

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 587278201906201urmns

Taxpayer's name ABHILASH AKULA	Social security number 520-87-9673
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	18,960.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	698.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	3,035.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,337.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

7	9	6	7	3
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Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

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Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

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

520-87-9673

Taxpayer name ABHILASH AKULA

Taxpayer address (optional)

4335 OAK STREET APT 15

KANSAS CITY MO 64111

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 03/03/2019 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 587278201906201urmns.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **ABHILASH** Last name: **AKULA** Your social security number: **520-87-9673**

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. **4335 OAK STREET** Apt. no. **15** 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. **KANSAS CITY MO 64111** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> 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: **SECURITY ENGINEER**

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

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

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

Paid Preparer Use Only

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	22,960.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-4,000.	6	18,960.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	18,960.
8	Standard deduction or itemized deductions (from Schedule A)		8	12,000.
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	6,960.
11	a Tax (see inst.) 698. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	698.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	698.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	698.
16	Total tax. Add lines 13 and 14		16	3,035.
17	Federal income tax withheld from Forms W-2 and 1099		17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	3,035.
19	Add any amount from Schedule 5		19	2,337.
20a	Add lines 16 and 17. These are your total payments		20a	2,337.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
23	Routing number 021000322 Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 483060939479		24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	27		

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

ABHILASH AKULA

Your social security number

520-87-9673

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

ABHILASH AKULA

Your social security number

520-87-9673

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	APARTMENT-N0-1 HYDERABAD TELENGANA IN 545444				
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.		

40801
1555



Utah State Tax Commission
Utah Individual Income Tax Return
All State Income Tax Dollars Fund Education

2018
TC-40
INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No. 520879673 Your first name ABHILASH Your last name AKULA Y/N N
Spouse's Soc. Sec. No. Spouse's first name Spouse's last name

Address 4335 OAK STREET APT 15 Telephone number 518-898-1596
City State ZIP+4 Foreign country (if not U.S.)
KANSAS CITY MO 64111
If deceased, complete page 3, Part 1

1 Filing Status - enter code 1 = Single • <u>1</u> 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er) If using code 2 or 3, enter spouse's name and SSN above	2 Qualifying Dependents a Dependents age 16 and under b Other dependents c 0 Total (add lines a and b) Dependents must be claimed for the child tax credit on your federal return. See instructions.	3 Election Campaign Fund Does not increase your tax or reduce your refund. Enter the code for the party of your choice. Yourself Spouse • • See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N .
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4 Federal adjusted gross income from federal return	• 4	18960
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6 Total income - add line 4 and line 5	6	18960
7 State tax refund included on federal form 1040, Schedule 1, line 10 (if any)	• 7	
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	• 9	18960
10 Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)	• 10	939
11 Utah personal exemption (multiply line 2c by \$565)	• 11	0
12 Federal standard or itemized deductions	• 12	12000
13 Add line 11 and line 12	13	12000
14 State income tax deducted on federal Schedule A, line 5a (if any)	• 14	
15 Subtract line 14 from line 13	15	12000
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	720
17 Enter: \$14,256 (if single or married filing separately); \$21,384 (if head of household); or \$28,512 (if married filing jointly or qualifying widower)	• 17	14256
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	4704
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	61
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	659
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22	280

Electronic filing is quick, easy and free, and will speed up your refund.
To learn more, go to tap.utah.gov

Utah Individual Income Tax Return (continued)

40802 SSN 520879673

Last name AKULA

INTUIT

**TC-40
2018**

Pg. 2

23	Enter tax from TC-40, page 1, line 22	23	280
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37	• 25	191
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	191
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	191
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	648
34	Credit for Utah income taxes prepaid from TC-546 and 2017 refund applied to 2018	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	648
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	457
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number 021000322 • Account number 483060939479	Account type: • <input checked="" type="checkbox"/>	• <input type="checkbox"/>

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN	Your signature	Date	Spouse's signature (if filing jointly)	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	
Paid Preparer's Section	Preparer's signature Date Firm's name and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's telephone number	Preparer's PTIN Preparer's EIN	• • P02090332 •

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Non and Part-year Resident Schedule

INTUIT

**TC-40B
2018**

40806 SSN 520-87-9673 Last name AKULA

Residency Status: • X Nonresident: Home state abbreviation: NJ • Part-year resident from: to
mm/dd/yy mm/dd/yy

Income	Col. A - UTAH	Col. B - TOTAL
1 Wages, salaries, tips, etc. (1040 line 1)	12960	22960
2 Taxable interest income (1040 line 2b)		
3 Ordinary dividends (1040 line 3b)		
4 IRAs, pensions and annuities - taxable amount (1040 line 4b)		
5 Social Security benefits - taxable amount (1040 line 5b)		
6 Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 10)		
7 Alimony received (1040, Schedule 1, line 11)		
8 Business income or (loss) (1040, Schedule 1, line 12)		
9 Capital gain or (loss) (1040, Schedule 1, line 13)		
10 Other gains or (losses) (1040, Schedule 1, line 14)		
11 Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 17)	0	-4000
12 Farm income or (loss) (1040, Schedule 1, line 18)		
13 Unemployment compensation (1040, Schedule 1, line 19)		
14 Other income (1040, Schedule 1, line 21)		
15 Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)		
16 Total income (loss) - add lines 1 through 15 for both columns A and B	12960	18960

Adjustments	Col. A - UTAH	Col. B - TOTAL
17 Educator expenses (1040, Schedule 1, line 23)		
18 Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 24)		
19 Health savings account deduction (1040, Schedule 1, line 25)		
20 Moving expenses (1040, Schedule 1, line 26) - col. A only expenses moving into Utah		
21 Deductible part of self-employment tax (1040, Schedule 1, line 27)		
22 Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 28)		
23 Self-employed health insurance deduction (1040, Schedule 1, line 29)		
24 Penalty on early withdrawal of savings (1040, Schedule 1, line 30)		
25 Alimony paid (1040, Schedule 1, line 31a)		
26 IRA deduction (1040, Schedule 1, line 32)		
27 Student loan interest deduction (1040, Schedule 1, line 33)		
28 Tuition and fees (1040, Schedule 1, line 34)		
29 Domestic production activities deduction (1040, Schedule 1, line 35)		
30 Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 10)		
31 Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)		
32 (see instructions):		
33 Total adjustments - add lines 17 through 32 for both columns A and B		

34 Subtract line 33 from line 16 for both columns A and B Line 34, column B must equal TC-40, line 9	• 12960	• 18960
---	---------	---------

Non or Part-year Resident Utah Tax		
35 Divide line 34 column A by line 34 column B (to 4 decimal places) Do not enter a number greater than 1.0000 or less than 0.0000	35	0.6835
36 Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here	36	280
37 UTAH TAX - Multiply line 36 by the decimal on line 35. Enter on TC-40, page 2, line 25	• 37	191

**Submit this page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Part 1 - Utah Withholding Tax Schedule

INTUIT

**TC-40W
2018**

Pg. 1

40809 SSN 520-87-9673

Last name AKULA

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	<p>Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p>
<p>First W-2 or 1099</p> 1 263038646 2 26303864600WTH (14 characters, no hyphens) 3 TT TECHNOLOGIES 4314 MAIN STREET 111 FLOOR FLUSHING NY11355 4 5 520879673 6 12960. 7 648.	<p>Second W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7
<p>Third W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7	<p>Fourth W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: **648.**

**Submit page ONLY if data entered.
 Attach completed schedule to your Utah Income Tax Return.
 Do not attach W-2s or 1099s to your Utah return.**



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/18)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

REV 10/18/18 PRO

Payment Voucher for Income Tax Returns



IT-201-V

(12/18)

Tax year (yyyy) 2018	Make your check or money order payable in U.S. funds to New York State Income Tax . Be sure to write the last four digits of your SSN, the tax year, and Income Tax on your payment.		
Your first name and middle initial ABHILASH	Your last name (for a joint return, enter spouse's name on line below) AKULA	Your full SSN 520879673	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 4335 OAK STREET		Apartment number 15	Country (if not United States)
City, village or post office KANSAS CITY		State MO	ZIP code 64111
E-mail: ABHIKULA45@GMAIL.COM		Payment amount	

Dollars Cents
33 00



040001183555

For office use only

0401183555 520879673 6



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: ABHILASH AKULA

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 18960.
2 Refund
3 Amount you owe 33.
4 Financial institution routing number
5 Financial institution account number
6 Account type: Personal checking, Personal savings, Business checking, Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ABHILASH		Your last name (for a joint return, enter spouse's name on line below) AKULA		Your date of birth (mmddyyyy) 12131992	Your social security number 520879673
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 4335 OAK STREET				Apartment number 15	New York State county of residence NR
City, village, or post office KANSAS CITY		State MO	ZIP code 64111	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State		ZIP code		Country (if not United States)	
				Decedent information	Taxpayer's date of death
				Spouse's date of death	

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2018

(2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

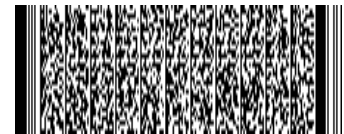
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
520879673

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	22960 .00	1	22960 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-4000 .00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 -4000 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	18960 .00	17	22960 .00
18	Total federal adjustments to income (see page 23) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	18960 .00	19	22960 .00

New York additions (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	18960 .00	23	22960 .00

New York subtractions (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	18960 .00	31	22960 .00

32 Enter the amount from line 31, **Federal amount** column **32** 18960 .00

Standard deduction or itemized deduction (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	10960 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	10960 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
ABHILASH AKULA

Enter your social security number
520879673

Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	10960.00
38 New York State tax on line 37 amount (see page 29)	38	451.00
39 New York State household credit (page 29, table 1, 2, or 3)	39	45.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	406.00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	406.00
43 New York State earned income credit (see page 30)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 406.00

45 Income percentage (see page 30) New York State amount from line 31 22960.00 ÷ Federal amount from line 31 18960.00 = 45 1.2110 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	492.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	492.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	492.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	23.00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	515.00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
520879673

59 Enter amount from line 58 **59** 515 .00

Payments and refundable credits (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.
60a NYC school tax credit (rate reduction amount)	60a	.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62 Total New York State tax withheld	62	482 .00	
63 Total New York City tax withheld	63	.00	
64 Total Yonkers tax withheld	64	.00	
65 Total estimated tax payments/amount paid with Form IT-370	65	.00	
66 Total payments and refundable credits (add lines 60 through 65)	66	482 .00	

Your refund, amount you owe, and account information (see pages 37 through 39)

67 Amount overpaid (see instructions)	67	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.
See page 38 for payment options.

69 Amount of line 67 that you want applied to your 2019 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.....	70	33 .00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 38)	71	.00
72 Other penalties and interest (see page 38)	72	.00

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 39)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 39) Date Amount .00

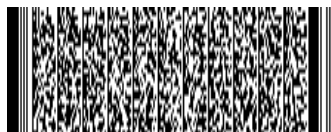
Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code
Preparer's signature		Preparer's printed name APPANA RUPA VENKATA SATY	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02090332	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SECURITY ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (518) 898 1596
E-mail: ABHIAKULA45@GMAIL.COM	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

520879673

Box b Employer identification number (EIN)

263038646

Box c Employer's information

Employer's name TT TECHNOLOGIES			
Employer's address (number and street) 43-14 MAIN STREET 111 FLOOR			
City FLUSHING	State NY	ZIP code 11355	Country (if not United States)

Box 1 Wages, tips, other compensation

22960.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Code

Code

Code

Code

Box 14a Amount

5.00

Box 14b Amount

13.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NYSDI

Description

NYFLI

Description

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

22960.00

Box 17a NYS income tax withheld

482.00

Other state information:

Box 15b other state

UT

Box 16b Other state wages, tips, etc.
12960.00

Box 17b Other state income tax withheld
648.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Code

Code

Code

Code

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

Description

Description

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



**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

ABHILASH AKULA

Your social security number

520-87-9673

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

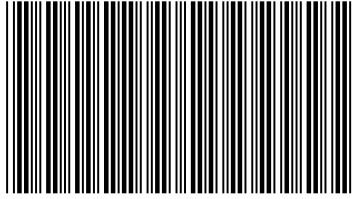
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	APARTMENT-N0-1 HYDERABAD TELENGANA IN 545444				
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.		



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
520879673

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
AKULA ABHILASH

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

County/Municipality Code (See Table page 50)
1021

Home Address (Number and Street, including apartment number)
4335 OAK STREET APT 15

City, Town, Post Office
KANSAS CITY

State ZIP Code
MO 64111

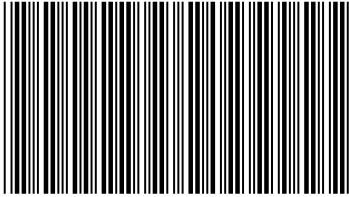
Driver's License Number (Voluntary) (Instructions page 42)
808413449

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021000322
dd5. Account number	dd5.	483060939479





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Name(s) as shown on Form NJ-1040
AKULA ABHILASH

Your Social Security Number
520879673

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Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: To:

Fiscal year filers only:
Enter month of your year end 2019

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter Spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2016 2017

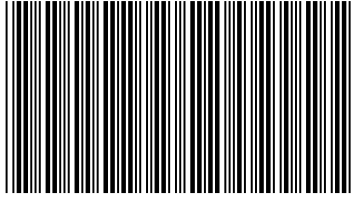
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

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

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



040MP03180

Name(s) as shown on Form NJ-1040
AKULA ABHILASH

Your Social Security Number
520879673

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	22960 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	22960 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	22960 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	1000 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	21960 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	1080 .
38b. Block	.	. .
38b. Lot	.	. .
38b. Qualifier	.	. .
38c. County/Municipality Code		
Fill in if you completed Worksheet G		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	. .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	21960 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	315 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	315 .
Enter Code	99	
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	0 .
44. Child and Dependent Care Credit (See instructions)	44.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	0 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	0 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	. .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	0 .



Name(s) as shown on Form NJ-1040
AKULA ABHILASH

Your Social Security Number
520879673

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53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	.
54. Property Tax Credit (See instructions page 25)	54.	50 .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	.
56. New Jersey Earned Income Tax Credit (See instructions)	56.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	.
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Wounded Warrior Caregivers Credit (See instructions)	60.	.
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	50 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	.
If you owe tax, you can still make a donation on Lines 65 through 72.		
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	50 .
64. Amount from Line 63 you want to credit to your 2019 tax	64.	.
65. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20 Other .
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20 Other .
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20 Other .
68. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20 Other .
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20 Other .
70. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
71. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
72. Other Designated Contribution (See instructions)	\$10	\$20 Other Enter Code .
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	.
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	.
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	50 .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.
 You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

P02090332

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 AKULA, ABHILASH	Social Security Number 520-87-9673
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2018

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

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

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

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	APARTMENT-N0-1	520879673	1	-4,000.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.)			4. -4,000.

Keep a copy of this schedule for your records

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

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-4,000.	
5.	Loss Carryforward From Tax Year 2017				5b.	()	
6.	Totals	6a.	0.		6b.	-4,000.	
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus Line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2019							
12.	Loss Carryforward to Tax Year 2019	12.				(4,000.)	

Instructions

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