

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2019**

2019 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,196.

REV 10/17/18 PRO 1555

845-48-0218
PRAJAY PRAYAG

525 N 4TH STREET SUNBURY
SUNBURY PA 17801

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

845480218 PW PRAY 30 0 201912 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/17/2019**

2019 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	1,196.
--	---------------

REV 10/17/18 PRO 1555

845-48-0218
PRAJAY PRAYAG

525 N 4TH STREET SUNBURY
SUNBURY PA 17801

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

845480218 PW PRAY 30 0 201912 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2019**

2019 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	1,196.
--	---------------

REV 10/17/18 PRO 1555

845-48-0218
PRAJAY PRAYAG

525 N 4TH STREET SUNBURY
SUNBURY PA 17801

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

845480218 PW PRAY 30 0 201912 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/15/2020**

2019 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,196.

REV 10/17/18 PRO 1555

**845-48-0218
PRAJAY PRAYAG**

**525 N 4TH STREET SUNBURY
SUNBURY PA 17801**

**INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007**

845480218 PW PRAY 30 0 201912 430

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

2018 Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars Cents <div style="text-align: right; font-size: 1.2em;">4,905.</div>
--	--

REV 12/22/18 PRO 1555

PRAJAY PRAYAG

525 N 4TH STREET SUNBURY
SUNBURY PA 17801

INTERNAL REVENUE SERVICE
P.O. BOX 37910
HARTFORD, CT 06176-7910

845480218 PW PRAY 30 0 201812 610

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

PRAJAY PRAYAG

Your social security number

845-48-0218

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-4,000.
	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	-4,000.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
35	Reserved	35		
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

PRAJAY PRAYAG

Your social security number

845-48-0218

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	KPHB HYDERABAD 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	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,500.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,500.		
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		-4,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,000.)	()
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				
e	Total of all amounts reported on line 20 for all properties	23e		4,500.		
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	(4,000.)		
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				-4,000.

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

PRAJAY PRAYAG

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status					Single
Total income					90,991.
Adjustments to income					
Adjusted gross income					90,991.
Tax expense					3,892.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					78,991.
Tax					13,314.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					8,533.
Form 2210 penalty . .					124.
Amount owed					4,905.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .					14.63
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

Federal Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name PRAYAG
 First name PRAJAY
 Middle initial Suffix
 Social security no. 845-48-0218
 Occupation IT
 Date of birth 10/16/1989 (mm/dd/yyyy)
 Age as of 1-1-2019 29
 Date of death
 Legally blind
 E-mail address PRAJAY.PRAYAG@GMAIL.COM
 Work phone (570) 556-8239 Ext _____
 Cell phone (570) 556-8239
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext _____
 Cell phone

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (570) 556-8239
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 525 1/2 N 4TH STREET SUNBURY Apt no.
 City SUNBURY State PA ZIP code 17801

Foreign Address: Check this box to use foreign address . . .

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5** Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

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

Part-Year Resident State Allocation Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PRAJAY PRAYAG	Social Security Number 845-48-0218
---	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	94,991.	<u>PA</u>	<u>PA</u>	<u>77,371.</u>
		<u>IL</u>	<u>IL</u>	<u>17,595.</u>
		<u>PA</u>	<u>PA</u>	<u>25.</u>
S Wages, salaries, tips		—	—	—
		—	—	—
		—	—	—
		—	—	—

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T	-4,000.	See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	90,991.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Reserved						
S Reserved						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T						90,991.

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

Name(s) Shown on Return
PRAJAY PRAYAG

Social Security Number
845-48-0218

Driver's License or State Id Information

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

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

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

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

Taxpayer
 Spouse

Note: Alabama does not allow this option

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

Taxpayer
 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

Taxpayer:

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

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

New client
 Returning client to same preparer and firm
 Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

► Keep for your records

Name(s) Shown on Return
 PRAJAY PRAYAG

Social Security Number
 845-48-0218

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
WEIS MARKETS, INC.		77,396.	6,996.	77,371.	2,375.
VASTEK INC		17,595.	1,537.	17,595.	697.
Totals		94,991.	8,533.	94,966.	3,072.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	94,991.		94,991.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,533.		8,533.
3 & 7	Total social security wages/tips	77,396.		77,396.
4	Total social security tax withheld	4,799.		4,799.
5	Total Medicare wages and tips	77,396.		77,396.
6	Total Medicare tax withheld	1,122.		1,122.
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	25.		25.
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	25.		25.
14 a	Total deductible mandatory state tax	46.		46.
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	52.		52.
16	Total state wages and tips	94,966.		94,966.
17	Total state tax withheld	3,072.		3,072.
19	Total local tax withheld.	774.		774.

► Keep for your records

Name as shown on return PRAJAY PRAYAG	Social Security Number 845-48-0218
--	---------------------------------------

Employer EIN 24-0755415
Employer Name WEIS MARKETS, INC.
 Name (cont.) _____
Street Address or P. O. Box 1000 SOUTH SECOND STREET
City SUNBURY **State** PA **ZIP** 17801
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	77,396.	2 Federal tax withheld	6,996.
3 Social security wages	77,396.	4 Social sec tax withheld	4,799.
5 Medicare wages and tips	77,396.	6 Medicare tax withheld	1,122.
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:
C	25.	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
PA	15765811	77,371.	2,375.

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
49	77,371.	774.	PA

9 Verification Code		9	
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10	
Dependent care benefits - Amount forfeited from flexible spending account			
11 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).
PA-UI	46.	PA Unemployment tax
PA-LST	52.	Other (not classified)

Keep for your records

PRAJAY PRAYAG	845-48-0218	Page 2
Employer Name WEIS MARKETS, INC.		

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 845-48-0218

First name M.I. Last name Suff.

PRAJAY PRAYAG

Address City St ZIP code

525 1/2 N 4TH STREET SUNBURY SUNBURY PA 17801

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return PRAJAY PRAYAG	Social Security Number 845-48-0218
--	---------------------------------------

Employer EIN 47-4047975
Employer Name VASTEK INC
 Name (cont.) _____
Street Address or P. O. Box 1230 COLUMBIA ST
City SAN DIEGO **State** CA **ZIP** 92101
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 17,595.	2 Federal tax withheld 1,537.
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:
_____	_____	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
IL	47-4047975 000 5	17,595.	697.
_____	_____	_____	_____
_____	_____	_____	_____

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) <input type="checkbox"/>	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

PRAJAY PRAYAG	845-48-0218 Page 2
Employer Name VASTEK INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 845-48-0218

First name M.I. Last name Suff.

PRAJAY PRAYAG

Address City St ZIP code

525 1/2 N 4TH STREET SUNBURY SUNBURY PA 17801

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PRAJAY PRAYAG	Social Security Number 845-48-0218
---	--

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	8,533.	3,072.	774.
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	8,533.	3,072.	774.
20 Total Tax Payments for 2018	8,533.	3,072.	774.

	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 PRAJAY PRAYAG	Social Security Number 845-48-0218
---	--

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	94,991.	_____	94,991.
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	94,991.	_____	94,991.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	94,991.	_____	94,991.
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	94,991.	_____	94,991.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	94,991.	_____	94,991.
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.	94,991.	_____	94,991.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	94,991.	_____	94,991.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	94,991.	_____	94,991.

Keep for your records

Name(s) shown on return
PRAJAY PRAYAG

Social Security No.
845-48-0218

General Information:

Property description FLAT
Property type. . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) KPHB
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state . .
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

Property Location

KPHB, HYDERABAD, 500072, India

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

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest	4,500.		4,500.		
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
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	4,500.		4,500.		
21 Income or (loss)			-4,000.		
22 Deductible rental real estate loss			-4,000.		

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return PRAJAY PRAYAG	Social Security Number 845-48-0218
--	---------------------------------------

2017 State and Local Income Tax Information

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

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

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

2017 Locality Estimates Information

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

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

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

2017 Locality Tax Refund Information

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

Other Tax and Income Information		2017	2018
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,892.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		90,991.
6	Tax liability for Form 2210 or Form 2210-F		13,314.
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

PRAJAY PRAYAG

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	94,991.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-4,000.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	90,991.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 90,991.

Itemized/Standard Deductions

Medical and dental	
Taxes	3,892.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	3,892.
Standard deduction	12,000.

Taxable Income 78,991.

Income tax	13,314.
Alternative minimum tax	
Total Taxes before Credits	13,314.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 13,314.

Withholding	8,533.
Estimated tax payments	
Other payments	
Total Payments	8,533.
Estimated tax penalty	124.
Refund applied to next year's estimated tax	

Amount Overpaid 0.

Refund 0.

Amount Applied to Estimate 0.

Amount Due 4,905.

Tax bracket	22.0 %
Effective tax rate	14.63 %

► Keep for your records

Name(s) Shown on Return
PRAJAY PRAYAG

Your Social Security Number
845-48-0218

Part I 2019 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2019 Estimates:

- a 100% (110%) of **2018** taxes (default, see Tax Help) 13,314.
- b 100% of tax on **2019** estimated taxable income 13,189.
- c 90% of tax on **2019** estimated taxable income 11,871.
- d 66-2/3% of tax on **2019** estimated taxable income (farmers and fishermen) 8,793.
- e Equal to 100% of overpayment (no vouchers) 0.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2019 Required Annual Payment based on your choice above 13,314.
- b Estimated amount of 2019 federal income tax withholding 8,533.
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b) 4,781.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form 1040, line 19) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 4,784.
- d Apply to extent of first quarter amount and refund excess 1,196.
- e Enter amount you want to apply ►
- f Amount applied to 2019 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If the client has already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2019, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	1,196.	1,196.	1,196.	1,196.	4,784.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	1,196.	1,196.	1,196.	1,196.	4,784.
6 Voucher amounts	1,196.	1,196.	1,196.	1,196.	4,784.

Part V Changes to Income, Deductions and Withholding for 2019

2018 income and deductions are shown in the '2018 Actual' column below.

***Caution:** For each line in the '2019 Estimated' column, enter the estimated 2019 amount **if different** from 2018. Otherwise, the '2018 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2018 Actual	2019 Estimated
1 a Adjusted gross income	90,991.	
b Foreign income or housing exclusions (info only)		
2 Net capital gains (losses) included in AGI (info only)		
3 a Self-employment profit included in AGI for Taxpayer		
b Self-employment profit included in AGI for Spouse		
c Taxpayer's wages subject to Social Security tax included in AGI . .		
Medicare wages for taxpayer (W-2 box 5) included in AGI	77,396.	
Add'l 0.9% Medicare tax withheld on taxpayer wages.		
d Spouse's wages subject to Social Security tax included in AGI . . .		
Medicare wages for spouse (W-2 box 5) included in AGI		
Add'l 0.9% Medicare tax withheld on spouse wages		
4 a Total itemized deductions (after limits)	3,892.	
b Net qualified disaster loss included on line 4a above (after limits)		
5 Federal income tax withholding	8,533.	
6 Deduction for qualified business income		

Part VI Filing Status and Other Information for 2019

- 1 Choose 2019 filing status:
 Single Married filing jointly
 Married filing separately Head of Household Qualifying widow(er)
- 2 Check if required to itemize in 2019
- 3 Check the boxes that will apply in 2019:
 Taxpayer: 65 or Over Blind
 Spouse: 65 or Over Blind
- 4 a Check if dependent of another in 2019
 b Enter 2019 expected earned income if dependent of another _____

Part VII 2019 Estimated Taxable Income and Tax

1	Estimated 2019 adjusted gross income	1	90,991.
2	Larger of itemized or standard deduction	2	12,200.
3	Line 1 less line 2	3	78,791.
4	Deduction for qualified business income	4	
5	Line 3 less line 4	5	78,791.
6	Income tax	6	13,189.
7	Enter additional taxes ▶	7	
8	Line 6 plus line 7	8	13,189.
9	Enter nonrefundable credits ▶	9	
10	Line 8 less line 9 (but not less than zero)	10	13,189.
11	Self-employment tax and additional 0.9% Medicare tax	11	0.
12	Other taxes (not including taxes on lines 6, 7 or 11) ▶	12	
13	Enter refundable credits (not withholding) ▶	13	
14	Sum of lines 10 - 12, less line 13. This is your 2019 tax based on your estimate of 2019 income	14	13,189.

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

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

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Schedule E Worksheet (KPHB)

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

SMART WORKSHEET FOR: Schedule E Worksheet (KPHB)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	<u>Taxpayer</u>		
B At risk status	<u>All</u>		
C Passive status	<u>Active RE</u>		
Schedule E			
D Tentative profit (loss)	-4,000.		-4,000.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss.			
H Passive disallowed loss			
I Net profit (loss) allowed	-4,000.		-4,000.
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 (KPHB)

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: Estimated Tax Worksheet

Electronic Funds Withdrawal of Estimated Tax Smart Worksheet (Electronic Filing Only)

If the client would like to pay one or more installments of estimated tax by electronic funds withdrawal, check a box in the first column of the following table and enter bank information on the Federal Information Worksheet.

X	Installment Number	Amount	Date
	1	1,196.	April 15, 2019
	2	1,196.	June 17, 2019
	3	1,196.	September 16, 2019
	4	1,196.	January 15, 2020

QuickZoom to the Federal Information Worksheet to enter bank information ► _____

SMART WORKSHEET FOR: Estimated Tax Worksheet

Resident(s) of Guam or the U.S. Virgin Islands Smart Worksheet

- A** Permanent resident of Guam or U.S. Virgin Islands
- B** Nonpermanent resident of Guam or U.S. Virgin Islands

PA-40 - 2018
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-18)

845480218

PRAYAG

PRAJAY

Occupation IT

Occupation

525 N 4TH STREET SUNBURY

SUNBURY PA 17801

570-556-8239 01110

N Extension. N Amended Return.

P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 061518 to 123118

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name BERMUDIAN SPR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (77371), 1b (0), 1c (77371), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (77371), 10 (0), 11 (77371)



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2018

Social Security Number

1800214296

845480218

Name(s) PRAJAY PRAYAG

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2017 PA Income Tax return.

15 2018 Estimated Installment Payments. REV-459B included.

16 2018 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		2375
13		2375
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		2375
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 2129204151	Date 052319

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



1800214296

1800214296

PA SCHEDULE W-2S
Wage Statement Summary

1801910025

PA-40 W-2S 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) PRAJAY PRAYAG	Social Security Number (shown first) 845-48-0218
---	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	24-0755415	77,396	77,396	77,371	2,375
Total Part A - Add the Pennsylvania columns				77,371	2,375

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	77,371	2,375
--	---------------	--------------

Enter the TOTALS on your PA tax return on: **Line 1a** **Line 13**

- Payment type:** A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
 E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
 H. Other nonemployee compensation. Describe: _____
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
 L. Distribution from Charitable Gift Annuities M. Distribution from Employee Stock Ownership Plan
 Describe: _____



1555
REV 10/18/18 PRO

1801910025

PA SCHEDULE E
Rents and Royalty Income (Loss)

1801410026

PA-40 E 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule

PRAJAY PRAYAG

Social Security Number (shown first) or EIN

845-48-0218

Sales Tax License Number (if applicable). See the instructions.

Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

Part A. Property Description Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	3 FLAT	YES <input type="radio"/> NO <input checked="" type="radio"/>	KPHB HYDERABAD, 500072, India
B		YES <input type="radio"/> NO <input type="radio"/>	
C		YES <input type="radio"/> NO <input type="radio"/>	

Property type: 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: _____

Part B. Income and Expenses		Property A	Property B	Property C
Line a: Identify the property from Part A and indicate ownership (T/S/J)		<input checked="" type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J
Line b: Is the property rental location in PA?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Line c: Is the property rented for any period less than 30 days?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Income:	1. Rent received	500		
	2. Royalties received			
Expenses:	3. Advertising			
	4. Automobile and travel			
	5. Cleaning and maintenance			
	6. Commissions			
	7. Insurance			
	8. Legal and professional fees			
	9. Management fees			
	10. Mortgage interest			
	11. Other interest	4,500		
	12. Repairs			
	13. Supplies			
	14. Taxes - not based on net income			
	15. Utilities			
	16. Depreciation expense - See the instructions			
	17. Other expenses (itemize):			
	18. Total Expenses - Add Lines 3 through 17	4,500		
Income or Loss:	19. Income - Subtract Line 18 from Line 1 or 2.			
	20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="radio"/> 0 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0
	23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0

1555
REV 03/07/19 PRO



1801410026

1801410026

Pennsylvania Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name PRAJAY
Middle Initial Suffix
Last Name PRAYAG
Social Security No. 845-48-0218
Occupation IT
Date of Birth 10/16/89
Date of Death
Daytime phone . . . 570-556-8239 * [X]
Home phone *

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of Birth
Date of Death
Daytime phone *

* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc.
Address 525 N 4TH STREET SUNBURY
City SUNBURY State . . PA ZIP Code . . . 17801
Foreign country Foreign Province
Foreign Zip

Prior Year Filing:

- [] The tax booklet label is not correct
[] Taxpayer did not file a 2017 Pennsylvania return.
[] Taxpayer filed a 2017 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2018 enter where taxpayer lived:
School district Bermudian Springs School code 01110
County Adams County code 01

Underpayment Penalty:

- [] Allow the Pennsylvania Treasury to figure the interest and penalty
Farmers Only:
[] At least 2/3 of gross income was from farming
[] This tax return will be filed and all tax paid by March 1, 2019
[] This final PA tax return will be filed and all tax paid by February 1, 2019

Military:

- [] Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No

Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2018 Federal tax return?

- [] [X] Taxpayer
[] [] Spouse

- [] [X] Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

- [] Form PA-40: Full-Year resident
[] Form PA-40: Nonresident
[X] Form PA-40: Part-Year resident
Part-Year residency dates From 06/15/18 To 12/31/18

Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file

- Schedule NRH Compensation Apportionment
[] Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason _____
- D** Deceased

Part IV – 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 Pennsylvania Department of Revenue, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form PA-V was given to client _____

QuickZoom to PA-8453 Additional Information SmartWorksheet. ► _____

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet 1

Preparer's email address _____

Part VI – Extension Status

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Federal Form 4868 "Out of the Country" checkbox checked? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended by filing a PA extension using Form REV-276 EX? |
- Extended due date _____

Filing and acceptance information (Electronic Filing Only)

- File extension electronically?
- Extension accepted?
- Extension filing date _____
- Extension acceptance date _____

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

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of extension tax payment? |
- Enter settlement date to withdraw the extension amount from the account below. _____
- Balance-due amount paid with this extension _____

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of state tax payment (EF Only)?
Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:
Name of Financial Institution (optional) Educators Credit Union
Check the appropriate box:
Checking [X] Routing number . . . 275981378
Savings [] Account number . . 08001644384
Enter the payment date to withdraw from the account above
State balance-due amount from this return

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

Part VIII – Amended Return

[] This is an amended Pennsylvania tax return (See Tax Help)
Tax year being amended QuickZoom to Form PA-40X

Part IX – Electronic Filing Information for City of Philadelphia Returns

Filing information (Electronic Filing Only)
[] The BIRT return will be filed electronically
Date BIRT return was EFiled
Date BIRT return was accepted
[] The NPT return will be filed electronically
Date NPT return was EFiled
Date NPT return was accepted
[] Check box to use same account as PA state return
Name of Financial Institution (optional)
Check the appropriate box:
Checking [] Routing number . . .
Savings [] Account number . . .

Electronic funds withdrawal information for BIRT return (Electronic Filing Only)
Yes No
[] [] Do you want electronic funds withdrawal of city tax payment (EF Only)?
Enter the payment date to withdraw from the account above
BIRT/BIRTEZ balance-due amount from this return

Electronic funds withdrawal information for NPT return (Electronic Filing Only)
Yes No
[] [] Do you want electronic funds withdrawal of city tax payment (EF Only)?
Enter the payment date to withdraw from the account above
NPT balance-due amount from this return

International ACH Transactions
Yes No
[] [] Will the funds for this payment come from an account outside the U.S.?

Pennsylvania School District Code Selection Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>PRAJAY PRAYAG</u>	Social Security No. <u>845-48-0218</u>
---	---

Listed below are the counties in Pennsylvania. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code. Please select a school district from one county only.

School district code selected 01110
QuickZoom to Information Worksheet **➔** _____

Pennsylvania Counties

Adams <u>Bermudian Springs</u>	Elk _____	Montour _____
Allegheny _____	Erie _____	Northampton _____
Armstrong _____	Fayette _____	Northumberland _____
Beaver _____	Forest _____	Perry _____
Bedford _____	Franklin _____	Philadelphia _____
Berks _____	Fulton _____	Pike _____
Blair _____	Greene _____	Potter _____
Bradford _____	Huntingdon _____	Schuylkill _____
Bucks _____	Indiana _____	Snyder _____
Butler _____	Jefferson _____	Somerset _____
Cambria _____	Juniata _____	Sullivan _____
Cameron _____	Lackawanna _____	Susquehanna _____
Carbon _____	Lancaster _____	Tioga _____
Centre _____	Lawrence _____	Union _____
Chester _____	Lebanon _____	Venango _____
Clarion _____	Lehigh _____	Warren _____
Clearfield _____	Luzerne _____	Washington _____
Clinton _____	Lycoming _____	Wayne _____
Columbia _____	McKean _____	Westmoreland _____
Crawford _____	Mercer _____	Wyoming _____
Cumberland _____	Mifflin _____	York _____
Dauphin _____	Monroe _____	
Delaware _____	Montgomery _____	

Tax Payments Worksheet

2018

▶ Keep for your records

Name PRAJAY PRAYAG	Social Security Number 845-48-0218
-----------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			2,375.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			2,375.
15 Date return will be filed and balance paid		15	

Name
PRAJAY PRAYAG

Social Security Number
845-48-0218

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		WEIS MARKETS, INC. 24-0755415	77,396.	77,371. 2,375.	PA
2	X	T		VASTEK INC 47-4047975	17,595.	17,595. 0.	IL

	Taxpayer	Spouse
Pennsylvania W-2	77,371.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6	17,595.	
Withholding	2,375.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	24-0755415	49	77,371.	774.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	77,371.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	774.	

Excess Reimbursements

*	Description	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
[]						
[]						
[]						

Pennsylvania Payment type:

- | | |
|---|---|
| <p>A Executor fee
 B Jury duty pay
 C Director's fee
 D Expert witness fee
 E Honorarium
 F Covenant not to compete</p> | <p>G Damages or settlement for lost wages, other than personal injury
 H Other nonemployee compensation.
 Describe: _____
 I Employer sponsored retirement/pension/deferred compensation plan
 J Distribution from IRA (Traditional or Roth)
 K Distribution from Life Insurance, Annuity or Endowment Contracts
 L Distribution from Charitable Gift Annuities
 M Distribution from Employee Stock Ownership Plan.
 Describe: _____</p> |
|---|---|

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
[]								
[]								
[]								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- M1** ESOP: Allocated ESOP Stock Dividend
- M2** ESOP: Non-Allocated ESOP Stock Dividend

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	77,371.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	2,375.	_____

Total gross compensation to Form PA-40 line 1a	77,371.
--	---------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Smart Worksheets from your 2018 Pennsylvania Tax Return

SMART WORKSHEET FOR: PA 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Using the Federal PIN in Place of Form PA-8453 (See Help) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D	Documents to attach to the FRONT of Form PA-8453: Form W-2 (Copy 2) _____ Signed copies of returns filed with other states _____ _____
E	Document to attach to the BACK of PA-8453: _____ _____ _____ _____

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **tax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



Illinois Department of Revenue
2018 IL-1040-V ID: 3WM
Payment Voucher for Individual Income Tax

REV 10/19/18 PRO

845-48-0218

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2019.

\$ 153.00
Payment amount

PRAJAY PRAYAG
525 ½ N 4TH STREET SUNBURY
SUNBURY PA 17801

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



104081218 1 2 845480218 5 16180125 0 000015300



Illinois Department of Revenue
2018 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

A

845-48-0218

PRAJAY

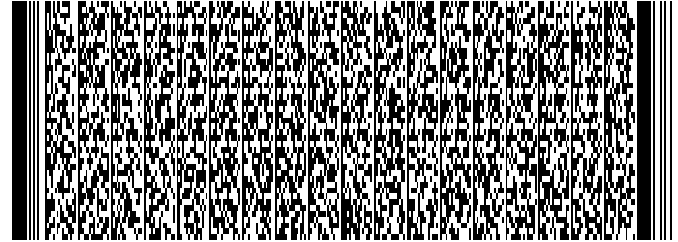
PRAYAG

525 1/2 N 4TH STREET SUNBURY

SUNBURY

PA

17801



B Filing status: Single or head of household Married filing jointly Married filing separately Widowed

C **Check** if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D **Check** the box if this applies to you during 2018: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040, Line 7.	1	90,991.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	90,991.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 2 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	6	.00
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	90,991.00

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,225.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines a through d.	10	2,225.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	17,166.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	850.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	850.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	850.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	850.00

IL-1040 Front (R-12/18)

Printed by authority of the State of Illinois, 1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

ID: 3WM REV 01/08/19 PRO



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



Illinois Department of Revenue
2018 Schedule NR
 Attach to your Form IL-1040

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

PRAJAY PRAYAG
 Your name as shown on your Form IL-1040

8 4 5 - 4 8 - 0 2 1 8
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.
 - I lived in **Illinois** from 06 / 15 / 18 to 08 / 31 / 18 I lived in Pennsylvania from 06 / 15 / 18 to 12 / 31 / 18
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - My spouse lived in **Illinois** from ___ / ___ / 18 to ___ / ___ / 18, and _____ from ___ / ___ / 18 to ___ / ___ / 18
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040, Line 1)	<u>5</u> 94,991.00	<u>17,595.00</u>
6 Taxable interest (federal Form 1040, Line 2b)	<u>6</u> .00	<u>.00</u>
7 Ordinary dividends (federal Form 1040, Line 3b)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040, Schedule 1, Line 11)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040, Schedule 1, Line 12)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	<u>11</u> .00	<u>.00</u>
12 Other gains or losses (federal Form 1040, Schedule 1, Line 14)	<u>12</u> .00	<u>.00</u>
13 Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	<u>13</u> .00	<u>.00</u>
14 RESERVED	<u>14</u> _____	<u>_____</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	<u>15</u> -4,000.00	<u>0.00</u>
16 Farm income or loss (federal Form 1040, Schedule 1, Line 18)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040, Line 5b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040, Schedule 1, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 17,595.00	<u>17,595.00</u>



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	17,595.00
	22 Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	23	.00
	24 Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	24	.00
	25 Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	29	.00
	30 Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00
	31 IRA deduction (federal Form 1040, Schedule 1, Line 32)	31	.00
	32 Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	32	.00
	33 RESERVED	33	
	34 RESERVED	34	
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	90,991.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	17,595.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	17,595.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040, Sch. 1, Line 10. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	17,595.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	47 Enter the base income from Form IL-1040, Line 9.	47	90,991.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.193
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,225.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	429.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	17,166.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52	850.00





Illinois Department of Revenue

Submission ID

2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: PRAJAY, PRAYAG, Social Security number 845-48-0218, Mailing address 525 1/2 N 4TH STREET SUNBURY, SUNBURY PA 17801, Spouse's Social Security number (570) 556-8239, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11 17,166.00; 2 Tax from Form IL-1040, Line 12 850.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 697.00; 4 Overpayment from Form IL-1040, Line 35 1.00; 5 Total amount due from Form IL-1040, Line 39 153.00; 6 Filing status: X Single/head of household.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN); 8 Account no. (AN); 9 Type of account: Checking Savings; 10 Date the payment is to be electronically withdrawn: / / ; 11 Electronic funds withdrawal amount: 1.00; 12 Name on account.

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2018 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature, Date 05/23/2019, Check if paid preparer: X (See instructions.), Your PTIN P 02082703, Firm's name or your name if self-employed GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming GA 30041, Federal employer identification number (FEIN) (212) 920-4151, Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Table with 4 columns: Form Type, Letter Code for Column A, Form Type, Letter Code for Column A. Rows include W-2, W-2G, 1099-R, 1099-G, 1099-MISC, 1099-OID and 1099-DIV, 1099-INT, 1042-S, 1099-B, 1099-K.

Step 1: Provide your withholding records (includes all W-2 and 1099 forms)

PRAJAY PRAYAG Your name as shown on Form IL-1040 8 4 5 - 4 8 - 0 2 1 8 Your Social Security number

Table with 5 columns: Column A Form type, Column B Employer/Payer Identification Number, Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc., Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc., Column E Illinois Income Tax Withheld. Row 1 shows W, 47-4047975 000 5, \$17,595.00, \$17,595.00, \$697.00.

Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

Your spouse's name as shown on Form IL-1040 Your spouse's Social Security number

Table with 5 columns: Column A Form type, Column B Employer/Payer Identification Number, Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc., Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc., Column E Illinois Income Tax Withheld. Rows 6-10 show zero values.

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 697.00

Attach all Schedules IL-WIT to your IL-1040.



Illinois Information Worksheet

2018

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name PRAJAY
Middle Initial
Last Name PRAYAG
Suffix
Social Security No. . 845-48-0218
Date of Birth 10/16/1989
Age 65 or Over
Legally Blind
Date of Death
Daytime phone (570) 556-8239
Home phone

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No. .
Date of Birth
Age 65 or Over
Legally Blind
Date of Death
Daytime phone

* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address 525 1/2 N 4TH STREET SUNBURY Apartment Number .
City SUNBURY State . PA ZIP Code 17801

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City Foreign Province or State . . .
Foreign Country Foreign Postal Code

Part II - Resident Status

Full-Year Resident
Nonresident
[X] Part-Year Resident lived in Illinois from 06/15/18 to 08/31/18
also lived in PA from 06/15/18 to 12/31/18

QuickZoom here to Form IL-1040

Part III - Filing Status

[X] Single or head of household
Married filing jointly
Married filing separately
Widowed

Part IV - Other Information

Form IL-2210 Information:

Check if at least two-thirds of total federal gross income came from farming
Check if 65 or older and permanently living in a nursing home
Check if you were not required to file an Illinois income tax return in 2017
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1)
Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)

First Time Filer:

Yes No
Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

File **state** return electronically

Date return was EFiled _____
Date return was accepted by the state _____
Enter the date Form IL-1040-V was given to client _____
QuickZoom to Form IL-8453: Additional Information Smart Worksheet ► _____

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Use **direct deposit** for **state tax refund**
 Use **electronic funds withdrawal** for **state tax payment** (EF only)
 Elect to receive a state issued debit card for state refund (if you check **No** then your client will receive a paper check)

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

Name of Financial Institution (optional) Educators Credit Union
Name on account _____
Check the appropriate box:
Checking Routing number 275981378
Savings Account number 08001644384
Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____
Enter an amount to withdraw from the account above _____
If partial payment is made, enter remaining balance due _____

International ACH Transactions

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

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1
Check if this tax return is ► self-prepared, or prepared by a non-paid preparer

Yes No
 Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:

Designee's name _____
Designee's phone number _____

Part IX – Extension Status

Yes No
 Tax return due date extended? If yes, extended due date _____

QuickZoom to Form IL-505-I: Automatic Extension Payment ► _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name PRAJAY PRAYAG	Social Security Number 845-48-0218
-----------------------	---------------------------------------

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	697.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	697.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
 - 6.25% or more on Line 1a and
 - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **1a** _____ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars **1b** _____ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **2a** _____
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars **2b** _____ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** **3** _____ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a **4** _____
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) **5** _____

Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

<u>AGI (from IL-1040, Line 1)</u>	<u>Use Tax</u>
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$8
\$20,001 - \$30,000	\$13
\$30,001 - \$40,000	\$18
\$40,001 - \$50,000	\$23
\$50,001 - \$75,000	\$31
\$75,001 - \$100,000	\$44
Above \$100,000	Multiply AGI by 0.05% (0.0005)

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Schedule E Income Smart Worksheet			
Rental and Royalty Income:	State where located	Col A Federal Total	Col B Illinois Portion
Rental & Royalty Description			
KPHB		-4,000.	0.
K-1 Partnership Income:	State of Income Source	Col A Federal Total	Col B Illinois Portion
Partnership Name			
K-1 S-Corp Income:	State of Income Source	Col A Federal Total	Col B Illinois Portion
S-Corp Name			
K-1 Trust Income:	State of Income Source	Col A Federal Total	Col B Illinois Portion
Trust Name			

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Illinois Self-Employment (ISE) Smart Worksheet	
For use in column B, lines 26, 27, and 28 below.	
A	Self-employment income included in column B, line 20 above _____
B	Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a) _____
C	Illinois self-employment (ISE) decimal. Line A divided by line B <u>0.000</u>
D	Deductible portion of self-employment tax (column A, line 26 below) _____
E	Illinois portion. Multiply line D by line C. Enter in column B, line 26 below _____
F	Self-employed health insurance deduction (column A, line 28 below) _____
G	Illinois portion. Multiply line F by line C. Enter in column B, line 28 below _____
H	Keogh and self-employed SEP plans (column A, line 27 below) _____
I	Illinois portion. Multiply line H by line C. Enter in column B, line 27 below _____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

IRA Deduction Smart Worksheet	
For use in column B, line 31 below.	
A	Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above) <u>17,595.</u>
B	Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above) <u>94,991.</u>
C	Line A divided by line B <u>0.185</u>
D	Total IRA deduction (column A, line 31 below) _____
E	Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below _____