

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ► 5872782019033018n4kf

Taxpayer's name SANTHI SREE PATURI	Social security number 800-23-2564
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	56,078.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	5,636.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	7,459.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	1,823.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

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

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

3	2	5	6	4
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Enter five digits, but don't enter all zeros

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

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

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Enter five digits, but don't enter all zeros

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

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

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

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

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

800-23-2564

Taxpayer name SANTHI SREE PATURI

Taxpayer address (optional)

4102 WINGHAVEN POINTEE DR

O FALLON MO 63368

1.  Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 02/02/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019033018n4kf.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

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

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

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

**If You Need to Ask About Your Refund**

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

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

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

### **If You Owe Tax**

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

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

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

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

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

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

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

Your first name and initial: **SANTHI SREE** Last name: **PATURI** Your social security number: **800-23-2564**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **4102 WINGHAVEN POINTEE DR** Apt. no. \_\_\_\_\_ Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **O FALLON MO 63368** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	PTIN <b>P02082703</b>	Firm's EIN <b>30-1017196</b>	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ <b>GLOBAL TAXES LLC</b>	Phone no. (212) <b>920-4151</b>	Firm's address ▶ <b>2530 Pebble Creek Ln Cumming GA 30041</b>		

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

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>59,379.</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b> Social security benefits	<b>5a</b>	
<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>-3,301.</b>	<b>6</b>	<b>56,078.</b>
<b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>56,078.</b>
<b>8</b> Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	<b>12,000.</b>
<b>9</b> Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>44,078.</b>
<b>11</b> <b>a</b> Tax (see inst.) <b>5,636.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	<b>5,636.</b>
<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>11</b>	
<b>12</b> <b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	<b>5,636.</b>
<b>14</b> Other taxes. Attach Schedule 4	<b>14</b>	<b>0.</b>
<b>15</b> Total tax. Add lines 13 and 14	<b>15</b>	<b>5,636.</b>
<b>16</b> Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	<b>7,459.</b>
<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>17</b>	
<b>Add</b> any amount from Schedule 5	<b>17</b>	
<b>18</b> Add lines 16 and 17. These are your total payments	<b>18</b>	<b>7,459.</b>
<b>Refund</b> <b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>19</b>	<b>1,823.</b>
<b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	<b>1,823.</b>
<b>▶ b</b> Routing number <b>0 2 1 0 0 0 3 2 2</b> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>▶ d</b> Account number <b>4 8 3 0 5 1 8 4 6 0 0 5</b>		
<b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>21</b>	
<b>Amount You Owe</b> <b>22</b> <b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>22</b>	
<b>23</b> Estimated tax penalty (see instructions)	<b>23</b>	

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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

SANTHI SREE PATURI

Your social security number

800-23-2564

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	199.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	-3,500.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	-3,301.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

SANTHI SREE PATURI

Your social security number

800-23-2564

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

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

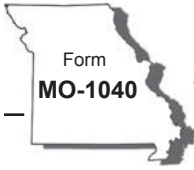
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	RAJEEV NAGAR HYDERABAD TELANAGANA IN 500045				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	4		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

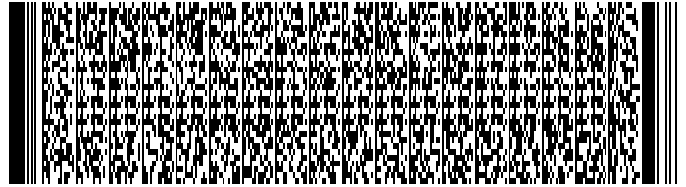
- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

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



Missouri Department of Revenue  
**2018 Individual Income  
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2018



Print in BLACK ink only and DO NOT STAPLE.

Amended Return  Composite Return

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

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Vendor Code

1555
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Department Use Only

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Filing Status

Single  Claimed as a Dependent  Married Filing Combined  Married Filing Separately  Head of Household  Qualifying Widower

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself  Spouse  Yourself  Spouse  Yourself  Spouse  Yourself  Spouse  Yourself  Spouse

Name

Social Security Number	Deceased in 2018	Spouse's Social Security Number	Deceased in 2018
800 - 23 - 2564			
First Name	M.I.	Last Name	Suffix
SANTHI SREE		PATURI	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

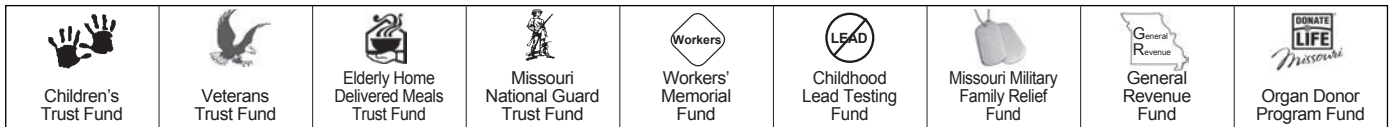
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Address

Present Address (Include Apartment Number or Rural Route)

4102 WINGHAVEN POINTEE DR		
City, Town, or Post Office	State	ZIP Code
O FALLON	MO	63368 -
County of Residence		
CLIN		

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) . . . . .	1Y	56078 .00	1S	.00
2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2. . . . .	3Y	56078 .00	3S	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .	4Y	199 .00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .	5Y	55879 .00	5S	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .	6	55879 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) . . . . .	7Y	100 %	7S	%

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) . . . . .	8	.00		
9. Tax from federal return - <b>Do not enter federal income tax withheld</b> (see instructions on page 7 and 8) . . . . .	9	5636 .00		
10. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules) . . . . .	10	.00		
11. Total tax from federal return - Add Lines 9 and 10. . . . .	11	5636 .00		
12. Federal income tax deduction - Enter the amount from Line 11, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers (see instructions on page 7). . . . .	12	5000 .00		
13. Missouri standard deduction or itemized deductions. <ul style="list-style-type: none"> <li>• Single or Married Filing Separate - \$12,000</li> <li>• Head of Household - \$18,000</li> <li>• Married Filing Combined or Qualifying Widow(er) - \$24,000</li> </ul> If age 65 or older, blind, or claimed as a dependent, see pages 7 and 8. If itemizing, see Form MO-A, Part 2. . . . .	13	12000 .00		
14. Long-term care insurance deduction . . . . .	14	.00		
15. Health care sharing ministry deduction. . . . .	15	.00		
16. Military income deduction . . . . .	16	.00		
17. Bring jobs home deduction . . . . .	17	.00		
18. Transportation facilities deduction . . . . .	18	.00		
<input type="checkbox"/> A. Port Cargo Expansion <input type="checkbox"/> B. International Trade Facility <input type="checkbox"/> C. Qualified Trade Activities				
19. Total deductions - Add Lines 8 and 12 through 18. . . . .	19	17000 .00		
20. Subtotal - Subtract Line 19 from Line 6 . . . . .	20	38879 .00		
21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S . . . . .	21Y	38879 .00	21S	.00
22. Enterprise zone or rural empowerment zone income modification . . . . .	22Y	.00	22S	.00





Tax

23. Taxable income - Subtract Line 22 from Line 21 . . . . .	23Y	38879	.00	23S		.00
24. Tax (see tax chart on page 20 of the instructions). . . . .	24Y	2072	.00	24S		.00
25. Resident credit - Attach <b>Form MO-CR</b> and other states' income tax return(s). . . . .	25Y		.00	25S		.00
26. Missouri income percentage - Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% . . . . .	26Y	100	%	26S		%
27. Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26 . . . . .	27Y	2072	.00	27S		.00
28. Other taxes - Select box and attach federal form indicated.						
<input type="checkbox"/> Lump sum distribution (Form 4972)						
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	28Y		.00	28S		.00
29. Subtotal - Add Lines 27 and 28 . . . . .	29Y	2072	.00	29S		.00
30. Total Tax - Add Lines 29Y and 29S. . . . .				30	2072	.00

Payments and Credits

31. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .	31	2346	.00
32. 2018 Missouri estimated tax payments - Include overpayment from 2017 applied to 2018 . . . . .	32		.00
33. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP . . . . .	33		.00
34. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT . . . . .	34		.00
35. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .	35		.00
36. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .	36		.00
37. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .	37		.00
38. Total payments and credits - Add Lines 31 through 37 . . . . .	38	2346	.00



**Skip Lines 39 through 41 if you are not filing an amended return.**

39. Amount paid on original return. . . . .   .

40. Overpayment as shown (or adjusted) on original return . . . . .   .

**Indicate Reason for Amending**

A. Federal audit. . . . .    Enter date of IRS report (MM/DD/YY)

B. Net operating loss carryback . . . . .  Enter year of loss (YY)

C. Investment tax credit carryback . . . . .  Enter year of credit (YY)

D. Correction other than A, B, or C. . . . .    Enter date of federal amended return, if filed. (MM/DD/YY)

41. Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40 from Line 38. . . . .   .

42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference. Amount of OVERPAYMENT . . . . .   .

43. Amount of Line 42 to be applied to your 2019 estimated tax . . . . .   .

44. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

44a. Children's Trust Fund <input type="text"/> . <input type="text" value="00"/>	44b. Veterans Trust Fund <input type="text"/> . <input type="text" value="00"/>	44c. Elderly Home Delivered Meals Trust Fund <input type="text"/> . <input type="text" value="00"/>
44d. Missouri National Guard Trust Fund <input type="text"/> . <input type="text" value="00"/>	44e. Workers' Memorial Fund <input type="text"/> . <input type="text" value="00"/>	44f. Childhood Lead Testing Fund <input type="text"/> . <input type="text" value="00"/>
44g. Missouri Military Family Relief Fund <input type="text"/> . <input type="text" value="00"/>	44h. General Revenue Fund <input type="text"/> . <input type="text" value="00"/>	44i. Organ Donor Program Fund <input type="text"/> . <input type="text" value="00"/>
44j. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	44k. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>	

Total Donation - Add amounts from Boxes 44a through 44k and enter here. . . . .   .

45. Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of **Form 5632** . . . . .   .

46. **REFUND** - Subtract Lines 43, 44, and 45 from Line 42 and enter here . . . . .   .

a. Routing Number  c.  Checking  Savings

b. Account Number

Amended Return

Refund



Amount Due

47. If Line 30 is larger than Line 38 or Line 41, enter the difference.  
 Amount of UNDERPAYMENT (see the instructions for Line 48) . . . . . 47  . 00
48. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 48  . 00
- Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
49. **AMOUNT DUE** - Add Lines 47 and 48.  
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 49  . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Daytime Telephone		
TSYAMGUPTA@GMAIL.COM	2016588425		
Preparer's Signature	Date (MM/DD/YY)		
SYAM PRIYA RAM SAGAR GUPTA TALLAM	11	06	19
Preparer's FEIN, SSN, or PTIN	Preparer's Telephone		
30-1017196	2129204151		
Preparer's Address	State	ZIP Code	
2530 PEBBLE CREEK LN CUMMING	GA	30041	

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Department Use Only

A     FA     E10     DE     F     .

(Revised 12-2018)

**Mail To: Balance Due:**  
 Missouri Department of Revenue  
 P.O. Box 3370  
 Jefferson City, MO 65105-3370

**Refund or No Amount Due:**  
 Missouri Department of Revenue  
 P.O. Box 3222  
 Jefferson City, MO 65105-3222

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 751-2195  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)





Missouri Department of Revenue
2018 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY) [ ] [ ] [ ]

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

Name

Social Security Number: 800 - 23 - 2564
Spouse's Social Security Number: [ ] - [ ] - [ ]
First Name: SANTHI SREE, M.I.: [ ], Last Name: PATURI, Suffix: [ ]
Spouse's First Name: [ ], M.I.: [ ], Spouse's Last Name: [ ], Suffix: [ ]

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

Table with columns: Description, Yourself (Y), Spouse (S). Rows include interest on obligations, partnership/fiduciary/S corp, net operating loss, 529 plan, food pantry, nonresident property tax, ABLE program, and total additions.

Subtractions

Table with columns: Description, Yourself (Y), Spouse (S). Rows include interest from exempt federal obligations, state income tax refund, partnership/fiduciary/S corp/railroad/military/build America, MO Public-Private Transportation Act, Net Operating Loss, 529 plan, and health insurance premiums.



13. Missouri depreciation adjustment ( <a href="#">Section 143.121, RSMo</a> )					
<input type="checkbox"/> Sold or disposed property previously taken as addition modification	13Y		.00	13S	
14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense ( <a href="#">Form MO-HEA</a> )	14Y		.00	14S	
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)	15Y		.00	15S	
16. Agriculture Disaster Relief	16Y		.00	16S	
17. Business Income Deduction – see worksheet on page 42	17Y		.00	17S	
18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4	18Y	199	.00	18S	

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040, Line 8	1		.00
2. 2018 Social security tax - (Yourself)	2		.00
3. 2018 Social security tax - (Spouse)	3		.00
4. 2018 Railroad retirement tax - Tier I and Tier II (Yourself)	4		.00
5. 2018 Railroad retirement tax - Tier I and Tier II (Spouse)	5		.00
6. 2018 Medicare tax - Yourself and Spouse (see instructions on page 43)	6		.00
7. 2018 Self-employment tax (see instructions on page 43)	7		.00
8. Total - Add Lines 1 through 7	8		.00
9. State and local income taxes from Federal Schedule A, Line 5 or see the worksheet below	9		.00
10. Earnings taxes included in Line 9	10		.00
11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below	11		.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 13	12		.00

**Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).**

1. Enter the sum of your state and local taxes on Federal Form 1040, Schedule A, Line 5d	1		.00
2. State and local income taxes from Federal Form 1040, Schedule A, Line 5a	2		.00
3. Earnings taxes included on Federal Form 1040, Schedule A, Line 5a	3		.00
4. Subtract Line 3 from Line 2	4		.00
5. Divide Line 4 by Line 1	5		%
6. Enter \$10,000 (\$5,000 if married filing separately)	6		.00
7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above	7		.00



**Part 3 - Pension and Social Security/Social Security Disability/Military Exemption**

**Public Pension Calculation** - Pensions received from any federal, state, or local government.

Section A

1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	1	55879	.00
2. Taxable social security benefits from Federal Form 1040, Line 5b .....	2		.00
3. Subtract Line 2 from Line 1 .....	3	55879	.00
4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> <li>• Married Filing Combined (joint federal) - \$100,000</li> <li>• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 .....</li> </ul>	4	85000	.00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 .....	5	0	.00
6. Taxable pension for each spouse from public sources from Federal Form 1040, Line 4b .....	6Y		.00
	6S		.00
7. Amount from Line 6 or \$37,720 (maximum social security benefit), whichever is less .....	7Y		.00
	7S		.00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0. ....	8Y		.00
	8S		.00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y	0	.00
	9S		.00
10. Add amounts on Lines 9Y and 9S .....	10	0	.00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0 .....	11	0	.00

**Private Pension Calculation** - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	1	55879	.00
2. Taxable social security benefits from Federal Form 1040, Line 5b .....	2		.00
3. Subtract Line 2 from Line 1 .....	3	55879	.00
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> <li>• Married Filing Combined (joint federal) - \$32,000</li> <li>• Single, Head of Household and Qualifying Widow(er) - \$25,000</li> <li>• Married Filing Separate - \$16,000 .....</li> </ul>	4	25000	.00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 .....	5	30879	.00
6. Taxable pension for each spouse from private sources from Federal Form 1040, Line 4b .....	6Y		.00
	6S		.00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less .....	7Y	0	.00
	7S		.00
8. Add Lines 7Y and 7S .....	8	0	.00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0. ....	9	0	.00



**Social Security or Social Security Disability Calculation** - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

**Section C**

1. Missouri adjusted gross income from Form MO-1040, Line 6 .....	1	55879	00
2. Select the appropriate filing status and enter the amount on Line 2.			
• Married Filing Combined (joint federal) - \$100,000	2	85000	00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 .....			
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 .....	3	0	00
4. Taxable social security benefits for each spouse from Federal Form 1040, Line 5b .....	4Y		00
	4S		00
5. Taxable social security disability benefits for each spouse from Federal Form 1040, Line 5b .....	5Y		00
	5S		00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S .....	6Y		00
	6S		00
7. Add Lines 6Y and 6S .....	7		00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 .....	8	0	00

**Military Pension Calculation**

**Section D**

1. Military retirement benefits included on Federal Form 1040, Line 4b. ....	1		00
2. Taxable public pension from Federal Form 1040, Line 4b .....	2		00
3. Divide Line 1 by Line 2 (Round to whole number) .....	3		%
4. Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0 .....	4		00
5. Total military pension, subtract Line 4 from Line 1 .....	5		00

**Total Pension and Social Security/Social Security Disability/Military Exemption**

**Section E**

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8. ....		0	00
--	--	---	----

Attach to Form MO-1040. Attach your federal return.  
See information beginning on page 12 to assist you in completing this form.



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

Your first name and initial: **SANTHI SREE** Last name: **PATURI** Your social security number: **800-23-2564**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **4102 WINGHAVEN POINTEE DR** Apt. no. \_\_\_\_\_ Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **O FALLON MO 63368** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **EMPLOYEE**

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

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

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

**Paid Preparer Use Only**

Preparer's name: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** Preparer's signature: **SYAM PRIYA RAM SAGAR GUPTA TALLAM** PTIN: **P02082703** Firm's EIN: **30-1017196** Check if:  3rd Party Designee  Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: **(212) 920-4151**

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

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

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	<b>59,379.</b>
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>3b</b> Ordinary dividends	<b>3b</b>
	<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	<b>4b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Social security benefits	<b>5a</b>	<b>5b</b> Taxable amount	<b>5b</b>
	<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>-3,301.</b>	<b>6</b>	<b>56,078.</b>
	<b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		<b>7</b>	<b>56,078.</b>
	<b>8</b> Standard deduction or itemized deductions (from Schedule A)		<b>8</b>	<b>12,000.</b>
	<b>9</b> Qualified business income deduction (see instructions)		<b>9</b>	
	<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	<b>44,078.</b>
	<b>11</b> a Tax (see inst.) <b>5,636.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	<b>5,636.</b>
	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	<b>5,636.</b>
	<b>12</b> a Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	<b>5,636.</b>
	<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	<b>0.</b>
	<b>14</b> Other taxes. Attach Schedule 4		<b>15</b>	<b>5,636.</b>
	<b>15</b> Total tax. Add lines 13 and 14		<b>16</b>	<b>7,459.</b>
	<b>16</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
	<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	<b>7,459.</b>
	<b>Add</b> any amount from Schedule 5		<b>19</b>	<b>1,823.</b>
	<b>18</b> Add lines 16 and 17. These are your total payments		<b>20a</b>	<b>1,823.</b>
	<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>		<b>21</b>	
	<b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
	<b>▶ b</b> Routing number <b>0 2 1 0 0 0 3 2 2</b> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
	<b>▶ d</b> Account number <b>4 8 3 0 5 1 8 4 6 0 0 5</b>			
	<b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b>			
<b>Amount You Owe</b>	<b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			
	<b>23</b> Estimated tax penalty (see instructions)			

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

**Standard Deduction for—**

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

Direct deposit? See instructions.



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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

SANTHI SREE PATURI

Your social security number

800-23-2564

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	199.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	-3,500.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	-3,301.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

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

Schedule 1 (Form 1040) 2018