

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 587278201905901gx62f

Taxpayer's name PURUSHOTHAM REDDYS SUBBELLA	Social security number 578-61-7342
Spouse's name GAYATRI MAJJI	Spouse's social security number 727-73-0040

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	126,692.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	12,471.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	12,856.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	385.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

1	7	3	4	2
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

3	0	0	4	0
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

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

578-61-7342

Taxpayer name PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Taxpayer address (optional)

3400 RICHMOND PKWY

SAN PABLO CA 94806

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/28/2019 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 587278201905901gx62f.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: PURUSHOTHAM REDDYS Last name: SUBBELLA Your social security number: 578-61-7342

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: GAYATRI Last name: MAJJI Spouse's social security number: 727-73-0040

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: 3400 RICHMOND PKWY Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. SAN PABLO CA 94806 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
AAYANSH REDDY	SUBBELLA	799-90-1801	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	134,404.
2a	Tax-exempt interest	
3a	Qualified dividends	
4a	IRAs, pensions, and annuities	
5a	Social security benefits	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-5,212.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	129,192.
8	Standard deduction or itemized deductions (from Schedule A)	24,000.
9	Qualified business income deduction (see instructions)	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	102,692.
11	a Tax (see inst.) 14,471. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	
11	b Add any amount from Schedule 2 and check here	14,471.
12	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here	2,000.
13	Subtract line 12 from line 11. If zero or less, enter -0-	12,471.
14	Other taxes. Attach Schedule 4	0.
15	Total tax. Add lines 13 and 14	12,471.
16	Federal income tax withheld from Forms W-2 and 1099	12,856.
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	
17	Add any amount from Schedule 5	
18	Add lines 16 and 17. These are your total payments	12,856.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	385.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	385.
21	Amount of line 19 you want applied to your 2019 estimated tax	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	
23	Estimated tax penalty (see instructions)	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Your social security number

578-61-7342

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,738.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-6,950.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-5,212.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33	2,500.	
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36	2,500.	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Your social security number

578-61-7342

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

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

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

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

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		100.		
6	Auto and travel (see instructions)	6		500.		
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,850.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18		2,000.		
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,450.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-6,950.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,950.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d		2,000.		
e	Total of all amounts reported on line 20 for all properties	23e		7,450.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,950.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26				-6,950.

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

Taxpayer name(s) shown on return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Taxpayer identification number 578-61-7342
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332	

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI, Sch E HYDERABAD, 578-61-7342

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 rows for lines 1-5 and a table for lines 6-13. Line 1: 1,000,000. Line 3: 2,500,000. Line 13: 13

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

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

Table with 3 rows for lines 14-16. Line 14: 2,000.

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

Section A

Table with 2 rows for lines 17-18. Line 17: 17

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, Nonresidential real property.

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

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows for 12-year, 30-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 22: 2,000. Line 23: 23

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
--	---------------------------------------

Part I State and Local Income Tax Refunds from 2017 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2017	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	MA	845.				0.	0.
	CA	906.				0.	0.
	Totals	1,751.				0.	0.

2	Total state and local refunds. Total line 1 column (b).	1,751.
3	Refund allocated to tax paid after 12/31/2017. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2017 on Schedule A, line 5.)	0.
4	Net refund. Line 2 less line 3.	1,751.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2017 refunded in 2018.

5	Total state and local income tax deduction from line 5 of your 2017 Schedule A.	1,738.
6	Recovery amount. Lesser of line 4 or line 5.	1,738.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2017.

7	Recovery exclusion from standard deduction and/or sales tax deduction:	
a	Allowable itemized deductions, from 2017 Schedule A, line 29	10,706.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction:	
(a)	Refigured state income tax deduction	0.
(b)	Sales tax deduction	
(c)	Refigured deduction. Larger of (a) or (b)	0.
(2)	Refigured total itemized deductions before limitation	8,968.
(3)	Refigured reduction for limitation on itemized deductions	0.
(4)	Refigured allowable itemized deductions. Line 7b(2) less line 7b(3).	8,968.
c	2017 standard deduction based on 2017 filing stat, exemptns, and deductns.	6,350.
d	Larger of lines 7b(4) or 7c.	8,968.
e	Subtract line 7d from line 7a	1,738.
f	Subtract line 7e from line 6	0.
8	Recovery exclusion from negative taxable income. If 2017 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2017 enter zero. If did pay AMT in 2017, enter amt from line 24.	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2017, enter zero. If there were unused credits in 2017, enter amount from line 35.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	0.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2017. Line 6 less line 11.	1,738.
13	Total taxable refunds from 2016 or prior tax returns. Total line 36 column (d).	
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Form 1040, line 10	1,738.

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					129,192.
Adjustments to income					2,500.
Adjusted gross income					126,692.
Tax expense					7,370.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					102,692.
Tax					14,471.
Alternative min tax . .					
Total credits					2,000.
Other taxes					
Payments					12,856.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					385.
Effective tax rate % . .					9.84
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI) and Social Security Number (578-61-7342)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 17342 Spouse's PIN (5 numbers) 30040 Date 03/01/2019

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 SUBBELLA
 First name PURUSHOTHAM REDDYS
 Middle initial _____ Suffix _____
 Social security no. 578-61-7342
 Occupation SOFTWARE ENGINEER
 Date of birth 07/20/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone (727) 504-4355 Ext _____
 Cell phone (727) 504-4355
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) . MAJJI
 First name GAYATRI
 Middle initial _____ Suffix _____
 Social security no. 727-73-0040
 Occupation SOFTWARE ENGINEER
 Date of birth 08/18/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone (727) 637-7765 Ext _____
 Cell phone (727) 637-7765

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer work phone (727) 504-4355
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 3400 RICHMOND PKWY Apt no. _____
 City SAN PABLO State CA ZIP code 94806

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		
AAYANSH REDDY SUBBELLA		799-90-1801 Son	09/28/2018	0		7	L	

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

► Keep for your records

Name(s) Shown on Return

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Social Security Number

578-61-7342

INCOME		Federal Amount	MA Amount
1	Wages, salaries, tips, etc.	83,604.	
		50,800.	800.
2	Taxable interest		
3	Dividends		
4	State/local tax refunds	1,738.	
5	Alimony received		
6	Business income or loss		
7	Capital gain or loss		
8	Other gains and losses		
9	Taxable IRA distribution		
10	Taxable pension and annuities		
11	Rentals, royalties, partnerships, S corporations, trusts	-6,950.	
12	Farm income or loss		
13	Unemployment compensation		
14 a	Taxable social security benefits		
	b Taxable railroad retirement benefits		
15	Other income		
16	Total income	78,392.	
		50,800.	800.

Nonresident State Allocation Worksheet

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

578-61-7342

	ADJUSTMENTS		Federal Amount	MA Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T		
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T	2,500.	
		S		
28	Tuition/fees deduction	T	0.	
		S		
29	Reserved	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T	2,500.	
		S		
32	Adjusted gross income	T	75,892.	
		S	50,800.	800.

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI) and Social Security Number (578-61-7342)

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

- Checkboxes for Taxpayer and Spouse. Note: Alabama does not allow this option

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

- Checkboxes for Taxpayer and Spouse. 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

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

* 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:

- Checkboxes for New client, Returning client to same preparer and firm, and Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Row 1: PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI, 578-61-7342

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

Table with 2 columns: ERO Name, ERO Electronic Filers Identification Number (EFIN). Rows include: GLOBAL TAXES LLC (587278), ERO Address (2530 Pebble Creek Ln), City (Cumming, GA, 30041), ERO Employer Identification Number (30-1017196), ERO Social Security Number or PTIN (P02090332)

Paid Preparer Information

Table with 2 columns: Firm Name, Social Security Number or PTIN. Rows include: GLOBAL TAXES LLC (P02090332), Name (APPANA RUPA VENKATA SATYA SAI MANIKUMAR), Address (2530 Pebble Creek Ln), City (Cumming, GA, 30041), E-mail Address

Non Paid Preparer Information

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

Form with 3 rows: IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer. Each row has a checkbox and a right-pointing arrow.

Amended Returns

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

Form titled 'State/City *' with a list of checkboxes and labels: 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 PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Deloitte Consulting LLP		83,604.	7,795.	83,604.	5,102.
NIC INFO TEK INC	X	50,800.	5,061.	25,800.	1,182.
Totals		134,404.	12,856.	109,404.	6,284.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	83,604.	50,800.	134,404.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	7,795.	5,061.	12,856.
3 & 7	Total social security wages/tips		50,000.	50,000.
4	Total social security tax withheld		3,100.	3,100.
5	Total Medicare wages and tips		50,000.	50,000.
6	Total Medicare tax withheld		725.	725.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	15,147.		15,147.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	15,147.		15,147.
14 a	Total deductible mandatory state tax	836.		836.
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	83,604.	25,800.	109,404.
17	Total state tax withheld	5,102.	1,182.	6,284.
19	Total local tax withheld.		250.	250.

► Keep for your records

Name as shown on return PURUSHOTHAM REDDYS SUBBELLA	Social Security Number 578-61-7342
--	---------------------------------------

Employer EIN 06-1454513
Employer Name Deloitte Consulting LLP
 Name (cont.) _____
Street Address or P. O. Box 4022 Sells Drive
City Hermitage **State** TN **ZIP** 37076
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp 83,604. **2** Federal tax withheld 7,795.
3 Social security wages _____ **4** Social sec tax withheld _____
5 Medicare wages and tips _____ **6** Medicare tax withheld _____
7 Social security tips _____ **8** Allocated tips _____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	15,147.	A: Enter amount attributable to RRTA Tier 2 tax _____ M: Enter amount attributable to RRTA Tier 2 tax _____ P: Double click to link to Form 3903, line 4 _____ R: Enter MSA contribution for Taxpayer _____ Spouse _____ W: Enter HSA contribution for Taxpayer _____ Spouse _____ G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	438-5954-5	83,604.	5,102.

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	836.	California SDI tax

Keep for your records

PURUSHOTHAM REDDYS SUBBELLA

578-61-7342 Page 2

Employer Name Deloitte Consulting LLP

Part I Statutory employees

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

C

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

Clergy only:

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

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

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

H1

H2

H3

H4

H5

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. 578-61-7342

First name M.I. Last name Suff.

PURUSHOTHAM REDDYS SUBBELLA

Address City St ZIP code

3400 RICHMOND PKWY SAN PABLO CA 94806

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return GAYATRI MAJJI	Social Security Number 727-73-0040
--	---------------------------------------

Employer EIN 43-2053994
Employer Name NIC INFO TEK INC
 Name (cont.) _____
Street Address or P. O. Box 13224 TELECOM DR
City TAMPA **State** FL **ZIP** 33637
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	50,800.	2 Federal tax withheld	5,061.
3 Social security wages	50,000.	4 Social sec tax withheld	3,100.
5 Medicare wages and tips	50,000.	6 Medicare tax withheld	725.
7 Social security tips		8 Allocated tips	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	297-3038-9	25,000.	1,141.
MA	43-2053994	800.	41.
_____	_____	_____	_____
_____	_____	_____	_____

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
CASDI	25,000.	250.	CA
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Keep for your records

GAYATRI MAJJI

727-73-0040 Page 2

Employer Name NIC INFO TEK INC

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 727-73-0040

First name M.I. Last name Suff.

GAYATRI MAJJI

Address City St ZIP code

3400 RICHMOND PKWY SAN PABLO CA 94806

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

▶ Keep for your records

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security No. 578-61-7342
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Worksheet Description MA STATE DEPT OF REVENUE

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer):			
	Check if Taxpayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's TIN	04-6002284		
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>MA</u>	_____	_____
	Locality abbreviation	_____	_____	_____
	Payer's name	State of MA		
1	Unemployment compensation . .	_____	_____	_____
a	Amount repaid	_____	_____	_____
2	State or local income tax refunds, credits, or offsets	845.	_____	_____
3	Box 2 amount is for tax year . . .	<u>2017</u>	_____	_____
4	Federal income tax withheld . . .	_____	_____	_____
5	RTAA payments	_____	_____	_____
6	Taxable grants	_____	_____	_____
7	Agriculture payments	_____	_____	_____
	(Double-click) to:			
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
c	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
d	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
8	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	_____	_____	_____
b	Link to Schedule F line 8b, 43b . ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported . .	_____	_____	_____
9	Market gain	_____	_____	_____
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
10 b	State identification no	_____	_____	_____
11	State income tax withheld	_____	_____	_____
12 a	Locality name.	_____	_____	_____
13	Local Income Tax Withheld	_____	_____	_____

▶ Keep for your records

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security No. 578-61-7342
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Worksheet Description COPY 2

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer):			
	Check if Taxpayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's TIN	68-0204061		
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>CA</u>	_____	_____
	Locality abbreviation	_____	_____	_____
	Payer's name	State of CA		
1 a	Unemployment compensation . .	_____	_____	_____
2	Amount repaid	_____	_____	_____
3	State or local income tax refunds, credits, or offsets	906.	_____	_____
4	Box 2 amount is for tax year . . .	<u>2017</u>	_____	_____
5	Federal income tax withheld . . .	_____	_____	_____
6	RTAA payments	_____	_____	_____
7	Taxable grants	_____	_____	_____
	Agriculture payments	_____	_____	_____
	(Double-click) to:			
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
c	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
d	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
8	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	_____	_____	_____
b	Link to Schedule F line 8b, 43b ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported . .			
	on Schedule C or F	_____	_____	_____
9	Market gain	_____	_____	_____
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
10 b	State identification no	_____	_____	_____
11	State income tax withheld	_____	_____	_____
12 a	Locality name.	_____	_____	_____
13	Local Income Tax Withheld	_____	_____	_____

► Keep for your records

Name as Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security No. 578-61-7342
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result	1	<u>2,000.</u>	
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2		
3	Add lines 1 and 2	3	<u>2,000.</u>	
4	Enter the amount from Form 1040, line 7	4	<u>126,692.</u>	
5	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.	5	<u>0.</u>	
6	Add lines 4 and 5. Enter the total	6	<u>126,692.</u>	
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$400,000 All other filing statuses — \$200,000 	7	<u>400,000.</u>	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9	<u>0.</u>	
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10	<u>2,000.</u>	

Part 2

11	Enter the amount from Form 1040, line 11	11	<u>14,471.</u>	
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	<u>0.</u>	
13	Subtract line 12 from line 11	13	<u>14,471.</u>	
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14	<u>0.</u>	
15	Subtract line 14 from line 13. Enter the result	15	<u>14,471.</u>	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16	<u>2,000.</u>	

This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, line 12a

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
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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								
Tot Estimated Payments . . .								

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	12,856.	6,284.	250.
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	12,856.	6,284.	250.
20 Total Tax Payments for 2018	12,856.	6,284.	250.

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

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	83,604.	50,800.	134,404.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	83,604.	50,800.	134,404.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	83,604.	50,800.	134,404.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	83,604.	50,800.	134,404.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	83,604.	50,800.	134,404.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	83,604.	50,800.	134,404.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	83,604.	50,800.	134,404.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	83,604.	50,800.	134,404.

Keep for your records

Name(s) shown on return

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Social Security No.

578-61-7342

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising	100.		100.		
6 a Auto	200.		200.		
b Travel	300.		300.		
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest	4,850.		4,850.		
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation	2,000.		2,000.		
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	7,450.		7,450.		
21 Income or (loss)			-6,950.		
22 Deductible rental real estate loss			-6,950.		

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
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Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
STATE BANK OF INDIA	Taxpayer	578-61-7342		2,500.
Total student loan interest.				2,500.

Part II Computation of Student Loan Interest Deduction

1 Enter the total interest you paid in 2018 on qualified student loans (see Form 1040 instructions).	1	2,500.
2 Enter the smaller of line 1 or \$2,500.	2	2,500.
3 Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	129,192.
4 Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly.	4	135,000.
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7 Multiply line 2 by line 6	7	0.
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	2,500.

* **Modified AGI** is the amount from Form 1040, line 6, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI	Social Security Number 578-61-7342
--	---------------------------------------

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		7,370.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		126,692.
6	Tax liability for Form 2210 or Form 2210-F		12,471.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

Tax Summary Report

2018

Name(s) Shown on Return
 PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	134,404.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-6,950.
Farm income (loss)	
Social security benefits	
Other income	1,738.
Total Gross Income	129,192.

Adjustments to Income 2,500.

Adjusted Gross Income (Last year's AGI) 126,692.

Itemized/Standard Deductions

Medical and dental	
Taxes	7,370.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	7,370.
Standard deduction	24,000.

Taxable Income 102,692.

Income tax	14,471.
Alternative minimum tax	
Total Taxes before Credits	14,471.
Nonbusiness credits	2,000.
Business credits	
Total Credits	2,000.
Self-employment tax	
Other taxes	

Total Tax 12,471.

Withholding	12,856.
Estimated tax payments	
Other payments	
Total Payments	12,856.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 385.

Refund 385.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	9.84 %

What-If Worksheet

2018

Name(s) shown on return

PURUSHOTHAM REDDYS SUBBELLA & GAYATRI MAJJI

578-61-7342

QuickZoom to the Tax Planner for a more comprehensive plan ► _____

Select calculation alternatives by checking the appropriate box below:

Copy columns:

- Copy column 1 to column 2
- Copy column 1 to column 3
- Copy column 1 to column 4
- Copy column 2 to column 3
- Copy column 2 to column 4
- Copy column 3 to column 4

Add columns:

- Add column 1 to column 2 and store result in column 3.
- Add column 2 to column 3 and store result in column 4.

Subtract column:

- Subtract column 3 from column 2 and store in column 4.

Clear amounts in column:

- Column 2
 - Column 3
 - Column 4
- (Amounts will disappear) . . .*

Description of Alternatives	(1)	(2)	(3)	(4)
	Current Tax Return	Plan 1 2018	Plan 2 2018	Plan 3 2018

Check box to use 2019 tax rates

Filing status	2 - MFJ	3 - MFS	3 - MFS	
If separate, live together? . .		No	No	
Taxpayer's age.	29	29	29	
Spouse's age.	29	29	29	
Dependent of another? . . .	No			
7 Taxpayer's wages, etc. . . .	83,604.	83,604.	50,800.	
Spouse's wages, etc.	50,800.			
8 a Taxable interest income. . .				
b Tax exempt interest income.				
9 a Total dividends.				
b Qualified dividends				
10 Taxable income tax refunds.	1,738.			
11 Alimony received.				
12 Taxpayer's bus inc or loss . .				
Spouse's bus inc or loss . . .				
13 Capital gain or loss		0.	0.	
14 Other gains and losses				
15 b Taxable IRA distribution. . . .				
16 b Taxable pensions, etc.				
17 Rents, royalties, partner- ships, estates, trusts, etc . . .	-6,950.	-3,050.	-3,050.	
18 Taxpayer's farm inc or loss . .				
Spouse's farm inc or loss . . .				
19 Taxable Unempl comp				
20 a Total social security recvd. . .				
b Taxable social security		0.	0.	
21 Taxpayer's foreign excl				
Spouse's foreign excl				
Other income.				
22 Total Income	129,192.	80,554.	47,750.	

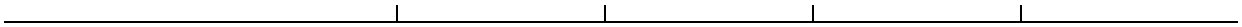
23	Educator expenses				
24	Certain exp of reservists perf artists, gov't officials . .				
25	Health savings acct dedn . .				
26	Moving expenses				
27	SE tax deduction				
28	SEP, SIMPLE, Qual'd Plans				
29	SE health ins premiums pd . SE health insurance dedn . .				
30	Penalty — early withdrawal .				
31	Alimony paid				
32	IRA deduction				
33	Student loan interest paid . .	2,500 .	2,500 .	2,500 .	
	Student loan interest dedn . .	2,500 .			
34	Reserved				
35	Reserved				
	Other adjustments				
36	Total Adjustments	2,500 .			
37	Adjusted gross income . .	126,692 .	80,554 .	47,750 .	
39 a	Number of boxes checked (over 65/blind)				
40	Itemized deductions (see Itemized Deduction Summary, page 3)				0 .
	Standard deduction	24,000 .	12,000 .	12,000 .	
41	Subtract line 40 from ln 37 . .	102,692 .	68,554 .	35,750 .	
42	Qualified business income deduction				
43	Taxable Income	102,692 .	68,554 .	35,750 .	
44	Tax (Schedules or Tables) . .	14,471 .	11,026 .	4,103 .	
	Tax from Sch D or qual divs				
	Foreign earned inc tax wks .				
	Tax from Form 8814				
	Additional taxes				
	Total Taxes	14,471 .	11,026 .	4,103 .	
45	Alternative minimum tax . .		0 .	0 .	
46	Premium tax credit repay . .				
47	Add lines 44, 45 and 46 . . .	14,471 .	11,026 .	4,103 .	
48	Foreign tax credit, Fm 1116				
49	Child/dependent care cred . .		0 .	0 .	
50	Education credits		0 .	0 .	
51	Retirement contr credit . . .				
52	Child tax credit/credit for other dependents	2,000 .	0 .	0 .	
53 a	Reserved				
53	Residential energy credit . .				
54 a	Credit for elderly & disabled.				
	b Mortgage interest credit . . .				
	c Certain vehicle credits				
	d Other credits				
55	Add lines 48 through 54 . . .	2,000 .	0 .	0 .	
56	Subtract ln 55 from ln 47	12,471 .	11,026 .	4,103 .	
57	Self-employment tax				
58	Unreported SS/Med tax				
59	Add'l taxes on retiremt distr .				
60 a	Household employment tax .				
	b First-time homebuyer repay				
61	Indiv responsibility pymt		0 .	0 .	
62 a	Add'l 0.9% Medicare tax . . .		0 .	0 .	
	b Net investment income tax . .		0 .	0 .	
	c Other taxes				
63	Total Tax	12,471 .	11,026 .	4,103 .	

Payments

64 a Withholding, estimates, etc	12,856.			
b Add'l Medicare Tax withheld				
66 Earned income credit		0.	0.	
67 Refundable child tax credit		0.	0.	
68 American opportunity credit		0.	0.	
69 Net premium tax credit				
71 Excess social sec withheld				
72 Fuel tax credit				
73 Other credits				
74 Amount Paid	12,856.	7,795.	5,061.	
Balance Due (Refund)	-385.	3,231.	-958.	

Itemized Deductions Summary

	(1)	(2)	(3)	(4)
Force itemized deductions?	Optimize			
1 Medical & dental exp paid				
4 Allowable medical and dental expenses				
5 d State and local taxes	7,370.			
e Limit	7,370.	0.	0.	0.
6 Other taxes				
7 Total taxes	7,370.	0.	0.	0.
8a-c Mortgage interest				
8 Reserved				
d Reserved				
9 Investment interest				
10 Total interest				
13 a Gifts to charity (50%/60%)				
b Qual disaster contribution				
14 Charitable deduction		0.	0.	
15 Casualty losses				
16 a Other miscellaneous dedn tions exc gambling/casualty losses not subject to 2% of adjusted gross income				
b Gambling loss & casualties				
c Total other miscellaneous deductions				
17 Total itemized deductions	7,370.	0.	0.	0.



Smart Worksheets from your 2018 Federal Tax Return

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

Paid Preparer Smart Worksheet

If **different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).

A Enter paid preparer code from Firm/Preparer Info. 1

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2017 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? Yes No
If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

A Did you itemize deductions in 2017?. Yes No
If no, none of your refund from 2017 is reportable as income. Do not complete the remainder of this worksheet.

B Enter the amount from your 2017 Schedule A, line 5, State and local tax 1,738.
If none, enter zero, and do not complete the remainder of this worksheet.

C Which type of taxes were deducted on your 2017 Schedule A, line 5?
1 Income taxes (2017 Schedule A, box 5a, was checked)
2 General sales taxes (2017 Schedule A, box 5b, was checked)
3 Not applicable

If general sales taxes were deducted, none of the refund from 2017 is reportable as income. Do not complete the remainder of this worksheet.

D Enter the deduction for general sales taxes that could have been taken in 2017 if you know that amount.

E What was your filing status for 2017?

- Single
 Married filing jointly
 Married filing separately
 Married filing separately and your spouse itemized deductions
 Head of household
 Qualifying widow(er)

F Could be claimed as a dependent by someone else in 2017? Yes No

G If yes, enter your earned income for 2017.

Enter the following amounts from your 2017 Form 1040:

H Line 38, Adjusted gross income 38,343.
I Line 39a, Total number of boxes checked.
J Line 40, Itemized deductions or standard deduction 10,706.
K Line 41, Adjusted gross income less itemized or standard deduction 27,637.
L Line 42, Deduction for exemptions 4,050.
M Line 43, Taxable income. Line K less line L (if less than zero, enter as negative). 23,587.

N Line 44, Tax

O Line 45, Alternative minimum tax.

P Line 46, Excess advance premium tax credit repayment.

Q Line 47, Total tax before credits

R Line 56, Total tax after credits

If your adjusted gross income was greater than \$313,800 if filing status was married filing joint or qualifying widow(er), \$287,650 if filing status was head of household, \$261,500 if filing status was single, or \$156,900 if filing status was married filing separately, then also complete the below.

Enter the following amounts from your 2017 Schedule A, Itemized Deductions:

S Line 4, Medical and dental expenses

T Line 9, Taxes

U Line 14, Investment interest expense

V Line 15, Interest

W Line 19, Charity

X Line 20, Casualty and theft losses

Y Line 27, Job expenses and other deductions

Z Line 28, Other miscellaneous deductions

1 Any gambling losses included in line 28

2 Any casualty or theft losses included in line 28

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017?</p>	
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: Nonresident State Allocation Wks (MA)

Schedule E Income Allocation Smart Worksheet		
A Rentals and royalties	T	-6,950.
	S	
B K-1 Partnerships	T	
	S	
C K-1 S Corporations	T	
	S	
D K-1 Estates and trusts	T	
	S	
E Farm rentals	T	
	S	
F Income or loss from REMICs	T	
	S	

SMART WORKSHEET FOR: Form 1099-G Worksheet (MA STATE DEPT OF REVENUE)

Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
Payer 1 If CORRECTED check here <input type="checkbox"/>	Recipient 1
Payer Information: State Identification Number . . . _____ Payer's Federal TIN <u>04-6002284</u> Name, street address, city, state, ZIP code and telephone number. <u>State of MA</u> _____ _____ Telephone number Ext: _____ _____	Recipient Information: Recipient's TIN <u>578-61-7342</u> Name <u>PURUSHOTHAM REDDYS SUBBELLA</u> Street address Apartment No. <u>3400 RICHMOND PKWY</u> City State Zip code <u>SAN PABLO</u> <u>CA</u> <u>94806</u> Account No. (optional) _____
Payer 2 If CORRECTED check here <input type="checkbox"/>	Recipient 2
Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____ _____	Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____
Payer 3 If CORRECTED check here <input type="checkbox"/>	Recipient 3
Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____ _____	Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 2)

Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
Payer 1 If CORRECTED check here <input type="checkbox"/>	Recipient 1
Payer Information: State Identification Number . . . _____ Payer's Federal TIN <u>68-0204061</u> Name, street address, city, state, ZIP code and telephone number. <u>State of CA</u> _____ _____ Telephone number Ext: _____	Recipient Information: Recipient's TIN <u>578-61-7342</u> Name <u>PURUSHOTHAM REDDYS SUBBELLA</u> Street address Apartment No. <u>3400 RICHMOND PKWY</u> City State Zip code <u>SAN PABLO</u> <u>CA</u> <u>94806</u> Account No. (optional) _____
Payer 2 If CORRECTED check here <input type="checkbox"/>	Recipient 2
Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____	Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____
Payer 3 If CORRECTED check here <input type="checkbox"/>	Recipient 3
Payer Information: State Identification Number . . . _____ Payer's Federal TIN _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number Ext: _____	Recipient Information: Recipient's TIN _____ Name _____ Street address Apartment No. _____ City State Zip code _____ Account No. (optional) _____

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

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>3,100.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>725.</u>
C	Enter any amount from Form 8959, line 7 <u>0.</u>
D	Add line A, B, and C <u>3,825.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>3,825.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J _____
O	Add line L, M, and N _____
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. <u>3,825.</u>

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)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Disposition		
Schedule E			
D Tentative profit (loss)	-6,950.		-6,950.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-6,950.		-6,950.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

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

SMART WORKSHEET FOR: What-If Worksheet

Self-Employment Income Smart Worksheet				
Taxpayer:				
A Taxpayer Soc Sec Wages	0 .			
B Business & Farm Income				
C Other S/E income				
D Total Taxpayer S/E Income				
Spouse:				
E Spouse Soc Sec Wages	50,000 .			
F Business & Farm Income				
G Other S/E income				
H Total Spouse S/E Income				
Taxpayer:				
I SEP, SIMPLE, Qual'd Plans				
J SE health ins premiums pd				
Spouse:				
K SEP, SIMPLE, Qual'd Plans				
L SE health ins premiums pd				

SMART WORKSHEET FOR: What-If Worksheet

Alternative Minimum Tax (AMT) Smart Worksheet				
A AMT adjustments and preferences (Form 6251)	0 .			
Capital gains tax - AMT				
B Net short-term gains/losses				
C Net long-term gains/losses				
D Net collectibles (28%)				
E Unrecap'd sec 1250 (25%)				
F AMT foreign tax credit				

SMART WORKSHEET FOR: What-If Worksheet

Credits Smart Worksheet				
Dependent Care Credit				
A	No. of qualifying children . . .			
B	Care expenses			
C	Earned income adj-taxpayer			
D	Earned income adj-spouse .			
Child Tax Credit				
E	No. of qualifying children . . .	1		
F	No. of other dependents. . .	0		
G	Social Security and Medicare taxes withheld . .	3,825.		
H	Earned income adjustments	0.		
Education Credits				
I	American Opportunity Credit: Qualifying expenses			
J	Lifetime Credit: Qualifying expenses			
Earned Income Credit				
K	No. of qualifying children . . .	0		
L	Earned income adjustments	0.		

SMART WORKSHEET FOR: What-If Worksheet

Additional Taxes Smart Worksheet				
Additional 0.9% Medicare tax:				
A Taxpayer:				
	Medicare wages (W-2, box 5) .	83,604.	50,800.	
	Add'l 0.9% Medicare withheld .			
B Spouse:				
	Medicare wages (W-2, box 5) .	50,000.		
	Add'l 0.9% Medicare withheld .			
C Net investment income tax:				
	Total investment income	-6,950.	-3,050.	-3,050.
	Investment deductions			
	Net investment income	0.	0.	0.
D Indiv responsibility pymt:				
	Health insurance coverage . . .	Yes		
	Household members over age 17			
	Household members under age 18			
	Household income for indiv responsibility pymt . . .	80,554.	47,750.	

SMART WORKSHEET FOR: What-If Worksheet

Premium Tax Credit or Repayment Smart Worksheet				
A Insurance thru exchange . .	No			
B Household size				
C Household income for premium tax credit		80,554.	47,750.	
D Premiums for second lowest cost silver plan (SLCSP). .				
E Premiums for selected plan .				
F Advance payment rec'd . . .				



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2018
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2018.

Your first name and initial PURUSHOTHAM REDDYS SUBBELLA	Last name	Your Social Security number 578617342	
If a joint return, spouse's first name and initial GAYATRI MAJJI	Last name	Spouse's Social Security number 727730040	
Present street address (and apartment number) 3400 RICHMOND PKWY			
City/Town/Post Office SAN PABLO	State CA	Zip 94806	Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	-6150
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	0
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	41
5 Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53)	5	41
6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	---	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

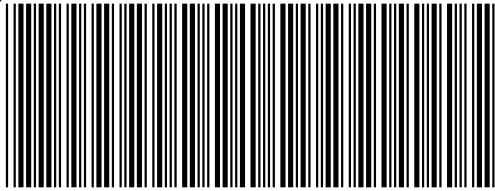
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN P02090332	Date	EIN 301017196	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN P02090332	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address APPANA RUPA VENKATA SATYA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING	City/Town	State Zip GA 30041	



2018 Form 1-NR/PY

MA18006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

For the year January 1–December 31, 2018 or other taxable

Year beginning Ending

PURUSHOTHAM REDD SUBBELLA 578617342
GAYATRI MAJJI 727730040
3400 RICHMOND PKWY SAN PABLO CA 94806

Fill in if: Original return Amended return Amended return due to federal change

Apt. no.
\$1 You \$1 Spouse TOTAL 0

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse
You Spouse
You Spouse

Taxpayer deceased

Fill in if under age 18

Name/address changed since 2017
Fill in if noncustodial parent

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 129192
b. Federal adjusted gross income 126692

Fill in if filing Schedule TDS

1. Filing status (select one only):
 Single
 Married filing jointly
 Married filing separate return
 Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2018 Form 1-NR/PY, pg. 2

MA18006021555

Massachusetts Nonresident/

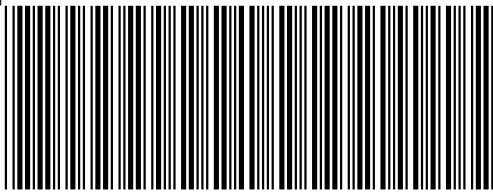
Part-Year Resident Income Tax Return

578617342

4. Exemptions:

a. Personal exemptions			4a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	1	× \$1,000 =	4b	1000
c. Age 65 or over before 2019	You + Spouse =	× \$700 =	4c	0
d. Blindness	You + Spouse =	× \$2,200 =	4d	0
e. Medical/dental			4e	0
f. Adoption			4f	0
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			4g	9800
5. Wages, salaries, tips			5	800
6. Taxable pensions and annuities			6	0
7. Mass. bank interest: a.	0 - b. exemption	0	= 7	0
8. Business/profession income/loss a.	0 + b. Farming income/loss	0	= 8	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss			9	-6950
10a. Unemployment			10a	0
10b. Mass. lottery winnings			10b	0
11. Other income			11	0
12. TOTAL 5.1% INCOME			12	-6150
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:				
Working days (or other basis) outside Massachusetts			13a	0
Working days (or other basis) inside Massachusetts			13b	0
Total working days			13c	0
Nonworking days (holidays, weekends, etc.)			13d	0
Massachusetts ratio			13e	.0000
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f	0
Massachusetts income			13g	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2018 Form 1-NR/PY, pg. 4

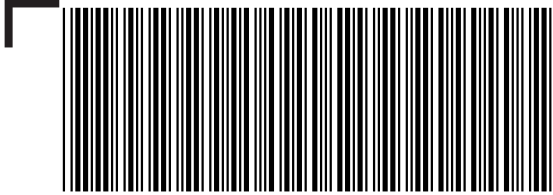
MA18006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

578617342

27.	12% INCOME. Not less than "0." a.	0	× .12 = 27	0
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS		28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	0
30.	Additional tax on installment sale		30	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30		32	0
33.	Limited Income Credit		33	0
34.	Income tax due to another state or jurisdiction		34	0
35.	Other credits (from Credit Manager Schedule)		35	0
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"		36	0
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	0
	b. Organ Transplant Fund		37b	0
	c. Massachusetts AIDS Fund		37c	0
	d. Massachusetts U.S. Olympic Fund		37d	0
	e. Massachusetts Military Family Relief Fund		37e	0
	f. Homeless Animal Prevention and Care		37f	0
	Total. Add lines 37a through 37f		37	0
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	0
39.	Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty 0		39	0
40.	Amended return only. Overpayment from original return		40	0
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40		41	0



2018 Schedule DI

MA18SDI011555

PURUSHOTHAM REDD SUBBELLA 578617342

Schedule DI. Dependent Information

AAYANSH REDDY SUBBELLA 799901801
SON Is dependent a qualifying child for earned income credit? ▶ 09282018

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

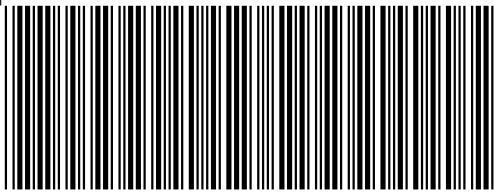
Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶



2018 Schedule INC

MA18INC011555

PURUSHOTHAM REDD

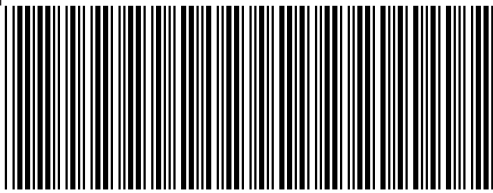
SUBBELLA

578617342

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
432053994	41	800	0	119	W2

TOTALS	41	800	0	119	
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2018 Schedule NTS-L-NR/PY

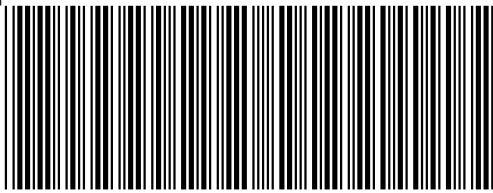
MA18021011555

No Tax Status and Limited Income Credit

578617342

Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1. Total 5.1% income	1	0
2. Adjustments to income	2	0
3. Adjusted 5.1% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	0
4. Interest exemption used	4	0
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	131676
8. Total income. Combine lines 3 through 7	8	131676
9. Additional adjustments to income while a nonresident/part-year resident	9	2500
10. Massachusetts Adjusted Gross Income (AGI)	10	129176
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	17400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	30450
13. No Tax Status threshold	13	0
14. Income for Limited Income Credit	14	0
15. Tax before adjustments	15	0
16. Tax for Limited Income Credit	16	0
17. Limited Income Credit	17	0



2018 Schedule E

MA18013041555

PURUSHOTHAM REDD

SUBBELLA

578617342

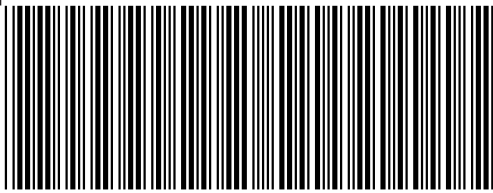
Income or Loss from Real Estate and Royalties:

Income

1. Rents received	1	500
2. Royalties received	2	0

Expenses

3. Advertising	3	100
4. Auto and travel	4	500
5. Cleaning and maintenance	5	0
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	4850
12. Repairs	12	0
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	5450
18. Depreciation expense or depletion	18	2000
19. Total expenses. Add lines 17 and 18	19	7450
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950



2018 Schedule E, pg. 2

MA18013051555

578617342

Income or Loss from Partnerships and S Corporations

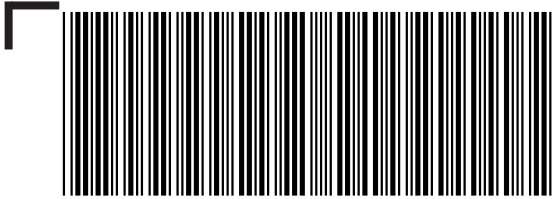
25. Passive loss allowed	25	0
26. Passive income	26	0
27. Non-passive loss	27	0
28. Section 179 expense deduction	28	0
29. Non-passive income	29	0
30. Combine lines 26 and 29	30	0
31. Combine lines 25, 27 and 28	31	0
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32	0
33. Interest (other than MA banks) and dividends if included in line 32	33	0
34. Interest from Massachusetts banks if included in line 32	34	0
35. Total income or loss from partnerships and S corporations	35	0
36. Check! if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37	0
38. Passive income	38	0
39. Non-passive deduction or loss	39	0
40. Non-passive other income	40	0
41. Add lines 38 and 40	41	0
42. Add lines 37 and 39	42	0
43. Estate and trust income or loss. Combine lines 41 and 42	43	0
44. Estate or non-grantor-type trust income	44	0
45. Grantor-type trust and non-Massachusetts estate and trust income	45	0
46. Interest and dividends if included in line 45	46	0
47. Adjustments to 5.1% income	47	0
48. Subtotal. Combine lines 46 and 47	48	0
49. Income or loss from grantor type and non-Mass estates and trusts	49	0

Income or Loss from REMICs

50. Excess inclusion	50	0
51. Taxable income or loss	51	0
52. Income	52	0
53. Combine lines 51 and 52	53	0



2018 Schedule E, pg. 3

MA18013061555

578617342

Farm Income

54. Net farm rental income or loss

54

0

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-6950

56. Massachusetts differences. Enclose statement

56

0

57. Abandoned building renovation deduction

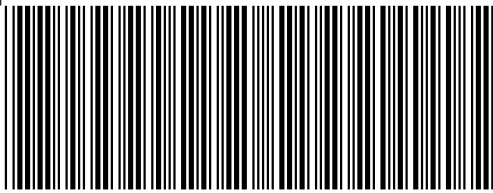
57

0

58. Total income or loss. Combine lines 55, 56 and 57

58

-6950



2018 Schedule E-1

MA18013011555

PURUSHOTHAM REDD SUBBELLA 578617342
BUILDING
HYDERABAD HYDERABAD

Check one: Real estate Royalty

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	500
2. Royalties received	2	0

Expenses

3. Advertising	3	100
4. Auto and travel	4	500
5. Cleaning and maintenance	5	0
6. Commissions	6	0
7. Insurance	7	0
8. Legal and other professional fees	8	0
9. Management fees	9	0
10. Mortgage interest paid to banks, etc.	10	0
11. Other interest	11	4850
12. Repairs	12	0
13. Supplies	13	0
14. Taxes	14	0
15. Utilities	15	0
16. Other expenses	16	0
17. Add lines 3 through 16	17	5450
18. Depreciation expense or depletion	18	2000
19. Total expenses. Add lines 17 and 18	19	7450
20. Income or loss from rental real estate or royalty properties	20	-6950
21. Deductible rental real estate loss	21	-6950
22. Income. Enter positive amounts shown on line 20	22	0
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-6950
24. Rental real estate and royalty income or loss	24	-6950
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

Federal/State Adjustment Summary

2018

Name as Shown on Return P SUBBELLA & G MAJJI	Social Security Number 578617342
---	-------------------------------------

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit
HYDERABAD	-6,950.	1,928.		-5,022.	-5,022.	-6,950.

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) 1,928.

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2018

Name as Shown on Return P SUBBELLA & G MAJJI	Social Security Number 578617342
---	-------------------------------------

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . _____

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income _____

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation _____

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2018

Name as Shown on Return P SUBBELLA & G MAJJI	Social Security Number 578617342
---	-------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
SCHEDULE A				

Total Schedule A Depreciation Adjustment (Sum of Column E) _____

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income 1,928.
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation _____
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation _____

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment		(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(2) Federal	(F) Other Adjustments		
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						
		6252	<input type="checkbox"/>						
		8824	<input type="checkbox"/>						

Passive/At-Risk/Other Adjustments _____
 Total Sale of Asset Adjustment _____

Activity Worksheet

2018

Name as Shown on Return P SUBBELLA & G MAJJI	Social Security Number 578-61-7342
--	--

Activity Description HYDERABAD
 Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box
- B** If this activity was operated jointly by taxpayer and spouse, check this box
- C** Check this box if you completely disposed of the property in the current year
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts)
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts)
- F** Did you materially participate in this activity? (Not for K-1's) Yes No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F)
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp)
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F)

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. **L** Commercial property
- K** Royalty property **M** Other passive exceptions

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation
- O** This is a K-1 with rental real estate with material participation
- P** This is a publicly traded partnership
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership)

- S** At-risk status All
- T** Passive status Disposition

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	-6,950.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation)	2,000.
b Other depreciation adjustment(s)	-72.
c Section 179 adjustment	
d Other adjustments	
3 Total	-5,022.
4 At-Risk adjustment. a Adjust amount . . . b	
5 Total	-5,022.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	-5,022.
9 Net federal profit or (loss) allowed	-6,950.
10 Federal/State adjustment	1,928.

Activity Description HYDERABAD

Part III - Schedule K-1 Partnership and S Corporations	Section 179 Expense	Misc Income	Commercial Revitalization
1 Federal income/loss			
2 Adjustments			
3 Total			
4 a At-Risk adjustment amount			
b At-Risk adjustment			
5 Total			
6 Passive carryover loss			
7 Passive disallowed loss (carryover to next year)			
8 Net profit or (loss) allowed			
9 Net federal profit or (loss) allowed			
10 Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Part I – Personal Information

Taxpayer:

First Name PURUSHOTHAM REDDYS
 Middle Initial _____ Suffix _____
 Last Name SUBBELLA
 Social Security No. 578-61-7342
 Occupation SOFTWARE ENGINEER
 Date of Birth 07/20/1989
 Date of Death _____
 Daytime Phone _____ (727) 504-4355
 Home Phone _____
 Print phone number on vouchers TP work TP home Spouse work Spouse home

Spouse:

First Name GAYATRI
 Middle Initial _____ Suffix _____
 Last Name MAJJI
 Social Security No. 727-73-0040
 Occupation SOFTWARE ENGINEER
 Date of Birth 08/18/1989
 Date of Death _____
 Daytime Phone _____ (727) 637-7765
 Use home phone for spouse _____

Address 3400 RICHMOND PKWY Apt _____
 City SAN PABLO State CA ZIP Code 94806
 In care of Address _____
 City _____ State _____ ZIP Code _____
 Foreign state _____ Foreign country _____ Foreign Postal Code _____

Part II – Main Form

- Form 1: Resident Tax Return ► _____
 - Form 1-NR/PY: Nonresident Return ► _____
 - Form 1-NR/PY: Nonresident and Part-Year Resident Return (**Sch R/NR**) ► _____
 - Form 1-NR/PY: Part-year Resident Return ► _____
- Residency dates From _____ To _____

Part III – Filing Status

- Single
 - Married filing joint return
 - Married filing separate return
 - Head of household
- Spouse federal Total Income (If MFS and living together) _____
 Spouse federal AGI (If MFS and living together) _____
 Total dependents claimed (If MFS and living together) _____
 Check here if the taxpayer is a victim of domestic abuse, is married filing separate and wants to claim EITC
 If claiming exception above. Amount of EIC as calculated from EIC Worksheet 0
 If claiming exception above. Number of qualifying children used to calculate EIC 0

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled?
<u>AAYANSH REDDY SUBBELLA</u>	<u>Son</u>	<u>0</u>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Part V – 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 Massachusetts Department of Revenue, as applicable by the law.

- State return will be filed electronically
- Tax return was prepared by taxpayer or other non-paid preparer

Enter the date return was EFiled ► 02/28/2019
 Enter the date return was accepted by the state ► 03/01/2019
 Enter the date Form PV was given to client _____
QuickZoom to Form M-8453 Additional Information SmartWorksheet ► _____

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No**
- Do you want **electronic funds withdrawal** of **state tax payment** (Electronic Filing Only)?
- Do you want to elect **direct deposit** of **state tax refund**?
- Extension** - Do you want **electronic funds withdrawal** of **tax due** (Electronic Filing Only)?

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

Name of Financial Institution (optional) ▶ Bank Of America

Check the appropriate box:

Checking ▶ Routing number ▶ 063100277

Savings ▶ Account number ▶ 229053783692

International ACH Transactions

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

Additional information for electronic funds withdrawal:

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

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

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

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

State balance-due amount paid with this extension Form M-4868 _____

Part VII – Additional Return Information

- 1 State Election Campaign Fund:**
- TP wants \$1 to go to Massachusetts Election Campaign Fund
- Spouse wants \$1 to go to Massachusetts Election Campaign Fund
- 2 Non-Custodial Parent:**
- Non-custodial parent
- 3 Schedule TDS:**
- Filing Schedule TDS
- 4 First Time Filer:**
- First time filer with Massachusetts Department of Revenue
- 5 Address/Name Change:**
- Name or address changed since 2017
- 6 Farmer and Fisherman Status:**
- Farmer and fisherman
- 7 Rental Deduction/Circuit Breaker Credit:**
- Rent paid in Massachusetts during 2018 _____
- a Senior Circuit Breaker Credit:**
- Living in Public or Subsidized housing.

- 8 Payments to Retirement Systems made during 2018:**
- a** Social security and medicare tax withholding _____
- b** Federal self-employment tax _____
- c** Massachusetts retirement systems (including political subdivisions) _____
- d** U.S. retirement systems (other than social security, medicare, self-employment and railroad retirement included in lines a or b) _____
- e** Total payments to retirement systems _____

Taxpayer	Spouse
	3825
	3825

- 9 Wages Taxed by More Than One State (Massachusetts Resident)**
- Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)
- 10 Form EFO:**
- Print Massachusetts Form EFO
- Not required to file Massachusetts Form EFO

Part VIII – Preparer Information

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

Yes No

May Department of Revenue discuss return with preparer?

Part IX – Extension Status

Yes No

Tax return due date extended?

Extended due date . . . _____

First extension will be filed electronically (Form M-4868)

Filing and Acceptance Information (Electronic Filing Only):

Extension accepted

Extension filing date _____

Extension acceptance date _____

QuickZoom to Form M-4868: Automatic Six-Month Extension of Time To File Income Tax. ▶ _____

QuickZoom to Form 1 ▶ _____

QuickZoom to Form 1-NR/PY ▶ _____

Name as Shown on Return
 P SUBBELLA & G MAJJI

Social Security No.
 578-61-7342

Part I – Income

	All States	Massachusetts Portion	Non-Massachusetts Portion
1 a Allocated tips (Form W-2, box 8)			
b State wages (W-2, box 16 - PY res only) . . .	134,404.	800.	133,604.
2 Other employee compensation			
3 Taxable pensions and annuities			
4 Alimony received			
5 Farm Income			
6 Unemployment compensation			
7 IRA/Keogh distributions for:			
a taxpayer			
b spouse			
8 Jury duty pay			
9 a Gambling income			
b Prizes and awards			
c Tribal Gaming			
10 Alaska Permanent Fund			
11 Other income from Form 1099-MISC or K . . .			
12 Bartering income not reported elsewhere . . .			
13 Substitute payments in lieu of interest or dividends, from Form 1099-MISC			
14 Taxable qualified tuition program distributions			
15 a Archer Medical Savings Accounts and Long-Term Care Insurance Contracts			
15 b Health Savings Accounts			
16 Grants			
17 Taxable Coverdell ESA Distributions			
18 Refunds of dedns claimed in a prior year:			
19 Income from the rental of personal property . .			
20 Other Income from Schedule(s) K-1			
21 Income from the Cancellation of Debt			
22 Totals	134,404.	800.	133,604.

Part II – Deductions

	All States	Massachusetts Portion	Non- Massachusetts Portion
1 Amount you paid in 2018 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.			0.
2 Amount spouse paid in 2018 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement.	3,825.	119.	3,706.
3 Penalty on early savings withdrawal			
4 Alimony paid			

Tax Payments Worksheet

2018

▶ Keep for your records

Name P SUBBELLA & G MAJJI	Social Security Number 578-61-7342
------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	41.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	41.
15	Date return will be filed and balance paid	15	

**Schedule Y
Line 10**

Student Loan Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
P SUBBELLA & G MAJJI

Social Security Number
578-61-7342

1 Total interest you paid in 2018 on qualified student loans **1** 2500

	Graduate	Undergraduate
A Enter interest you paid in 2018 on qualified student loans		2500

2 Enter the **smaller** of line A or \$2,500 **2** 2500

3 Modified AGI **3** 129192

Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, **stop here**. You **cannot** take the deduction.

4 Enter: \$65,000 if single, head of household, or qualifying widow(er);
\$135,000 if married filing jointly **4** 135000

5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip
line 6, and go on to line 8 **5** 0

6 Divide line 5 by \$15,000 if single, head of household, or qualifying widow(er)
or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at
least three places) **6**

7 Multiply line 2 by line 6 **7** 0

8 Student loan interest deduction. Subtract line 7 from line 2.
Residents: Enter the result here and on Schedule Y, line 10.
Part-year residents: Enter the result here, multiply the amount of this
deduction by Massachusetts Form 1-NR/PY, line 2 and enter on Schedule Y,
line 10.
Nonresidents: Enter the result here, multiply the amount of this deduction by
Massachusetts Form 1-NR/PY, line 14g and enter on Schedule Y, line 10. **8** 2500

Smart Worksheets from your 2018 Massachusetts Tax Return

SMART WORKSHEET FOR: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ <u>02/28/2019</u>
B	Date return was accepted by the state ▶ <u>03/01/2019</u>
C	Documents to attach to the FRONT of Form M-8453: Form W-2 (Copy 2) _____ _____ _____
D	Retain Form M-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Nonresident Wages Smart Worksheet					
(A) Employer's Name Double-click on each employer line to access the Wage Apportionment Worksheet and determine the portion of wages earned in Massachusetts	(B) Spouse W-2	(C) State	(D) Wages from W-2, box 16 or box 1	(E) MA Wages	(F) Non-MA Wages (D minus E)
1 Deloitte Consulting LLP	<input type="checkbox"/>	CA	83604		83604
2 NIC INFO TEK INC	X	CA	25000		25000
3 NIC INFO TEK INC	X	MA	800	800	0
4 Income from Non-Taxing States			25000		25000
Total			<u>134404</u>	<u>800</u>	<u>133604</u>

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Non-Massachusetts Source Income Smart Worksheet - (Nonresident Only)	
A	Non-Massachusetts wages, salaries, tips, other employee compensation <u>133604</u>
B	Non-Massachusetts taxable pensions, IRA/Keogh, alimony, unemployment compensation _____
C	Non-Massachusetts business, profession and farm income or loss _____
D	Non-Massachusetts partnership, S corporation, trust, rent, royalty income or loss <u>-1928</u>
E	Non-Massachusetts other 5.1% income (winnings, fees, prizes, etc) _____
F	Non-Massachusetts interest and dividends _____
G	Non-Massachusetts capital gains _____
H	All other non-Massachusetts income or loss _____

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

Calculation of overpayment or balance due including interest, penalty and underpayment penalty	
Net refund including interest, penalty and underpayment penalty, if any ▶	<u>41</u>
Total balance due including interest, penalty and underpayment penalty, if any ▶	<u>0</u>

SMART WORKSHEET FOR: Schedule NTS-L-NR/PY: No Tax Status and Limited Income Credit

Additional Adjustments Smart Worksheet			
	A Deduction Calculated as if a full-year resident	B Actual Deduction Allowed on Schedule Y	C Adjustment Column A minus Column B
A	Penalty on early savings withdrawal _____	_____	_____
B	Alimony paid _____	_____	_____
C	Amounts excludible under MGL Chapter 41, Section 111F or U.S. tax treaty included in Form 1-NR/PY, line 5 _____	_____	_____
D	Moving expenses _____	_____	_____
E	Medical savings account deduction _____	_____	_____
F	Self-employed health insurance deduction _____	_____	_____
G	Health care accounts deduction _____	_____	_____
H	Certain qualified deductions from U.S. Form 1040 _____	_____	_____
I	Certain business expenses from U.S. Form 1040 _____	_____	_____
J	Student loan interest deduction <u>2500</u>	<u>0</u>	<u>2500</u>
K	Jury duty pay you gave to your employer _____	_____	_____
L	Prepaid tuition or college savings program deduction _____	_____	_____
M	Total adjustments. Enter here and on line 9 below _____	_____	<u>2500</u>

SMART WORKSHEET FOR: Schedule E: Rental, Royalty and REMIC Income/Loss Summary

Massachusetts Differences Smart Worksheet	
Description of Difference Between Federal and Massachusetts	Amount
<u>HYDERABAD DEPRECIATION RECALCULATION</u>	<u>1928</u>
_____	_____
_____	_____
Total difference ▶	<u>1928</u>
Massachusetts sourced differences (Part Year and Nonresidents only) ▶	<u>0.</u>