

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) ▶ 587278201906701wqebm

Taxpayer's name PAVAN KUMAR SEELABOINA	Social security number 702-73-9065
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	72,720.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	9,299.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	9,691.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	392.
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.

3	9	0	6	5
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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*.

702-73-9065

Taxpayer name PAVAN KUMAR SEELABOINA

Taxpayer address (optional)

4440 PARKLAWN AVE APT 201

EDINA MN 55435

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 03/08/2019 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 587278201906701wqebm.
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.**

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

PAVAN KUMAR SEELABOINA

Your social security number

702-73-9065

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	
	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		
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	1,040.
	34	Reserved	34	
35	Reserved	35		
36	Add lines 23 through 35	36	1,040.	

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

Schedule 1 (Form 1040) 2018



2018 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth
PAVAN KUMAR	SEELABOINA	702739065	07101989
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address	Check if:	New Address	Foreign Address
4440 PARKLAWN AVE APT 201		<input type="checkbox"/>	<input type="checkbox"/>
City	State	ZIP Code	
EDINA	MN	55435	

2018 Federal Filing Status (1) Single (2) Married filing jointly (3) Married filing separately:
 (place an X in one box): (4) Head of household (5) Qualifying widow(er)
 Enter spouse name and Social Security number _____

State Elections Campaign Fund
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:		Your code _____
Republican 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now 17
Democratic/Farmer-Labor . 12	Green 15	General Campaign
Independence 13	Libertarian 16	Fund 99

Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc.	B IRA, pensions, and annuities	C Unemployment	D Federal taxable income
	73760	0	0	<input type="checkbox"/> 60720

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 7 of federal Form 1040) (if a negative number, place an X in the box)	1 <input type="checkbox"/>	72720
2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M)	2 <input type="checkbox"/>	
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/>	72720
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 <input type="checkbox"/>	6500
5 Exemptions (determine from instructions)	5 <input type="checkbox"/>	4150
6 State income tax refund from line 10 of federal Schedule 1	6 <input type="checkbox"/>	
7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M)	7 <input type="checkbox"/>	1460
8 Total subtractions. Add lines 4 through 7	8 <input type="checkbox"/>	12110
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 <input type="checkbox"/>	60610
10 Tax from the table in the M1 instructions	10 <input type="checkbox"/>	3836
11 Alternative minimum tax (enclose Schedule M1MT)	11 <input type="checkbox"/>	
12 Add lines 10 and 11	12 <input type="checkbox"/>	3836
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR)	13 <input type="checkbox"/>	3836
a <input type="checkbox"/> b <input type="checkbox"/>	<input type="checkbox"/>	0 (Place an X in box if a negative number)
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 <input type="checkbox"/>	



2018 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial PAVAN KUMAR	Last Name SEELABOINA	Your Social Security Number 702739065
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
1	<input type="checkbox"/>	MN 5304166	73760	4307
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional Forms W-2 (from line 5 on the back) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 4307

2 Minnesota tax withheld on Forms 1099 and W-2G . If you have more than four forms, complete line 6 on the back.

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld <i>(round to nearest whole dollar)</i>
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional Forms 1099 and W-2G (from line 6 on the back) _____

Total Minnesota tax withheld on all Forms 1099 and W-2G (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 4307**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**





2018 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

Your First Name and Initial	Last Name	Your Social Security Number
PAVAN KUMAR	SEELABOINA	702739065

Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 **1** ■ _____
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 **2** ■ _____
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) **3** ■ _____
- 4 Federal section 179 expensing addition (*determine from worksheet in the instructions*) **4** ■ _____
- 5 State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation, or a beneficiary of a trust (*see instructions*) **5** ■ _____
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) **6** ■ _____
- 7 Fines, fees, and penalties federally deducted as a trade or business expense (*see instructions*) **7** ■ _____
- 8 Suspended loss from 2001 through 2005 or 2008 through 2017 on your federal return that was generated by bonus depreciation (*determine from worksheet in the instructions*) **8** ■ _____
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) **9** ■ _____
- 10 Net operating loss carryover adjustment (*see instructions*) **10** ■ _____
- 11 Addition from line 5 of Schedule M1HOME (*enclose Schedule M1HOME*) **11** ■ _____
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) **12** ■ _____
- 13 Addition from Schedule M1NC, line 36 **13** ■ _____
- 14 Domestic production activities deduction **14** ■ _____
- 15 Add lines 1 through 14. Enter the total here and on line 2 of Form M1 **15** _____

Subtractions From Income

- 16 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) **16** ■ _____
- 17 Education expenses you paid for your qualifying children in grades K–12 (*see instructions*)
Enter the name and grade of each child on the line below: **17** ■ _____
- 18 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions **18** ■ _____
- 19 Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2013 through 2017 (*determine from worksheet in the instructions*) **19** ■ _____
- 20 Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2013 through 2017 (*see instructions*) **20** ■ _____
- 21 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) **21** ■ _____



22	Benefits paid by the Railroad Retirement Board (<i>see instructions</i>)	22	■	_____
23	If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is less than zero, enter zero	23	■	_____
	• Place an X in one box to indicate the reciprocity state of which you were a resident during 2018			
				<input type="checkbox"/> Michigan <input type="checkbox"/> North Dakota
24	American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable	24	■	_____
25	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions. See line 30 if you received a military pension or other military retirement pay.	25	■	_____
26	If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see instructions	26	■	_____
27	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions. See line 30 if you received a military pension or other military retirement pay	27	■	_____
28	If you, your spouse (<i>if filing a joint return</i>), or your dependent donated all or part of a human organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of sick pay (<i>see instructions</i>)	28	■	_____
29	Income taxes paid to a subnational level of a foreign country other than Canada (<i>determine from worksheet in the instructions</i>)	29	■	_____
30	If you received a Military pension or other retirement military pay computed under U.S. Code Title 10 (<i>see instructions</i>)	30	■	_____
31	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale (<i>determine from worksheet in the instructions</i>)	31	■	_____
32	Post-service education awards received for service in an AmeriCorps National Service program	32	■	_____
33	Net operating loss (NOL) carryover adjustment (<i>see instructions</i>)	33	■	_____
34	Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income (<i>see instructions</i>)	34	■	_____
35	Subtraction for railroad maintenance expenses	35	■	_____
36	Subtraction for contributions to a qualified education savings plan (<i>enclose Schedule M1529</i>)	36	■	_____
37	Social Security benefit subtraction (<i>determine from worksheet in instructions</i>)	37	■	_____
38	Subtraction for interest earned from a designated first-time homebuyer savings account (<i>enclose Schedule M1HOME</i>)	38	■	_____
39	Subtraction for discharge of indebtedness of educational loans (<i>see instructions</i>)	39	■	_____
40	Subtraction from Schedule M1NC, line 36	40	■	_____ 1460
41	This line intentionally left blank	41	■	_____
42	Add lines 16-41. Enter the total here and on line 7 of Form M1	42	■	_____ 1460

You must include this schedule with your Form M1.



2018 Schedule M1NC, Federal Adjustments

On May 30, 2019, Minnesota law was updated to recognize the Internal Revenue Code as amended through December 31, 2018.

The law disallows the tax effect of the federal provisions on this schedule.

Your First Name and Initial PAVAN KUMAR	Last Name SEELABOINA	Social Security Number 702-73-9065
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Before you complete this schedule, read the instructions which are on a separate sheet. Do not enter amounts in gray boxes.

	Additions	Subtractions
Adjustments to federal adjusted gross income (AGI)		
1 Bicycle commuting expenses reimbursed by your employer 1 ■		
2 Moving expense deduction (<i>enclose Schedule M1MOVE</i>) 2 ■		
3 Excess reimbursements received from your employer reported on line 8 of Schedule M1UE 3 ■		
4 Student loan forgiven due to death or permanent disability 4 ■		
5 Earnings from an education savings account used for K-12 education tuition expenses or rolled over to an ABLÉ account 5 ■		
6 Casualty or theft gain (<i>Enclose Schedule M1CAT</i>) 6 ■		
7 Distributed earnings from an ABLÉ account attributed to excess contributions 7 ■		
8 This line intentionally left blank 8 ■		
9 Income from qualified stock received from your employer that is deferred for federal tax purposes 9 ■		
10 This line intentionally left blank 10 ■		
11 a. This line intentionally left blank 11a ■		
b. This line intentionally left blank 11b ■		
c. This line intentionally left blank 11c ■		
12 a. This line intentionally left blank 12a ■		
b. This line intentionally left blank 12b ■		
c. This line intentionally left blank 12c ■		
13 a. This line intentionally left blank 13a ■		
b. This line intentionally left blank 13b ■		
14 This line intentionally left blank 14 ■		
15 a. This line intentionally left blank 15a ■		
b. This line intentionally left blank 15b ■		
16 Deduction for certain business expenses such as employee fringe benefits, meals and entertainment expenses, certain settlement payments, and lobbying (<i>see instructions</i>) 16 ■		
17 a. This line intentionally left blank 17a ■		
b. This line intentionally left blank 17b ■		



18	This line intentionally left blank	18	■		
19	This line intentionally left blank	19	■		
20	Adjustment for tax treatment of Alaska Native Settlement corporations and trusts	20	■		
21	Adjustment for capital gains invested in Opportunity Zones	21	■	0	
22	This line intentionally left blank	22	■		
23	a. Adjustment for Section 965 Deferred Foreign Income	23a	■		
	b. Income excluded as previously tax under section 965 or 951A	23b	■		
24	Adjustment for Global Intangible Low Taxed Income	24	■		
25	Adjustment for Foreign Derived Intangible Income	25	■		
26	This line intentionally left blank	26	■		
27	Adjustment for related party amounts paid in hybrid transactions	27	■		
28	This line intentionally left blank	28	■		
29	Additional Adjustments (see instructions)	29	■		
30	Adjustments created by federal credits and tax incentives for businesses (see instructions)	30	■		
31	This line intentionally left blank	31	■		
32	If you have an adjustment to income subject to a rule involving AGI (such as 2018 IRA deductions, Social Security Income, student loan interest deduction or rental real estate losses), see instructions	32	■		1460
33	This line intentionally left blank	33	■		
34	Add the amounts in the Additions column	34	■	0	
35	Add the amounts in the Subtractions column	35	■		1460
36	If line 34 is more than line 35 , subtract line 35 from line 34. Enter the result here and on line 13 of Schedule M1M. If line 35 is more than line 34 , subtract line 34 from line 35. Enter the result here and on line 40 of Schedule M1M.	36	■		1460
37	Enter the amount from line 1 of Form M1	37	■		72720
38	If line 34 is more than line 35, add line 36 to line 37. If line 35 is more than line 34, subtract line 36 from line 37.	38	■		71260

You must include this schedule when you file Form M1.



Name as Shown on Return
PAVAN KUMAR SEELABOINA

Social Security No.
702-73-9065

Worksheet for Schedule M1NC, Line 32 - Student Loan Interest

If you are required to complete any of the other worksheets for line 32, you must complete those worksheets before completing this worksheet.

1	Enter the total interest you paid in 2018 on qualified student loans (see instructions for federal Schedule 1, line 33) Do not enter more than \$2,500	1	2,500.
2	Enter the amount from line 6 of federal Form 1040. Include any foreign earned income exclusion, housing exclusion, foreign housing deduction, and any income from Puerto Rico and American Samoa you are excluding	2	
3	Enter the total from the Additions column for lines 1 through 30 of Schedule M1NC	3	0.
4	Enter the total from the Subtractions column for lines 1 through 30 of Schedule M1NC.	4	
5	Subtract step 4 from step 3	5	0.
6	Enter the amount from step 17 of the worksheet for line 32 - Rental Real Estate Losses, step 18 of the worksheet for line 32- Social Security Income, and step 15 of the Worksheet for Line 32 -Minnesota IRA Deduction. If the result is negative, include as a negative amount.	6	
7	Add steps 2, 5 and 6	7	0.
8	Enter the amount from your federal Schedule 1, lines 23 through 32 plus any write in adjustments on line 36	8	0.
9	Subtract step 8 from step 7	9	0.
10	If your filing status is single, head of household, or qualifying widow(er), enter \$65,000. If your filing status is married filing joint, enter \$135,000	10	65,000.
11	Subtract step 10 from step 9. If the result is zero or less, skip steps 12 and 13, and enter the amount from step 1 on step 14	11	-65,000.
12	Divide step 11 by \$15,000 (\$30,000 if married filing jointly).Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter 1.000	12	
13	Multiply step 1 by step 12	13	
14	Subtract step 13 from step 1	14	2,500.
15	Enter the amount from line 33 of your federal Schedule 1	15	1,040.
16	Subtract step 14 from step 15. If the result is positive, enter the result in the Additions column of line 32. If the result is negative, enter the result as a positive amount in the Subtractions column of line 32	16	-1,460.

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

Your first name and initial: PAVAN KUMAR Last name: SEELABOINA Your social security number: 702-73-9065

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. 4440 PARKLAWN AVE Apt. no. 201 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. EDINA MN 55435 If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER 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) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	73,760.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	73,760.
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	72,720.
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	60,720.
11	a Tax (see inst.) 9,299. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	9,299.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	9,299.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	9,299.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	9,299.
16	Federal income tax withheld from Forms W-2 and 1099	16	9,691.
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	9,691.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	392.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	392.
▶ b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 3 2 5 0 6 3 8 1 3 1 2 6		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22		
23	Estimated tax penalty (see instructions) ▶ 23		

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

PAVAN KUMAR SEELABOINA

Your social security number

702-73-9065

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	
	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		
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	1,040.
	34	Reserved	34	
35	Reserved	35		
36	Add lines 23 through 35	36	1,040.	

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

Schedule 1 (Form 1040) 2018