



Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, 2018, and ending _____, 20____.

A. Spouse's Social Security Number	B. Your Social Security Number 283-29-3222
Name—Last, First, Middle Initial (Joint return, give both names and initials.) GOTTIPARTHI NITIN	
Mailing Address (Number and Street including Apartment Number or P.O. Box) 1509 LAFONTENAY CT LOUISVILLE	
City, Town or Post Office	State ZIP Code
LOUISVILLE KY	40223



FILING STATUS (see instructions) 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing joint return. 3 <input type="checkbox"/> Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____	Check if applicable: <input type="checkbox"/> Amended (Enclose copy of 1040X, if applicable.) <input type="checkbox"/> Military Spouse	POLITICAL PARTY FUND Designating \$2 will not change your refund or tax due. <table border="0"> <tr> <td></td> <td>A. Spouse</td> <td>B. Yourself</td> </tr> <tr> <td>Democratic</td> <td>(1) <input type="checkbox"/></td> <td>(4) <input type="checkbox"/></td> </tr> <tr> <td>Republican</td> <td>(2) <input type="checkbox"/></td> <td>(5) <input type="checkbox"/></td> </tr> <tr> <td>No Designation</td> <td>(3) <input type="checkbox"/></td> <td>(6) <input checked="" type="checkbox"/></td> </tr> </table>		A. Spouse	B. Yourself	Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>	Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>
		A. Spouse	B. Yourself											
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>												
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>												
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>												

RESIDENCY STATUS (check one box)

4 Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2018 _____.

5 Part-year resident. Complete appropriate line(s) below.
 Moved into Kentucky 06 / 01 / 18. State moved from NJ.
 Moved out of Kentucky / / 18. State moved to .

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

➡ COMPLETE PAGE 3 BEFORE COMPLETING LINES 7 THROUGH 28.

INCOME/TAX				
7	Enter percentage from page 3, line 34..... ➡	7	9.6 %	
8	Enter amount from page 3, line 33, Column A. This is your Federal Adjusted Gross Income	8	62,803.	00
9	Enter amount from page 3, line 33, Column B. This is your Kentucky Adjusted Gross Income	9	6,000.	00
10	Nonitemizers: Enter \$2,530 (do not prorate). Skip lines 11 and 12	10	2,530.	00
11	Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP	11		00
12	Multiply line 11 by the percentage on line 7.....	12		00
13	Subtract line 10 or 12 from line 9. This is your Taxable Income	13	3,470.	00
14	Tax Computation: Multiply line 13 by 5% (.05) enter tax.....	14	174.	00
15	Enter amount from Schedule ITC, Section A, line 24.....	15		00
16	Subtract line 15 from line 14.....	16	174.	00
17	Enter personal tax credit amounts from Schedule ITC, Section B, line 3	17		00
Note: Use only if 65 or over, blind, or in Kentucky National Guard.				
18	Multiply line 17 by the percentage on line 7	18		00
19	Subtract line 18 from line 16.....	19	174.	00
20	Check the box that represents your total family size (see instructions for lines 20 and 21)	20	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
21	Multiply line 19 by the Family Size Tax Credit decimal amount <u>0.00</u> (<u>0</u> %) from Schedule ITC.....	21	0.	00
22	Subtract line 21 from line 19.....	22	174.	00
23	Enter the Education Tuition Tax Credit from Form 8863-K.....	23		00
24	Subtract line 23 from line 22	24	174.	00
25	Enter Child and Dependent Care Credit from worksheet (see instructions).....	25		00
26	Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.....	26	174.	00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions). ..	27		00
28	Add lines 26 and 27. Enter here and on page 2, line 29.....	28	174.	00



GOTTIPARTHI NITIN
283-29-3222

REFUND/TAX PAYMENT SUMMARY

29 Enter amount from page 1, line 28. This is your Total Tax Liability	29	174.	00
30 For amended return: overpayment, if any, shown on original return	30		00
31 Add lines 29 and 30, enter here	31	174.	00
32 a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2			
32a	290.	00	
b Enter 2018 Kentucky estimated tax payments	32b	00	
c Enter 2018 refundable certified rehabilitation credit	32c	00	
d Enter Nonresident Withholding from Form PTE-WH, line 9	32d	00	
e For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	32e	00	
33 Add lines 32(a) through 32(e)	33	290.	00
34 If line 31 is larger than line 33, subtract line 33 from line 31, enter ADDITIONAL TAX DUE	34		00
35 a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached			
35a	00		
b Estimated tax interest	35b	00	
c Interest	35c	00	
d Late payment penalty	35d	00	
e Late filing penalty	35e	00	
36 Add lines 35(a) through 35(e). Enter here	36		00
37 If the total of lines 31 and 36 are more than line 33, subtract line 33 from the total of lines 31 and 36. OWE This is the AMOUNT YOU OWE	37		00
38 If line 33 is more than line 31, subtract lines 31 and 36 from line 33. This is the AMOUNT YOU OVERPAID	38	116.	00
39 Fund Contributions; see instructions.			
a Nature and Wildlife Fund	00		
b Child Victims' Trust Fund	00		
c Veterans' Program Trust Fund ..	00		
d Breast Cancer Research/ Education Trust Fund	00		
e Farms to Food Banks Trust Fund	00		
f Local History Trust Fund	00		
g Special Olympics Kentucky	00		
h Pediatric Cancer Research Trust Fund ..	00		
i Rape Crisis Center Trust Fund	00		
j Court Appointed Special Advocate Trust Fund	00		
40 Add lines 39(a) through 39(j)	40		00
41 Amount of line 38 to be CREDITED TO YOUR 2019 ESTIMATED TAX	41		00
(Credit forwards not available for amended returns)			
42 Subtract lines 40 and 41 from line 38. Amount to be REFUNDED TO YOU	42	116.	00
REFUND OPTIONS (Not available for amended returns)			
Check here if you would like your refund issued on a Bank of America Prepaid Debit Card <input type="checkbox"/>			
Check here if you would like to receive your Debit Card material in Spanish <input type="checkbox"/>			

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime) (832) 679-0559
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer		Date	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02090332	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Enclose	Include a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>	Refund or No Payment	Kentucky Department of Revenue P. O. Box 856970 Louisville, KY 40285-6970
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2018"	With Payment	Kentucky Department of Revenue P. O. Box 856980 Louisville, KY 40285-6980



	A. Total from Enclosed Federal Return		B. Kentucky		
INCOME					
1 Enter all wages, salaries, tips, etc. (<i>enclose Kentucky Schedule KW-2</i>) Do not include moving expense reimbursements	1	65,260.	00	6,000.	00
2 Moving expense reimbursement	2		00		00
3 Interest	3		00		00
4 Dividends.....	4		00		00
5 Taxable refunds, credits or offsets of state and local income taxes	5		00		00
6 Alimony received.....	6		00		00
7 Business income or loss (<i>enclose federal Schedule C or C-EZ</i>).....	7		00		00
8 Capital gain or loss (<i>enclose federal Schedule D</i>).....	8		00		00
9 Other gains or losses (<i>enclose federal Form 4797</i>).....	9		00		00
10 a Federally taxable IRA distributions, pensions and annuities	10a		00		00
b Pension income exclusion (<i>enclose Schedule P if more than \$31,110 per taxpayer</i>)	10b			(00)
11 Rents, royalties, partnerships, estates, trusts, etc. (<i>enclose federal Schedule E</i>)	11		00		00
12 Farm income or loss (<i>enclose federal Schedule F</i>)	12		00		00
13 Unemployment compensation (see instructions).....	13		00		00
14 Taxable Social Security benefits	14		00		
15 Gambling winnings	15		00		00
16 Other income (list type and amount) _____	16		00		00
17 Combine lines 1 through 16. This is your Total Income	17	65,260.	00	6,000.	00
ADJUSTMENTS TO INCOME					
18 Educator expenses.....	18		00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials (<i>enclose federal Form 2106 or 2106-EZ</i>).....	19		00		00
20 Health savings account deduction (<i>enclose federal Form 8889</i>)	20		00		00
21 Moving expenses for members of the armed forces.....	21		00		
22 Deductible part of self-employment tax.....	22		00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction	23		00		00
24 Self-employed health insurance deduction	24		00		00
25 Penalty on early withdrawal of savings	25		00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26		00		00
27 IRA deduction.....	27		00		00
28 Student loan interest deduction	28	2,457.	00	0.	00
29 RESERVED	29		00		00
30 RESERVED	30		00		00
31 Other deductions (list type and amount) _____	31		00		00
32 Add lines 18 through 31. Total Adjustments to Income	32	2,457.	00	0.	00
33 Subtract line 32 from line 17. This is your Adjusted Gross Income	33	62,803.	00	6,000.	00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income	34			9	6 %



➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

GOTTIPARTHI, NITIN

283-29-3222

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Skills Training Investment	Schedule K-1		00		00
4	Yes	Certified Rehabilitation	Certification Copies		00		00
5	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
6	No	Unemployment	Schedule UTC		00		00
7	Yes	Recycling/Composting Equipment	Schedule RC		00		00
8	Yes	Kentucky Investment Fund	KEDFA notification		00		00
9	No	Qualified Research Facility	Schedule QR		00		00
10	No	GED Incentive	Form DAEL-31		00		00
11	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
12	Yes	Biodiesel	Schedule BIO		00		00
13	Yes	Clean Coal Incentive	Schedule CCI		00		00
14	Yes	Ethanol	Schedule ETH		00		00
15	Yes	Cellulosic Ethanol	Schedule CELL		00		00
16	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
17	Yes	Endow Kentucky	Schedule ENDOW		00		00
18	Yes	New Markets Development Program	Form 8874(K)-A		00		00
19	No	Food Donation (Carryover only)	Schedule FD		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22	Yes	Film Industry	Film Office Certification		00		00
23	No	Inventory	Schedule INV		00		00
24	Total of Other Tax Credits (add lines 1 through 23). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15				00		00

SECTION B—PERSONAL TAX CREDITS—Only use if you or your spouse are 65 or over, blind, or in the Kentucky National Guard.

1 (a) Credits for yourself: 1 Enter number of boxes checked on line 1

(b) Credits for spouse:

2 If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, and enter the totals in Boxes 2A and 2B. All other filers enter the amount from line 1 in Box 2B

Spouse	Yourself
2A	2B
x \$10	x \$10
3A	3B

3 Multiply credits on line 2A by \$10 and enter on line 3A. Multiply credits on line 2B by \$10 and enter on line 3B. **Enter here and on Form 740, page 1, line 17, Columns A and B (Form 740-NP, page 1, line 17)**



SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size tax credit. See instructions to determine family size and qualifying dependents.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use worksheet to compute Modified Gross Income. Modified Gross Income along with your family size will be used to determine your credit percentage on the Family Size Tax Table below.

WORKSHEET FOR COMPUTATION OF MODIFIED GROSS INCOME FOR FAMILY SIZE TAX CREDIT

- (a) Enter your federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). **If zero or less, enter zero** (a) _____
- (b) If married filing separate returns and living in the same household, enter your spouse's federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). **If zero or less, enter zero** (b) _____
- (c) Enter tax-exempt interest from municipal bonds (non-Kentucky) (c) _____
- (d) Enter amount of lump-sum distributions not included in federal adjusted gross income (federal Form 4972) (d) _____
- (e) Enter total of lines (a), (b), (c) and (d) (e) _____
- (f) Enter your Kentucky adjusted gross income from Form 740, page 1, line 9 (Form 740-NP, page 1, line 9). **If zero or less, enter zero** (f) _____
- (g) If married filing separate returns and living in the same household, enter your spouse's Kentucky adjusted gross income from Form 740, page 1, line 9 (Form 740-NP, page 1, line 9). **If zero or less, enter zero** (g) _____
- (h) Enter amount of lump-sum distributions not included in adjusted gross income (Kentucky Form 4972-K)..... (h) _____
- (i) Enter total of lines (f), (g) and (h) (i) _____
- (j) Enter the **greater** of line (e) or (i). This is your **Modified Gross Income**. Use this amount to determine if you qualify for the Family Size Tax Credit..... (j) _____

Use this **Family Size Table** to determine the percentage of credit and enter in the space provided on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
2018	\$ ---	\$ 12,140	\$ ---	\$ 16,460	\$ ---	\$ 20,780	\$ ---	\$ 25,100	100
	12,140	12,626	16,460	17,118	20,780	21,611	25,100	26,104	90
	12,626	13,111	17,118	17,777	21,611	22,442	26,104	27,108	80
	13,111	13,597	17,777	18,435	22,442	23,274	27,108	28,112	70
	13,597	14,082	18,435	19,094	23,274	24,105	28,112	29,116	60
	14,082	14,568	19,094	19,752	24,105	24,936	29,116	30,120	50
	14,568	15,054	19,752	20,410	24,936	25,767	30,120	31,124	40
	15,054	15,418	20,410	20,904	25,767	26,391	31,124	31,877	30
	15,418	15,782	20,904	21,398	26,391	27,014	31,877	32,630	20
	15,782	16,146	21,398	21,892	27,014	27,637	32,630	33,383	10
16,146	---	21,892	---	27,637	---	33,383	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable percentage and enter on Form 740 or 740-NP, line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

GOTTIPARTHI, NITIN

283-29-3222

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld. Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)	F KY Income Tax Withheld (Box 17 of Form W-2)
1	283-29-3222	45-3614196	KY	966745	6,000.	290.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	TOTAL FROM ALL W-2s				6,000.	290.

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld.

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount	F KY Income Tax Withheld
12						
13						
14						
15						
16						
17	TOTAL FROM ALL 1099s AND W2-Gs					

Part III-Totals Enter total Kentucky income tax withheld from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 32(a) or 740-NP-R, line 1).

	F Total Kentucky Income Tax Withheld
18	290.

Enclose with your Kentucky tax return.

Kentucky Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name NITIN
Middle Initial Suffix
Last Name GOTTIPARTHI
Social Security No. 283-29-3222
Occupation SOFTWARE ENGINEER
Date of Birth 03/09/1994 (mm/dd/yyyy)
Age 65 or over Blind
Date of Death
Work Phone (832) 679-0559 * [X]
Home Phone *

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of Birth (mm/dd/yyyy)
Age 65 or over Blind
Date of Death
Work Phone *

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

Street Address 1509 LAFONTENAY CT LOUISVILLE Apt No.
City LOUISVILLE State KY ZIP Code 40223
County County Code

*Check to confirm social security number(s) and address information above are correct []

Part II - Main Form

[] Form 740: Resident Tax Return (Long form)
[] Form 740-NP: Nonresident Tax Return
[X] Form 740-NP: Part-Year Resident Tax Return
Your state of residence on December 31, 2018 KY
Were you a Kentucky resident for part of the year during 2018? Yes [X] No []
Enter date moved into 06/01/18 And/OR out of Kentucky during 2018
Enter state or foreign country moved from NJ And/OR moved to

[] Form 740-NP-R: Nonresident-Reciprocal State Tax Return

*Only income from sources within Kentucky was from wages and salaries

*If married, each spouse must file a separate Form 740-NP-R

*Not a resident of Kentucky at any time during 2018 and a resident of:

Table with 2 columns: Taxpayer and Spouse, and 7 rows of state options (Illinois, Indiana, Michigan, Ohio, Virginia, West Virginia, Wisconsin).

QuickZoom to Forms 740-NP-R

Part III - Filing Status

[X] Single
[] Married, filing separate on combined return
[] Married, filing joint
[] Married, filing separate

Part IV - Political Party Fund

You may designate \$2 of your taxes to a political party if you have a tax liability of at least \$2 (\$4 for married filing joint returns). This designation will not change your refund or tax due.

Taxpayer Spouse
[] [] Democratic
[] [] Republican
[X] [] No Designation

Part V — Other Information

KY National Guard information

Taxpayer Spouse
[] []

A member of the Kentucky National Guard on December 31, 2018

- Mail taxpayer the Kentucky tax packet next year
Taxpayer was married and lived apart from spouse the entire year
Check this box to allow the Kentucky Department of Revenue to discuss this return with preparer

Farmer information:

Enter Kentucky total gross income
Enter Kentucky total farming income
Total tax is being paid in full
Return is being filed on or before March 1, 2019

Form 2210-K information:

Do not file Kentucky Form 2210-K
Either taxpayer or spouse died during the taxable year
Enter tax liability from 2017 return from Form 740, line 26 or Form 740-NP, line 26

Part VI — Electronic Filing Information

New! State e-file disclosure consent:

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

[X] The state return will be filed electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Yes No

[X] [] Use the Federal PIN(s) in place of Form 8879-K? (See help)

Note: If the "Yes" box is checked above, Form 8879 is not required.

Date return was EFiled 03/02/2019

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

Enter the date Form 740-V was given to the client

QuickZoom to Form 8879-K Additional Information Smart Worksheet

Part VII — Direct Deposit, Debit Card, and Direct Debit Information

Yes No

[] [X] Do you want to elect direct deposit of state tax refund (Electronic Filing only)?

* See tax help for refund expectation

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

[] [] Check here if you would like your refund issued on a Bank of America Prepaid Debit Card.

[] [] Check here if you would like to receive your Debit Card material in Spanish.

Enter the following information if you want to directly deposit the state tax refund:

Name of Financial Institution (optional) . . BANK OF AMERICA

Check the appropriate box:

Checking [X] Routing number . . 111000025

Savings [] Account number . . 586037012653

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above

State balance-due amount from this return

International ACH Transactions

Yes No

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

Bank name for International ACH Transaction

Part VIII — Paid Preparer Information

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

Part IX — Extension Status

Yes No

- Tax return due date extended?
- Federal Form 4868 "Out of the Country" checkbox checked?
- Has the tax return due date been extended by filing a KY extension using Form 740-EXT?
Extended due date _____

Filing and acceptance information (Electronic Filing Only)

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

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

- Yes No**
- Use electronic funds withdrawal of extension tax payment?
Enter settlement date to withdraw the extension amount from the account above _____
Balance-due amount paid with this extension _____

QuickZoom to Kentucky Form 740-EXT Application for Extension of Time to File ▶ _____

QuickZoom to Kentucky Form 740 ▶ _____

QuickZoom to Income Allocation Worksheet ▶ _____

QuickZoom to Kentucky Form 740-NP. ▶ _____

QuickZoom to Kentucky Form 740-NP-R (Taxpayer) ▶ _____

QuickZoom to Kentucky Form 740-NP-R (Spouse) ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name GOTTIPARTHI, NITIN	Social Security Number 283-29-3222
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	290.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	290.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Kentucky Tax Return

SMART WORKSHEET FOR: Schedule ITC: Individual Tax Credits

Computation of Modified Gross Income for Family Size Tax Credit Smart Worksheet <i>If federal adjusted gross income is \$33,383 or less, you may qualify for the Family Size Tax Credit.</i>		
a	Enter your federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). If zero or less, enter zero	62803.
b	If married filing separate returns and living in the same household, enter your spouse's federal adjusted gross income from Form 740, page 1, line 5 (Form 740-NP, page 1, line 8). If zero or less, enter zero	
c	Enter tax-exempt interest from municipal bonds (non-Kentucky)	
d	Enter amount of lump-sum distributions not included in federal adjusted gross income (federal Form 4972)	
e	Total of lines a, b, c and d	62803.
f	Enter your Kentucky adjusted gross income from Form 740 or 740-NP, page 1, line 9. If zero or less, enter zero	6000.
g	Enter your spouse's Kentucky adjusted gross income, if married filing separate returns and living in the same household, enter your spouse's Kentucky adjusted gross income from Form 740 or 740-NP, page 1, line 9. If zero or less, enter zero	
h	Enter amount of lump-sum distributions not included in Kentucky adjusted gross income (Kentucky Form 4972-K)	
i	Total of lines f, g and h	6000.
j	Enter the greater of lines e or i. This is your modified gross income . Use this amount to determine if you qualify for the Family Size Tax Credit	62803.

Your first name, middle initial, and last name NITIN GOTTIPARTHI Spouse's first name, middle initial, and last name _____

Your Social Security Number 283-29-3222 Spouse's Social Security Number _____

Home address, city, state, ZIP 1509 LAFONTENAY CT LOUISVILLE LOUISVILLE KY 40223

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B _____ .00	1A <u>62,803</u> .00
2. Total Tax (IA 1040, line 42 A & B)	2B _____ .00	2A <u>3,009</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>802</u> .00
4. Amount to be Refunded (IA 1040, line 68).....	4. _____	<u>33</u> .00
5. Total Amount Due (IA 1040, line 73)	5. _____	_____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return)

6. I do not want direct deposit or direct debit.
 7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

1	1	1	0	0	0	0	2	5
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

5	8	6	0	3	7	0	1	2	6	5	3
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2018 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature _____ Date: _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN	P02090332
Firm's name (or yours if self-employed)	GLOBAL TAXES LLC			FEIN	30-1017196
Address and zip code	2530 PEBBLE CREEK LN CUMMING GA 30041			Phone Number	
Paid Preparer Signature	Date	Check if self-employed <input type="checkbox"/>		Preparer PTIN	P02090332
Firm's name (or yours if self-employed)	APPANA RUPA VENKATA SATYA SAI MANIKUMAR			FEIN	
Address and zip code	2530 PEBBLE CREEK LN CUMMING GA 30041			Phone Number	

2018 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning _____ and ending _____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name GOTTIPARTHI Your first name/middle initial NITIN
Spouse's last name _____ Spouse's first name/middle initial _____



Current mailing address (number and street, apartment, lot, or suite number) or PO Box
1509 LAFONTENAY CT LOUISVILLE
City, State, ZIP
LOUISVILLE KY 40223

Spouse SSN _____ Your SSN 283-29-3222

Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse was 65 or older as of 12/31/18. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/18: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<input type="text"/>	<input type="text"/>

Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc..... 1.	_____	<u>65,260.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B..... 2.	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B..... 3.	_____	_____		
4. Alimony received..... 4.	_____	_____		
5. Business income/(loss). See instructions..... 5.	_____	_____		
6. Capital gain/(loss). See instructions..... 6.	_____	_____		
7. Other gains/(losses). See instructions..... 7.	_____	_____		
8. Taxable IRA distributions..... 8.	_____	_____		
9. Taxable pensions and annuities..... 9.	_____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions..... 10.	_____	_____		
11. Farm income/(loss). See instructions..... 11.	_____	_____		
12. Unemployment compensation. See instructions..... 12.	_____	_____		
13. Gambling winnings..... 13.	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment..... 14.	_____	_____		
15. Gross Income. Add lines 1-14..... 15.	_____	_____	_____	<u>65,260.00</u>

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP..... 16.	_____	_____		
17. Deductible part of self-employment tax..... 17.	_____	_____		
18. Health insurance premium..... 18.	_____	_____		
19. Penalty on early withdrawal of savings..... 19.	_____	_____		
20. Alimony paid..... 20.	_____	_____		
21. Pension/retirement income exclusion..... 21.	_____	_____	▲	_____
22. Moving expense deduction. See instructions..... 22.	_____	_____		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.. 23.	_____	_____	▲	_____
24. Other adjustments..... <u>STMT ADJ</u> 24.	_____	<u>2,457.00</u>		
25. Total adjustments. Add lines 16-24..... 25.	_____	_____	▲	<u>2,457.00</u>
26. Net Income. Subtract line 25 from line 15..... 26.	_____	_____	▲	<u>62,803.00</u>

Step 7 Federal Tax Addition and Deduction

27. Federal income tax refund/overpayment received in 2018..... 27.	_____	_____	▲	_____
28. Self-employment/household employment/other federal taxes..... 28.	_____	_____	▲	_____
29. Addition for federal taxes. Add lines 27 and 28..... 29.	_____	_____		<u>0.00</u>
30. Total. Add lines 26 and 29..... 30.	_____	_____		<u>62,803.00</u>
31. Federal tax withheld..... 31.	_____	<u>8,217.00</u>	▲	_____
32. Federal estimated tax payments made in 2018..... 32.	_____	_____	▲	_____
33. Additional federal tax paid in 2018 for 2017 and prior years..... 33.	_____	_____	▲	_____
34. Deduction for federal taxes. Add lines 31, 32, and 33..... 34.	_____	_____		<u>8,217.00</u>
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2..... 35.	_____	_____	▲	<u>54,586.00</u>



2018 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....			.00	54,586.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>			.00	2,081.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			.00	52,505.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39.	.00	▲	3,009.00
40. Iowa lump-sum tax. See instructions.....	40.	.00	▲	.00
41. Iowa alternative minimum tax. Include IA 6251.....	41.	.00	▲	.00
42. Total tax. ADD lines 39, 40, and 41.....	42.	.00		3,009.00
43. Total exemption credit amount(s) from Step 3, side 1.....	43.	.00		40.00
44. Tuition and textbook credit for dependents K-12.....	44.	.00	▲	.00
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45.	.00	▲	.00
46. Total credits. ADD lines 43, 44, and 45.....	46.	.00		40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47.	.00	▲	2,969.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48.	.00	▲	2,200.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49.	.00	▲	769.00
50. Out-of-state tax credit. Include IA 130.....	50.	.00	▲	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51.	.00	▲	769.00
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52.	.00	▲	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53.	.00	▲	769.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54.	.00	▲	0.00
55. Total state and local tax. ADD lines 53 and 54.....	55.	.00	▲	769.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56.			769.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....	57.			.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58.	▲		769.00

Step 10 Credits				
59. Iowa fuel tax credit. Include IA 4136.....	59.	.00	▲	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> ▲ Early childhood development credit <input type="checkbox"/>	60.	.00	▲	.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61.	.00	▲	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62.	.00	▲	.00
63. Iowa income tax withheld.....	63.	.00	▲	802.00
64. Estimated and voucher payments made for tax year 2018.....	64.	.00	▲	.00
65. TOTAL. ADD lines 59 through 64 and enter here.....	65.	.00	▲	802.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66.			802.00

Step 11 Refund				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid.....	67.	▲		33.00
68. Amount of line 67 to be REFUNDED.....	68.	▲		33.00
68a. Routing Number: <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/>	68b. Type	Checking	<input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account Number: <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="3"/>				
69. Amount of line 67 to be applied to your 2019 estimated tax.....	69.	.00	▲	.00

Step 12 Pay				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE.....	70.	▲		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	71.	▲		.00
72. Penalty and interest ▲ 72a. Penalty .00 ▲ 72b. Interest .00 ADD. Enter total.....	72.			.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73.	▲		.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	_____ Your Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	_____ Preparer's Signature	_____ Date
SIGN HERE	_____ Spouse's Signature	_____ Date	▲ <input type="checkbox"/> Check if Deceased	_____ Date of Death	P02090332 Preparer's PTIN	_____ Firm's FEIN
			(832) 679-0559 Daytime Telephone Number			_____ Daytime Telephone Number

**This return is due April 30th, 2019. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Treasurer, State of Iowa**



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s) NITIN GOTTIPARTHI Social Security Number 283-29-3222

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)..... 1. _____
	2. Multiply the amount on federal form 1040*, line 7 by 10% (.10). Enter result here..... 2. _____
	3. Subtract line 2 from line 1. If less than zero, enter 0..... 3. _____
Taxes You Paid (Not subject to federal deduction dollar limitations)	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2018, OR b <input type="checkbox"/> General sales tax from line 5a of your federal form 1040, Schedule A 4. <u>2,081</u>
	5. Real estate taxes 5. _____
	6. Personal property taxes, including annual vehicle registration..... 6. _____
	7. Other taxes. List type and amount: 7. <u>0</u>
	8. Add lines 4-7. Enter total here..... 8. <u>2,081</u>
Interest You Paid	9. Home mortgage interest and points. See instructions. a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 9b. _____
	10. Points not reported on federal form 1098 10. _____
	11. RESERVED FOR FUTURE USE 11. _____
	12. Investment interest. Include federal form 4952 if required 12. _____
	13. Add lines 9a-12. Enter total here 13. _____
Gifts to Charity	14. Contributions by cash or check 14. _____
	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____
	16. Contributions carryover from prior year * 16. _____
	17. Add lines 14-16. Enter total here 17. <u>0</u>
Casualty/Theft Loss	18. Casualty or theft loss(es). Complete IA 4684 worksheet 18. _____
Job Expenses and Misc. Deductions	19. Unreimbursed employee expenses. See instructions 19. _____
	20. Tax preparation fees 20. _____
	21. Other expenses. List type and amount: 21. _____
	22. Add lines 19-21. Enter total here 22. _____
	23. Multiply the amount of federal form 1040*, line 7 by 2% (.02). Enter the result here 23. _____
	24. Subtract line 23 from line 22. Enter the total. If less than zero, enter 0. 24. _____
Other Misc. Deductions	25. Other miscellaneous deductions not subject to 2% AGI Limit. See instructions. List type and amount: 25. _____
Total Itemized Deductions	26. Is the amount on federal form 1040* line 7 more than \$160,000? If no, add lines 3, 8, 13, 17, 18, 24, and 25. Enter the total here..... 26. <u>2,081</u> If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited.
	27. Other deductions. See instructions..... 27. _____
	28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040. 28. <u>2,081</u>
Proration of Deductions Between Spouses	Complete lines 29-33 only if you are using filing status 3 or 4.
	29. Net income of both spouses from IA 1040, line 26 29b. _____ 29a. _____
	30. Total Iowa net income, add columns 29a and 29b. Enter total here..... 30. _____
	31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent 31. _____ %
	32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____
	33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return. (Spouse) 33. _____

*See detailed IA 1040 instructions online if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income nonconformity adjustments.



Name(s) NITIN GOTTIPARTHI Social Security Number 283-29-3222

Mark the appropriate box for you and your spouse

- You are a nonresident of Iowa ▲ Your spouse is a nonresident of Iowa ▲
 You are a part-year resident of Iowa ▲ Your spouse is a part-year resident of Iowa ▲
 Date moved into Iowa: _____ and/or Date moved into Iowa: _____ and/or
 Date moved out of Iowa: _____ Date moved out of Iowa: _____
 You are a full-year resident of Iowa Your spouse is a full-year resident of Iowa

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc	1. _____ .00	_____ .00
2. Taxable interest income	2. _____ .00	_____ .00
3. Ordinary dividend income.....	3. _____ .00	_____ .00
4. Alimony received.....	4. _____ .00	_____ .00
5. Business income or (loss)	5. _____ .00	_____ .00
6. Capital gain or (loss)	6. _____ .00	_____ .00
7. Other gains or (loss).....	7. _____ .00	_____ .00
8. Taxable IRA distributions	8. _____ .00	_____ .00
9. Taxable pensions and annuities.....	9. _____ .00	_____ .00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	_____ .00
11. Farm income or (loss)	11. _____ .00	_____ .00
12. Unemployment compensation.....	12. _____ .00	_____ .00
13. Gambling winnings.....	13. _____ .00	_____ .00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	_____ .00
15. Gross income. Add lines 1-14	15. _____ .00	▲ 16,240 .00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	_____ .00
17. Deductible part of self-employment tax.....	17. _____ .00	_____ .00
18. Health insurance premium	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion.....	21. _____ .00	_____ .00
22. Moving expense deduction into Iowa only.....	22. _____ .00	_____ .00
23. Iowa capital gain deduction.....	23. _____ .00	_____ .00
24. Other adjustments.....	24. _____ .00	_____ 0 .00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ _____ 0 .00
26. Iowa Net Income. Subtract line 25 from line 15.....	26. _____ .00	_____ 16,240 .00
27. All-source net income from line 26, IA 1040.....	27. _____ .00	_____ 62,803 .00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%
28. _____ % _____ 25.9 %
29. Nonresident/part-year resident credit percentage:
 Subtract the percentage on line 28 from 100.0%
29. _____ % _____ 74.1 %
30. Iowa tax on total income from line 39, IA 1040
30. _____ .00 _____ 3,009 .00
31. Total Credits from line 46, IA 1040.....
31. _____ .00 _____ 40 .00
32. Tax after credits. Subtract line 31 from line 30.....
32. _____ .00 _____ 2,969 .00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040.....
33. _____ .00 _____ 2,200 .00



Name
NITIN GOTTIPARTHI

Social Security No.
283-29-3222

	Spouse/Status 3	You or Joint
a Accrual method		
b Active duty military pay		
c Alternative motor vehicle deduction of \$2,000 for those completing Federal form 8910 (Alternative Motor Vehicle Credit)		
d Capital gains from installment sales reported on the 2001 Iowa return using the accrual method		
e Capital or ordinary gain from involuntary conversion related to eminent domain		
f Claim of right deduction (may be taken on line 24 or line 62)		
g College Savings Iowa or Iowa Advisor 529 Plan, up to \$3,319 per beneficiary		
h Disability income exclusion - Include Form IA 2440.		
i Domestic production activities deduction, complete federal Form 8903. See detailed IA 1040 instructions online		
j First-time homebuyer savings account qualifying contributions up to \$2,000 per account holder. For joint account holders filing married filing jointly you may claim up to \$4,000		
k Employer social security credit from federal return		
l Federal alcohol and cellulosic biofuel fuels credit from federal return		
m Foreign-earned income exclusion and/or foreign housing deduction from federal return		
n Gains or losses from distressed sale transactions		
o Health savings account deduction from federal form 1040, Schedule 1		
p Injured veterans program, contributions to (do not put on IA Sch. A)		
q Injured veterans program, (only grants from)		
r In-home health care		
s Iowa Veterans Trust Fund.		
t Military exemptions, not already excluded (see detailed IA 1040 instructions online)		
u Net operating loss, Iowa.		
v Organ transplant expenses		
w Partnership income and/or S corporation income: Modifications that decreased the income		
x Segal Americorps Education Award Program		
y Speculative shell buildings		
z Student loan interest deduction from federal 1040, Schedule 1, line 33		2,457.
aa Victim compensation awards		
bb Wages paid certain individuals		
cc Work Opportunity Credit from federal return.		
dd Other federal adjustments prior to calculation of federal 1040 line 7 (federal adjusted gross income) not already taken on IA 1040: 1 Jury duty pay given to employer 2 Other: _____ _____ _____		
ee Educator expenses		
ff Reserved		
gg Nonresident Electric Utility Worker Training and Emergency Response Work Reciprocity (see detailed IA 1040 instructions online)		
hh Rapid Response to State Disasters		
ii Iowa ABLE savings plan trust, up to \$3,319 per beneficiary		
Totals		2,457.

Iowa Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name NITIN
Middle Initial Suffix
Last Name GOTTIPARTHI
Social Security No. 283-29-3222
Date of Birth 03/09/1994 (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation
Work Phone (832) 679-0559

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation
Work Phone

Home Phone
Check to print phone number on forms [] Home [X] Taxpayer work [] Spouse work

Address 1509 LAFONTENAY CT LOUISVILLE Apt No.
City LOUISVILLE State KY ZIP Code 40223
Foreign province/county Foreign postal code
Foreign country
County Number 00
School District (alpha by district) A to N: Nonresident O to Z:
District Number 0000 Rate 0 %

Part II - Resident Status

QuickZoom to Form IA 1040 , Individual Income Tax Form

Indicate Iowa residency by checking appropriate box(es):

Taxpayer

[] Resident, filing IA 1040
[X] Nonresident, filing IA 1040
[] Part-year resident, IA 1040: Date moved into Iowa Date moved out of Iowa

Spouse

[] Resident, filing IA 1040
[] Nonresident, filing IA 1040
[] Part-year resident, IA 1040: Date moved into Iowa Date moved out of Iowa

QuickZoom to Form IA-126 to enter Nonresident or Part-Year resident information

Part III - Filing Status

[X] Single
[] Married filing joint return
[] Married filing separately on this combined return
[] Married filing separate returns.
[] Spouse used standard deduction.
[] Check this box if you did not live with your spouse at any time during the year.
[] Head of household (with qualifying person)
If qualifying person is not claimed as a dependent on this return, enter the person's name and social security number here
[] Qualifying widow(er) with dependent child

Part IV - Other Information

[] Check this box to take the standard deduction even if less than itemized deductions
[] Check this box to itemize even if itemized deductions are less than the standard deduction

Part IV – Other Information (continued)

- Check here if including net operating losses carried forward/back in other adjustments to income
- Check here if at least two-thirds of 2018 gross income is from farming or fishing.
- Taxpayer is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2018.
- Spouse is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2018.

- Yes No**
- Is the taxpayer or spouse claimed as a dependent on another person's Iowa return?
 - Not itemizing deductions and Form IA 4562A assets which would be on Sch. A.
 - Suppress automatic calculation and printing of Form IA 2210 and Form IA 2210F
 - Allow the Iowa DOR to calculate the underpayment penalty on Form IA 2210 or Form IA 2210F
 - gross income is from farming or fishing
 - May the State discuss return with preparer?

Contributions Contributions will reduce your refund or add to the amount you owe.

- 1 Fish / Wildlife 1 _____
- 2 State Fairgrounds Renovation 2 _____
- 3 Volunteer Firefighters / Veterans Trust Fund 3 _____
- 4 Child Abuse Prevention Fund 4 _____

Part V – Electronic Filing Information

New! State e-file disclosure consent:

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

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Yes No
 Federal Pin(s) will be used in place of the Form IA 8453 (See Help)

Occupation:

- | | | |
|-------------------------------------|--------------------------|--------------------------|
| Taxpayer | Spouse | |
| <input type="checkbox"/> | <input type="checkbox"/> | Farmer and farm laborers |
| <input type="checkbox"/> | <input type="checkbox"/> | Military (as on W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other |

EF Status Dates:

- Date return was EFiled ▶ 03/02/2019
- Date return was accepted by the state ▶ 03/02/2019
- Enter the date Form IA 1040V was given to client ▶ _____

QuickZoom to Form IA 8453 Additional Information SmartWorksheet ▶ _____

Part VI – Direct Deposit/Direct Debit Information

Caution: See Tax Help for Refund Expectation

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the payment date to withdraw from account listed below (Electronic Filing Only) . . . ▶ _____
 State balance-due amount from this return ▶ _____

Bank Information

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

Name of Financial Institution ▶ BANK OF AMERICA

Account type Checking Savings

Routing number 111000025

Account number 586037012653

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

If the Iowa tax return can't be filed by April 30, and 90% of the tax liability is paid by April 30, then you automatically have until October 31, 2019 to file the Iowa return.

Form IA 1040-V is filed only to make a payment.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended?

Extended due date _____
QuickZoom to Form IA 1040V, Extension Payment Voucher ▶ _____

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return <u>NITIN GOTTIPARTHI</u>	Your Social Security No. <u>283-29-3222</u>
--	--

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from IA sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	65,260.	16,240.	49,020.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	65,260.	16,240.	49,020.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse ↴		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from IA sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T	2,457.	0.	2,457.	0.
	S	0.		0.	
34	Reserved T				
	S				
35	Reserved T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	2,457.	0.	2,457.	0.
	S	0.		0.	
37	Adjusted gross income T	62,803.	16,240.	46,563.	0.
	S	0.		0.	

Tax Payments Worksheet

2018

▶ Keep for your records

Name <u>NITIN GOTTIPARTHI</u>	Social Security Number <u>283-29-3222</u>
----------------------------------	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			802.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			802.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2018 Iowa Tax Return

SMART WORKSHEET FOR: Form IA 8453-IND: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet

A Date this return was E-Filed ▶ 03/02/2019

B Date return was accepted by the state ▶ 03/02/2019

C Documents to attach to the FRONT of Form IA 8453:
Form W-2 (Copy 2)

D Documents to attach to the BACK of Form IA 8453:
Iowa/Illinois Reciprocal--if Iowa income tax is withheld in error
attach a copy of the Illinois return.

Do Not Mail. Retain the completed Form IA 8453 with your ERO records for three years.
 Furnish it **only** upon request to IDRF.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Exemption Smart Worksheet

A Minimum income level for this return _____

B Taxpayer's net income 62,803.

C Spouse's net income _____

D Pension/retirement income exclusion (from line 21) _____

E Lump-sum distribution _____

F Reportable social security benefits from step 4 of IA 1040 _____

G Total income. 62,803.

H Total Nonresident/part-year resident income 16,240.

I Income is less than or equal to the minimum income if this box is checked.

If checked, this return qualifies for exemption from tax. Zero is entered on line 55, and the remainder of the return is completed.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

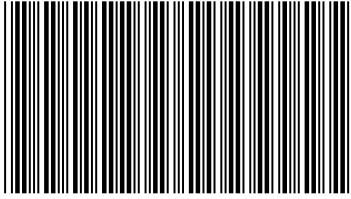
Form IA 1040, Line 31 Smart Worksheet		
	Spouse — filing status 3 only	You or Joint
A Federal income tax withholding on Forms W-2		8,217.
B Federal income tax withholding on Forms W-2G		
C Federal income tax withholding on Forms 1099-R		
D Federal income tax withholding on Forms 1099-MISC		
E Federal income tax withholding on Forms 1099-G		
F Federal income tax withholding on Schedules K-1		
G Fed income tax w/h on forms 1099-INT, DIV and OID		
H Other federal income tax withholding		

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Smart Worksheet		
Tax Reduction Worksheet - Filing Status 1, Single		
1 Net income from line 26 and pension exclusion from line 21, Form IA 1040	62,803.	
2 Subtract minimum income level for this return	9,000.	
3 Result	53,803.	
4 Tax from line 47, Form IA 1040	2,969.	
5 Smaller of line 3 and line 4	2,969.	
Alternate Tax Worksheet - Filing Statuses 2, 3, 4, 5, and 6		
1 Enter the total of net income from line 26 plus pension exclusion from line 21 of the IA 1040 and reportable social security benefits from step 4 of the IA 1040. Filing statuses 3 or 4: Enter combined totals of both spouses.	Alt tax status:	Not Eligible
2 Minimum income level for this return	13,500.	
3 Income subject to alternate tax		
4 Alternate tax. Multiply line 3 by 8.98% (.0898).		
5 Using the tax tables, determine the tax on the taxable income from line 38 of the IA 1040. Status 3 and 4 filers: Calculate tax separately and combine the amounts		
	Spouse — filing status 3 only	You or Joint
Tax table	3,009.	3,009.

SMART WORKSHEET FOR: Form IA 1040 Schedule A: Itemized Deductions

Schedule A, Line 4 Smart Worksheet	
A Other state and local income taxes as reported on Federal Schedule A, line 5	2,883.
B Less Iowa income tax	(802.)
C School District Surtax and EMS Surtax paid in 2018	



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
283293222

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.)
GOTTIPARTHI NITIN

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

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
1509 LAFONTENAY CT LOUISVILLE

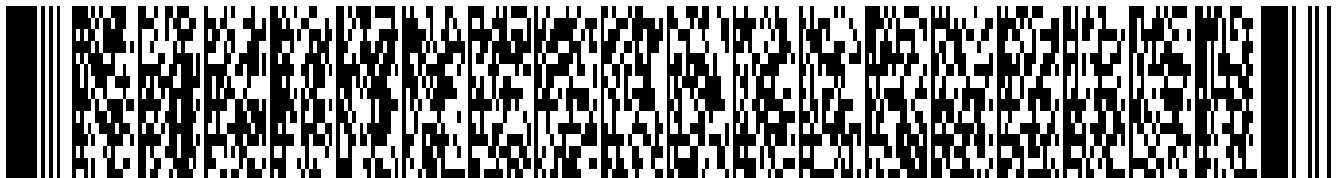
City, Town, Post Office State ZIP Code
LOUISVILLE KY 40223

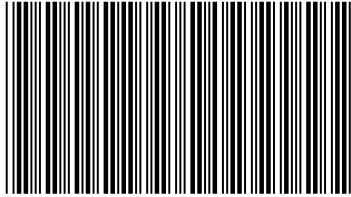
Driver's License Number (Voluntary) (Instructions page 42)

- 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.	111000025
dd5. Account number	dd5.	586037012653





040MP02180

Name(s) as shown on Form NJ-1040

GOTTIPARTHI NITIN

Your Social Security Number

283293222

1030

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

From: 010118 To: 053118

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

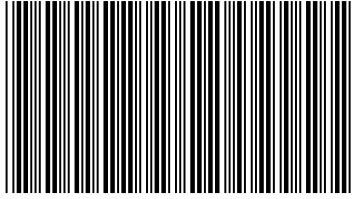
Exemptions

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"/>



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Name(s) as shown on Form NJ-1040
GOTTIPARTHI NITIN

Your Social Security Number
283293222

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	43020	.
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.	43020	.
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.	43020	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	417	.
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.	417	.
37. Taxable Income (Subtract Line 36 from Line 29)	37.	42603	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	.	.
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.	42603	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	863	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.	.
Enter Code	.	.	.
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	863	.
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.	863	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	863	.
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.	863	.
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.	863	.



Name(s) as shown on Form NJ-1040
GOTTIPARTHI NITIN

Your Social Security Number
283293222

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	1598	.
54. Property Tax Credit (See instructions page 25)	54.	.	.
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.	1598	.
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.	735	.
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.	735	.

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

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

P02090332

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

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2018

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name GOTTIPARTHI, NITIN	Social security number 283-29-3222
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information—Tax Year Ending December 31, 2018 (Whole Dollars Only)

1 New Jersey Taxable income	1	42,603.
2 Total tax	2	863.
3 New Jersey income tax withheld	3	1,598.
4 Refund	4	735.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN

9	3	2	2	2
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature
ERO firm name do not enter all zeros
on my tax year 2018 electronically filed income tax return.

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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

New Jersey Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name GOTTIPARTHI
First Name NITIN
Middle Initial Suffix
Social Security No. 283-29-3222
Date of Birth 03/09/94
Age as of 12/31/2018 24
Date of Death
Daytime Phone (832) 679-0559 * [X]
Home Phone *

Spouse:

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Age as of 12/31/2018
Date of Death
Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
Street Address 1509 LAFONTENAY CT LOUISVILLE Apt. No
City LOUISVILLE State KY ZIP Code 40223
County/Municipality Code (residents only) 1212

- Check this box if taxpayer's name is different on last year's NJ tax return
Check this box if taxpayer's address is different on last year's NJ tax return

Part II - Main Form

- Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
[X] Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. From 01/01/18 To 05/31/18

Yes No
Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.

QuickZoom to Allocation Worksheet for Part-Year and Nonresidents

Part III - Filing Status

- [X] Single
Married/Civil Union Couple, filing joint return
Married/Civil Union Partner, filing separate return
Yes No
Did the taxpayer maintain the same residence as the spouse/CU partner?
If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 29
Head of household
Qualifying widow(er)/Surviving CU Partner

Part IV - Exemptions

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, and Veteran exemption.

Number of qualifying dependent children
Number of other dependents.
Number of dependents attending colleges (must be under age 22)

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled 03/02/2019
 - 4 Date return was accepted by the state. 03/03/2019
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 111000025

Account number 586037012653

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

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

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing a NJ extension using Form NJ-630?

Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

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

Yes No

Use electronic funds withdrawal of extension tax payment?

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

Balance-due amount paid with this extension _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ► _____

QuickZoom to Form NJ-1040 ►

QuickZoom to Form NJ-1040NR ►

Allocation Worksheet for Part-Year and Nonresidents

2018

▶ Keep for your records

Name as Shown on Return GOTTIPARTHI, NITIN		Social Security No. 283-29-3222		
Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	65,260.	43,020.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)		Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 Qualified Conservation Contribution				
16 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
16 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
17 Sheltered workshop tax credit			
18 New Jersey tax withheld	1,598.	1,888.	0.
19 New Jersey estimated tax payments/overpayment credit from previous year			
20 Tax paid on your behalf by partnership(s)			
21 Excess New Jersey UI/WF/SWF withheld			
22 Excess New Jersey disability insurance withheld			
23 Excess New Jersey family leave insurance withheld			

Tax Payments Worksheet

2018

▶ Keep for your records

Name GOTTIPARTHI, NITIN	Social Security Number 283-29-3222
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,598.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,598.
15	Date return will be filed and balance paid	15	04/15/2019

Smart Worksheets from your 2018 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet	
1	Did you live in more than one qualifying New Jersey residence during 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Did you share ownership of a principal residence during 2018 with anyone other than your spouse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Did a principal residence you owned during 2018 consist of multiple units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Were you both a homeowner and a tenant during 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer to any of the above questions is Yes, complete Schedule G.	
QuickZoom to Schedule G	
A	Total property tax paid in 2018 _____ Part-year residents: Enter the amount while a resident of New Jersey _____
B	Total rent paid in 2018 _____ Part-year residents: Enter the amount while a resident of New Jersey _____
C	If your filing status is married filing separate return , did you maintain the same residence as your spouse? Answer this question on NJ Information Wks (if Yes, reduce by 50%). <input type="checkbox"/> Yes <input type="checkbox"/> No
D	You were a New Jersey homeowner on October 1, 2018 and you are eligible and file for a 2018 Homestead Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No