

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) ▶

Taxpayer's name PRUTHVI KRISHNA POLAVARAPU	Social security number 774-72-3800
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	101,933.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	15,872.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	15,949.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	77.
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.

2	3	8	0	0
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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

beginning , 2018, and ending , 20

Identifying information section including name (PRUTHVI KRISHNA POLAVARAPU), address (3939 BIDWELL DRIVE, FREMONT CA 94538), and identifying number (774-72-3800).

Filing Status section with checkboxes for Single nonresident alien (checked), Married nonresident alien, and Qualifying widow(er).

Table for Dependents with columns for First name, Last name, Identifying number, Relationship, Child tax credit, and Credit for other dependents.

Main income table with rows 8-23 including Wages, interest, dividends, and total effectively connected income of 101,933.

Adjusted Gross Income section with rows 24-35, showing adjustments and final adjusted gross income of 101,933.

Tax and Credits section with rows 36-39, showing itemized deductions and final tax amount of 12,000.

Tax and Credits (continued)

Table with 3 columns: Line number, Description, and Amount. Rows 40-53. Total credits: 15,872.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows 54-61. Total tax: 15,872.

Payments

Table with 3 columns: Line number, Description, and Amount. Rows 62-71. Total payments: 15,949.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Rows 72-74. Refund amount: 77.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows 75-76. Amount owed: 75.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below. [X] No

Sign Here

Keep a copy of this return for your records.

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.

Paid Preparer Use Only

Print/Type preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR. Preparer's signature, Date, Firm's name: GLOBAL TAXES LLC, Firm's EIN: P02090332.

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid	1	State and local income taxes		
	a	State and local income taxes	1a	
	b	Enter the smaller of line 1a and \$10,000 (\$5,000 if married)		1b
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
	6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		6
Other Itemized Deductions	7	Other—from list in instructions. List type and amount ► ----- ----- ----- ----- ----- ----- -----		7
	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040NR, line 37		8

Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income	Enter amount of income under the appropriate rate of tax (see instructions)	Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or T.V. copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings _____						
b Losses _____	10c					
11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ▶ _____	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 ▶						15

Capital Gains and Losses From Sales or Exchanges of Property

	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.							
17	Add columns (f) and (g) of line 16					17 ()	
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶					18	

Schedule OI—Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

- D** Were you ever:
- A U.S. citizen? Yes No
 - A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change. ▶ _____

- G** List all dates you entered and left the United States during 2018. See instructions.
Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2016 _____, 2017 _____, and 2018 365.

- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed. ▶ 1040NR

- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

- L** Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12. ▶ _____

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
- This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
 - You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

PRUTHVI KRISHNA POLAVARAPU

Your social security number

774-72-3800

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	MIYAPUR HYDERABAD TELANGANA IN 500049				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

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

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

774-72-3800 POLA
PRUTHVIKRIS POLAVARAPU

18

3939 BIDWELL DRIVE
FREMONT CA 94538

APT 450

03-21-1990

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 Head of household (with qualifying person). See instructions.
5 Qualifying widow(er). Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions X \$367 =

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

Total Taxable Income

12 Total California wages from your Form(s) W-2, box 16 **12** .00

13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 **13** .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B **14** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** .00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C **16** .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 **17** .00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions **18** .00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- **19** .00

CA Taxable Income

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 **31** .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 **32** .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 **35** .00

36 CA Tax Rate. Divide line 31 by line 19 **36**

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 **37** .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 **38**

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions **39** .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... **40** .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A **41** .00

42 Add line 40 and line 41 **42** .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 **50** .00

51 Credit for joint custody head of household. See instructions **51** .00

52 Credit for dependent parent. See instructions **52** .00

53 Credit for senior head of household. See instructions **53** .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions **54**

55 Credit amount. See instructions **55** .00

Your name: Your SSN or ITIN:

Special Credits continued

58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	<input type="text" value="00"/>
59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	<input type="text" value="00"/>
60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	<input type="text" value="00"/>
61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="0"/>	<input type="text" value="00"/>

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	<input type="text" value="00"/>
72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="0"/>	<input type="text" value="00"/>

Payments

81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text"/>	<input type="text" value="00"/>
82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	<input type="text" value="00"/>
83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	<input type="text" value="00"/>
84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	<input type="text" value="00"/>
85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	<input type="text" value="00"/>
86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text"/>	<input type="text" value="00"/>

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text"/>	<input type="text" value="00"/>
102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text"/>	<input type="text" value="00"/>
103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text"/>	<input type="text" value="00"/>
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	<input type="text" value="00"/>

Contributions

Code Amount

California Seniors Special Fund. See instructions	<input type="radio"/>	400	<input type="text"/>	<input type="text" value="00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/>	401	<input type="text"/>	<input type="text" value="00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/>	403	<input type="text"/>	<input type="text" value="00"/>

Your name: POLAVARAPU

Your SSN or ITIN: 774-72-3800



		Code	Amount
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
	California Sea Otter Fund	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
	Revive the Salton Sea Fund	● 432	<input type="text"/> .00
	California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
	Special Olympics Fund	● 434	<input type="text"/> .00
	Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text"/> .00	

Your name: POLAVARAPU Your SSN or ITIN: 774-72-3800

Amount You Owe 121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. . . . 121 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00 123 Underpayment of estimated tax. Check the box: [] FTB 5805 attached [] FTB 5805F attached 123 .00 124 Total amount due. See instructions. Enclose, but do not staple, any payment 124 .00

Refund and Direct Deposit 125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 0 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type [] Checking [] Savings Routing number [] Account number [] 126 Direct deposit amount [] .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type [] Checking [] Savings Routing number [] Account number [] 127 Direct deposit amount [] .00

IMPORTANT: Attach a copy of your complete federal return. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature [] Date [] Spouse's/RDP's signature (if a joint tax return, both must sign) []

Sign Here [] Your email address. Enter only one email address. [] Preferred phone number []

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) []

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02090332

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN []

Joint tax return? (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions. [] Yes [X] No

Print Third Party Designee's Name [] Telephone Number []

California Adjustments —
Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: P R U T H V I K R I S H N A P O L A V A R A P U
SSN or ITIN: 7 7 4 7 2 3 8 0 0

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)

a Myself: [] Nonresident [] Part-Year Resident [X] Resident

b Spouse: [] Nonresident [] Part-Year Resident [] Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information with checkboxes and date fields.

Part II Income Adjustment Schedule

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows 1-17 detailing income adjustments.

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/>	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4	<input checked="" type="radio"/>		

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a			
5b	State and local real estate taxes <input checked="" type="radio"/>	5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes <input checked="" type="radio"/>	5c	<input checked="" type="radio"/>		
5d	Add lines 5a through 5c <input checked="" type="radio"/>	5d	<input checked="" type="radio"/>		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/>	7	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b	<input checked="" type="radio"/>		
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c	<input checked="" type="radio"/>		
8d	Reserved <input checked="" type="radio"/>	8d	<input checked="" type="radio"/>		
8e	Add lines 8a through 8c <input checked="" type="radio"/>	8e	<input checked="" type="radio"/>		
9	Investment interest <input checked="" type="radio"/>	9	<input checked="" type="radio"/>		
10	Add lines 8e and 9 <input checked="" type="radio"/>	10	<input checked="" type="radio"/>		

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>	11			
12	Other than by cash or check <input checked="" type="radio"/>	12	<input checked="" type="radio"/>		
13	Carryover from prior year <input checked="" type="radio"/>	13	<input checked="" type="radio"/>		
14	Add lines 11 through 13 <input checked="" type="radio"/>	14	<input checked="" type="radio"/>		

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15			
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/>	17	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>

18 **Total Adjustments to Federal Itemized Deductions.** Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040, line 7

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1

2 Enter your deductions from line 30. 2

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5