions). .... 6d.  
 6e. Total exemptions. Add 6a through 6d. .... **Total. 6e.**

2018 Form OR-40



00461801021555

Name SRIKANTH KASAMOLU	SSN 200-19-7979
---------------------------	--------------------

Note: Remember to reprint page 1 if any changes are made on this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040, line 7; 1040NR, line 36; 1040NR-EZ, line 10; or 1040X, line 1C (see instructions).....	7.	95,776.00
8. Total additions from Schedule OR-ASC, section 1.....	8.	
9. Income after additions. Add lines 7 and 8.....	9.	95,776.00

Subtractions

10. 2018 federal tax liability. See instructions for the correct amount: \$0-\$6,650.....	10.	6,650.00
11. Social Security included on federal Form 1040, line 5b.....	11.	
12. Oregon income tax refund included in federal income.....	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	
14. Total subtractions. Add lines 10 through 13.....	14.	6,650.00
15. Income after subtractions. Line 9 minus line 14.....	15.	89,126.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	16.	0.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17.	2,215.00
You were: 17a. <input type="checkbox"/> 65 or older 17b. <input type="checkbox"/> Blind Your spouse was: 17c. <input type="checkbox"/> 65 or older 17d. <input type="checkbox"/> Blind		
18. Enter the larger of line 16 or 17.....	18.	2,215.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-.....	19.	86,911.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	7,579.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21.	
22. Total tax before credits. Add lines 20 and 21.....	22.	7,579.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$201. Otherwise, see instructions.....	23.	201.00
24. Political contribution credit. See limits in instructions.....	24.	
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	
26. Total standard credits. Add lines 23 through 25.....	26.	201.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter -0-.....	27.	7,378.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	7,378.00



2018 Form OR-40



00461801031555

Name: SRIKANTH KASAMOLU SSN: 200-19-7979

Note: Remember to reprint page 1 if any changes are made on this page.

Payments and refundable credits

Table with 2 columns: Description (lines 30-36) and Amount. Total refundable credits and total payments are both 7,433.00.

Tax to pay or refund

Table with 2 columns: Description (lines 37-49) and Amount. Total net tax is 55.00 and total net refund is 55.00.

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: [ ]

Type of account: [X] Checking or [ ] Savings

Routing number: 074000010

Account number: 259301128

Reserved.

2018 Form OR-40



00461801041555

Name SRIKANTH KASAMOLU	SSN 200-19-7979
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Note: Remember to reprint page 1 if any changes are made on this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature X	Date		
Spouse's signature (if filing jointly, both must sign) X	Date		
Signature of preparer other than taxpayer X	Preparer phone	Preparer license number, if professionally prepared	
Preparer address 2530 PEBBLE CREEK LN	City CUMMING	State GA	ZIP code 30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2018 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
  - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
  - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Only complete this section if submitting an amended return or filing with a new SSN.

If filing an amended return, complete this statement with an explanation of what you are amending. Indicate the return line numbers and the reason for each change. If your filing status has changed, explain why.

If filing with a new SSN, enter your former identification number.

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► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . SRIKANTH
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . KASAMOLU
SSN . . . . . 200-19-7979
Date of Birth . . . . . 03/28/1990
Date of Death . . . . .
Daytime Phone . . . . . (630) 418-8838
Home Phone . . . . .

Spouse/RDP:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
SSN . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime Phone . . . . .

Print phone number on the forms . . . . . [ ] Home [X] Taxpayer work [ ] Spouse/RDP work

E-mail address . SRIKANTH.KASAMOLU@GMAIL.COM

c/o Name . . . . .

Street Address . 2882 NE OVERLOOK DR APT 1818

City . . . . . HILLSBORO State . . OR ZIP Code . . . . . 97124

APO/FPO address . . . . . [ ] APO [ ] FPO

Foreign country . . . . . Foreign Zip Code . . . . .

Part II – Main Form

- [X] Form 40: Resident Tax Return
[ ] Form 40N: Nonresident Tax Return
Allocation Worksheet for Nonresident Return for Form 40N
[ ] Form 40P: Part-Year Resident Tax Return
Allocation Worksheet for Part-Year Resident Return for Form 40P
Dates of residency in Oregon (Part-Year and Nonresident filers only). . . . . From To

Part III – Filing Status

- [X] Single
[ ] Married, filing joint
[ ] Married, filing separate

[ ] Eligible to claim your spouse's exemption (see Help)

Do all of the following apply for 2018? - for Working Family Household and Dependent Care Credit

- You lived apart from your spouse during the last 6 months of 2018.
-The person's whose care you paid for lived with you for more than half of 2018.
-You paid more than half of the cost of keeping up that home for 2018.

- [ ] Yes
[ ] No

different residency status from spouse?

- [ ] Yes
[ ] No

- [ ] Head of household
[ ] Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

Taxpayer
Yes [ ] No [ ]
Yes [ ]
Yes [ ]

Spouse/RDP
Yes [ ] No [ ]
Yes [ ]
Yes [ ]

Severely disabled
Legally blind
Can be claimed as a dependent on someone else's return



Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

[X] File state return electronically

Electronic PDF Attachments

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

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

Yes No

[X] Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies . . . . .
Enter any Oregon identified disaster tax relief situations...

Date return was EFiled . . . . . 03/21/2019

Date return was accepted by the state . . . . . 03/21/2019

Date Form 40-V (payment voucher) was given to client . . . . .

QuickZoom to Form EF: Additional Information SmartWorksheet . . . . .

Part VIII – Direct Deposit Information

Yes No

[X] Elect direct deposit of state tax refund

[ ] Do you want electronic funds withdrawal of state tax payment (EF Only)?

Bank Information:

If you selected direct deposit, fill out the information below:

Name of Financial Institution (optional) . . . . . CHASE BANK

Account type . . . . . Checking [X] Savings [ ]

Routing number . . . . . 074000010

Account number . . . . . 259301128

Enter the payment date to withdraw from the account above . . . . .

State balance-due amount from this return . . . . .

Enter an amount to withdraw from the account above . . . . .

If partial payment is made, the remaining balance due . . . . .

International ACH Transactions

Yes No

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

Part IX – Paid Preparer Information

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

Yes No

[ ] [ ] Taxpayer authorizes Oregon Department of Revenue to discuss tax matters with the preparer

Part X – Extension Status

Yes No

[ ] [X] Tax return due date extended?

Extended due date

QuickZoom to Form 40-V: Application for Automatic Extension of Time to File . . . . .

QuickZoom to Amended Schedule . . . . .

QuickZoom to Form 40 . . . . .

QuickZoom to Form 40N . . . . .

# Tax Payments Worksheet

**2018**

▶ Keep for your records

Name SRIKANTH KASAMOLU	Social Security Number 200-19-7979
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	7,433.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	7,433.
15	Date return will be filed and balance paid . . . . .	15	

# Oregon Standard or Itemized Deduction Worksheet

**2018**

▶ Keep for your records — Do not file

Name <u>SRIKANTH KASAMOLU</u>	Social Security Number <u>200-19-7979</u>
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<b>1</b> Check here if you can be claimed as a dependent on another person's return . . . . . ▶ <input type="checkbox"/>		
<b>2</b> Minimum amount . . . . .	<b>2</b>	1,050.
<b>3</b> If the box on line 1 is checked, what was your earned income for the year? . . . . .	<b>3</b>	
<b>4</b> Enter the larger of line 2 or line 3 . . . . .	<b>4</b>	1,050.
<b>5</b> Standard deduction based on filing status		
<b>a</b> Single . . . . . \$ 2,215.		
<b>b</b> Married Filing Jointly . . . . . \$ 4,435.		
<b>c</b> Married Filing Separately . . . . . \$ 2,215.		
<b>d</b> Head of Household . . . . . \$ 3,570.		
<b>e</b> Qualifying Widow(er) . . . . . \$ 4,435.	<b>5</b>	2,215.
<b>6</b> If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5 . . . . .	<b>6</b>	2,215.
<b>7</b> Additional deductions:		
<b>a</b> You are age 65 or older . . . . .	<b>7 a</b>	
<b>b</b> You are blind . . . . .	<b>b</b>	
<b>c</b> Spouse/RDP is age 65 or older . . . . .	<b>c</b>	
<b>d</b> Spouse/RDP is blind . . . . .	<b>d</b>	
<b>8</b> Total available standard deduction (add lines 6 through 7d) . . . . .	<b>8</b>	2,215.
<b>9</b> Oregon itemized deductions (from Schedule OR-A) . . . . .	<b>9</b>	0.
<b>10</b> Larger of line 9 or line 8 . . . . .	<b>10</b>	2,215.

# Oregon Federal Tax Liability Subtraction Worksheet

**2018**

▶ Keep for your records — Do not file

Name <u>SRIKANTH KASAMOLU</u>	Social Security Number <u>200-19-7979</u>
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	Enter your federal adjusted gross income . . . . .	<u>95,776.</u>	
<b>1</b>	Federal Tax Liability . . . . .		<u>14,396.</u>
<b>2</b>	Excess Advance Premium Tax Credit . . . . .		<u>          </u>
<b>3</b>	Subtract line 2 from line 1 (if less than zero, enter zero) . . . . .		<u>14,396.</u>
<b>4 a</b>	Additional tax on retirement Plans . . . . .	<u>          </u>	
<b>b</b>	Investment credit recapture . . . . .	<u>          </u>	
<b>c</b>	Additional tax on charitable contribution . . . . .	<u>          </u>	
<b>d</b>	First time homebuyer credit recapture, if not main home or disposed. . . . .	<u>          </u>	
	Add lines 4a through 4d . . . . .		<u>          </u>
<b>5</b>	Add lines 3 & 4 . . . . .		<u>14,396.</u>
<b>6</b>	American Opportunity Credit . . . . .		<u>          </u>
<b>7</b>	Premium tax credit (Form 8962, line 24) . . . . .		<u>          </u>
<b>8</b>	Add lines 6 through 7 . . . . .		<u>          </u>
<b>9</b>	Subtract line 8 from line 5 (if less than zero, enter zero) . . . . .		<u>14,396.</u>
<b>10</b>	Maximum allowed tax liability subtraction . . . . .		<u>6,650.</u>
<b>11</b>	Smaller of line 9 or line 10. Enter here and on Form OR-40, line 10; OR-40-P, line 40; or OR-40-N, line 40 . . . . .		<u>6,650.</u>