

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ►

|   |  |                                       |
|---|--|---------------------------------------|
| Taxpayer's name<br>SUMANTH REDDY CHALLA |  | Social security number<br>705-51-9285 |
| Spouse's name                           |  | Spouse's social security number       |

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

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)                                 | <b>1</b> | 32,632. |
| <b>2</b> | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | 2,285.  |
| <b>3</b> | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | 4,890.  |
| <b>4</b> | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> | 2,605.  |
| <b>5</b> | Amount you owe (Form 1040, line 22; Form 1040NR, line 75)                                       | <b>5</b> |         |

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

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

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

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

1 9 2 8 5

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.

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 number (see instructions) 705-51-9285
Present home address (number and street or rural route). If you have a P.O. box, see instructions. 1086 W KING ROAD, AS-313
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. MALVERN PA 19355

Filing Status
1 [ ] Reserved
2 [X] Single nonresident alien
3 [ ] Reserved
4 [ ] Reserved
5 [ ] Married nonresident alien
6 [ ] Qualifying widow(er) (see instructions)
Child's name

Table with 5 columns: (1) First name, Last name, (2) Dependent's identifying number, (3) Dependent's relationship to you, (4) if qualifies for (see instr.): Child tax credit, Credit for other dependents.

Income Effectively Connected With U.S. Trade/Business
8 Wages, salaries, tips, etc. Attach Form(s) W-2 32,632.
9a Taxable interest
9b Tax-exempt interest. Do not include on line 9a
10a Ordinary dividends
10b Qualified dividends (see instructions)
11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)
13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)
14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here [ ]
15 Other gains or (losses). Attach Form 4797
16 Reserved
17a IRAs, pensions, and annuities 17b Taxable amount (see instr.)
18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)
19 Farm income or (loss). Attach Schedule F (Form 1040)
20 Unemployment compensation
21 Other income. List type and amount (see instructions)
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income 32,632.

Adjusted Gross Income
24 Educator expenses (see instructions)
25 Health savings account deduction. Attach Form 8889
26 Moving expenses for members of the Armed Forces. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040)
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see instructions)
30 Penalty on early withdrawal of savings
31 Scholarship and fellowship grants excluded
32 IRA deduction (see instructions)
33 Student loan interest deduction (see instructions)
34 Add lines 24 through 33
35 Adjusted Gross Income. Subtract line 34 from line 23 32,632.

Tax and Credits
36 Amount from line 35 (adjusted gross income) 32,632.
37 Itemized deductions from page 3, Schedule A, line 8 Std. Dedn US/India Treaty 12,000.
38 Qualified business income deduction (see instructions)
39 Exemptions for estates and trusts only (see instructions)

Tax and Credits (continued)

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-53 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 54-61 for Other Taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Keep a copy of this return for your records.

Signature area with fields for signature, date, occupation, and PIN.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, address, and EIN.

**Schedule A—Itemized Deductions** (see instructions)

07

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

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

**Capital Gains and Losses From Sales or Exchanges of Property**

|  | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)                   | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) <b>LOSS</b><br>If (e) is more than (d), subtract (d) from (e) | (g) <b>GAIN</b><br>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).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
| <b>17</b>  | Add columns (f) and (g) of line 16 . . . . .  |                                      |                                  |                 |                         | <b>17</b> (      )  |   |
| <b>18</b>  | <b>Capital gain.</b> Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ► |                                      |                                  |                 |                         |   | <b>18</b>   |

**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? India

**C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States?  Yes  No

**D** Were you ever:

1. A U.S. citizen?  Yes  No

2. 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<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

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

1. 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. ▶

2. 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. ▶

IRS e-file Authentication Statement

2018

Keep for your records

Name(s) Shown on Return
SUMANTH REDDY CHALLA

Social Security Number
705-51-9285

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Taxpayer entered PIN
ERO entered Taxpayer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers.
Taxpayer's PIN (5 numbers) . . . . . 19285
Date . . . . . 02/19/2019

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit)

Date

Nonresident Alien Information Worksheet

2018

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name CHALLA Middle initial
First name SUMANTH REDDY Suffix
Social security number 705-51-9285 Occupation (in the U.S.) SOFTWARE ENGINEER
Date of birth (mm/dd/yyyy) 01/12/1994 or age as of 1-1-2019 24
Work phone (916)895-6281 Home phone
Extension E-mail address REDDY.SUMANTHCH@GMAIL.COM
Cell phone (916)895-6281 Foreign phone
Fax number

Country of which client was a citizen or national during year INDIA
Check this box if your client is a resident of the Republic of Korea (ROK)

Best contact phone number Taxpayer work phone (916)895-6281

Present home address:

US Address:

Address 1086 W KING ROAD, Apt no. AS-313
City MALVERN State PA U.S. ZIP code 19355

Foreign Address: Check this box to use foreign address

Address Apt no.
City
Country code Country
Province/country Postal Code

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address
City Province
Country code Postal Code

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Address lines for permanent resident

Part II - Federal Filing Status

Check the box for filing status:

Form with checkboxes for filing status: 2 Single resident of Canada or Mexico... 5 Married resident of Canada or Mexico... 6 Qualifying widow(er) with dependent child

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty



**Identity Verification Worksheet**

**2018**

▶ See tax help for more information on identity verification

Name(s) Shown on Return  
SUMANTH REDDY CHALLA

Social Security Number  
705-51-9285

**Taxpayer's Driver's License Detail (Spouse not required for 1040NR)**

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

**Note:** Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

**All identity verification information should be entered here and will automatically flow to the state return.**

**Taxpayer/Spouse does not have a driver's license or state id**

Taxpayer

**Note:** Alabama does not allow this option

**Taxpayer/Spouse did not provide driver's license or state id information**

Taxpayer

**Note:** Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . .

**Note:** Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

**Driver's License Detail**

**Taxpayer:**

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

**Spouse:**

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

**State Identification Card Detail**

**Taxpayer:**

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

**Spouse:**

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

**Additional Verification Information**

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Client Status:**

- New client
- Returning client to same preparer and firm
- Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return
SUMANTH REDDY CHALLA

Social Security Number
705-51-9285

Payment by Check (Form 1040-V) - Federal Balance Due
Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required.
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name: GLOBAL TAXES LLC
ERO Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Country:
ERO Electronic Filers Identification Number (EFIN): 587278
ERO Employer Identification Number: 30-1017196
ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR
Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Country:
Social Security Number or PTIN: P02090332
Employer Identification Number:
Phone Number:
Fax Number:
E-mail Address:

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

- IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

Table with 2 columns: State/City \*, and a list of checkboxes for selecting states/cities.

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

| Check the applicable box(es) on forms to be attached and mail with form 8453  | Transmit PDF             | Print & Mail with 8453   |
|---|--------------------------|--------------------------|
| Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

| These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) . | Transmit PDF | Print & Mail with 8453   |
|---|--------------|--------------------------|
| Form 5713, International Boycott Report . . . . . <input type="checkbox"/>  | N/A          | <input type="checkbox"/> |
| Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/>   | N/A          | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/>  | N/A          | <input type="checkbox"/> |



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SUMANTH REDDY CHALLA

705-51-9285 Page 2

| Form W-2G Payer         | SP | Winnings | Federal Tax | State Tax | Local Tax |  |
|-------------------------|----|----------|-------------|-----------|-----------|--|
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
| <b>Totals . . . . .</b> |    |          |             |           |           |  |

**Form W-2G Summary**

| Box No. | Description                          | Taxpayer | Spouse | Total |
|---------|--------------------------------------|----------|--------|-------|
| 1       | Total reportable winnings . . . . .  |          |        |       |
| 4       | Total federal tax withheld . . . . . |          |        |       |
| 15      | Total state tax withheld . . . . .   |          |        |       |
| 17      | Total local tax withheld . . . . .   |          |        |       |

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|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>SUMANTH REDDY CHALLA | Social Security Number<br>705-51-9285 |
|---|---------------------------------------|

Employer EIN . . . . . 27-4131205  
 Employer Name . . . . PIONEER CONSULTING SERVICES LLC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 1701 48TH STREET SUITE 280  
 City WEST DES MOINES State IA ZIP 50266  
 Foreign Province/County . . . . . \_\_\_\_\_  
 Foreign Postal Code . . . . . \_\_\_\_\_  
 Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

|   |                                   |         |   |                                   |        |
|---|-----------------------------------|---------|---|-----------------------------------|--------|
| 1 | Wages, tips, other comp . . . . . | 16,100. | 2 | Federal tax withheld . . . . .    | 2,274. |
| 3 | Social security wages . . . . .   | _____   | 4 | Social sec tax withheld . . . . . | _____  |
| 5 | Medicare wages and tips . . . . . | _____   | 6 | Medicare tax withheld . . . . .   | _____  |
| 7 | Social security tips . . . . .    | _____   | 8 | Allocated tips . . . . .          | _____  |

13 b  Retirement plan  
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is:  |
|-------------|---------------|---|
| _____       | _____         | A: Enter amount attributable to RRTA Tier 2 tax . . . . .               |
| _____       | _____         | M: Enter amount attributable to RRTA Tier 2 tax . . . . .               |
| _____       | _____         | P: Double click to link to Form 3903, line 4 . . . . .                  |
| _____       | _____         | R: Enter MSA contribution for Taxpayer . . . . .                        |
| _____       | _____         | Spouse . . . . .  |
| _____       | _____         | W: Enter HSA contribution for Taxpayer . . . . .                        |
| _____       | _____         | Spouse . . . . .  |
| _____       | _____         | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| AZ           | 27-4131205                | 16,100.                        | 129.                    |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |

I confirm that the state withholding identification number(s) are accurate . . . . .

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____                | _____                          | _____                   | _____            |
| _____                | _____                          | _____                   | _____            |
| _____                | _____                          | _____                   | _____            |

|    |  |    |       |
|----|--|----|-------|
| 9  | Verification Code . . . . .  | 9  | _____ |
| 10 | Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>                  | 10 | _____ |
|    | Dependent care benefits - Amount forfeited from flexible spending account . . . . .                                    |    | _____ |
| 11 | Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | 11 | _____ |

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| _____   | _____  | _____   |
| _____   | _____  | _____   |
| _____   | _____  | _____   |

Keep for your records

SUMANTH REDDY CHALLA

705-51-9285 Page 2

Employer Name . . . . PIONEER CONSULTING SERVICES LLC

Part I Statutory employees

- A  Box 13a. Statutory employee
- B  Deducting expenses in connection with this income
- C  If deducting expenses, double click to link to Schedule C . . . . .

C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:

- D  Designated housing or parsonage allowance . . . . .
- E  Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .
- F  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on housing or parsonage allowance only
  - 2  Pay self-employment tax on W-2 income only
  - 3  Pay self-employment tax on W-2 income and housing allowance
  - 4  Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G  If no FICA was withheld, check the applicable box below
  - 1  Pay self-employment tax on this W-2 income
  - 2  Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1  Tips \$20 or more in a month which were not reported to employer . . . . .
- 2  Tips less than \$20 in a month which were not required to be reported . . . . .
- 3  Value of non-cash tips, such as tickets or passes, not reported . . . . .
- 4  Actual amount of allocated tips if different than the amount in box 8 . . . . .
- 5  Tips paid out through a tip-sharing arrangement . . . . .
- 6  Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

- a  If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
- b  Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
- c  Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
- d  QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

- J a  Pay from work performed while an inmate in a penal institution . . . . .

Part VI Additional Information for Electronic Filing and Certain States (See Help)

- 13 c  Third-party sick pay
- Non-standard W-2 (handwritten, typewritten, or altered in any way)
- Corrected W-2
- Income from Paid Family Leave
- Control number (optional) . . . . .

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 705-51-9285

First name SUMANTH REDDY M.I. Last name CHALLA Suff.

Address 1086 W KING ROAD, , Apt. AS-313 City MALVERN St PA ZIP code 19355

Foreign Province/County Foreign Postal Code

Foreign Country



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|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>SUMANTH REDDY CHALLA | Social Security Number<br>705-51-9285 |
|---|---------------------------------------|

Employer EIN . . . . . 43-1196944  
 Employer Name . . . . . CERNER CORPORATION  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 2800 ROCKCREEK PARKWAY  
 City KANSAS CITY State MO ZIP 64117  
 Foreign Province/County . . . . . \_\_\_\_\_  
 Foreign Postal Code . . . . . \_\_\_\_\_  
 Foreign Country . . . . . \_\_\_\_\_

Spouse's W-2  Do not transfer this W-2 to next year  
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

|   |                                   |         |   |                                   |        |
|---|-----------------------------------|---------|---|-----------------------------------|--------|
| 1 | Wages, tips, other comp . . . . . | 16,532. | 2 | Federal tax withheld . . . . .    | 2,616. |
| 3 | Social security wages . . . . .   | _____   | 4 | Social sec tax withheld . . . . . | _____  |
| 5 | Medicare wages and tips . . . . . | _____   | 6 | Medicare tax withheld . . . . .   | _____  |
| 7 | Social security tips . . . . .    | _____   | 8 | Allocated tips . . . . .          | _____  |

13 b  Retirement plan  
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is:  |
|-------------|---------------|---|
| C           | 2.            | A: Enter amount attributable to RRTA Tier 2 tax . . . . .               |
| D           | 239.          | M: Enter amount attributable to RRTA Tier 2 tax . . . . .               |
| DD          | 2.            | P: Double click to link to Form 3903, line 4 . . . . .                  |
|             |               | R: Enter MSA contribution for Taxpayer . . . . .                        |
|             |               | Spouse . . . . .  |
|             |               | W: Enter HSA contribution for Taxpayer . . . . .                        |
|             |               | Spouse . . . . .  |
|             |               | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| PA           | 18560565                  | 16,769.                        | 515.                    |
|              |                           |                                |                         |
|              |                           |                                |                         |

I confirm that the state withholding identification number(s) are accurate . . . . .

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
|                      |                                |                         |                  |
|                      |                                |                         |                  |
|                      |                                |                         |                  |

|    |  |    |       |
|----|--|----|-------|
| 9  | Verification Code . . . . .  | 9  | _____ |
| 10 | Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>                  | 10 | _____ |
|    | Dependent care benefits - Amount forfeited from flexible spending account . . . . .                                    |    | _____ |
| 11 | Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | 11 | _____ |

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| LST   | 10.    | Other (not classified)  |
| PASUI   | 10.    | PA Unemployment tax   |
|   |        |   |
|   |        |   |

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SUMANTH REDDY CHALLA

705-51-9285 Page 2

Employer Name . . . . CERNER CORPORATION

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [ ] Designated housing or parsonage allowance . . . . . D
E [ ] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . E
F If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on housing or parsonage allowance only
2 [ ] Pay self-employment tax on W-2 income only
3 [ ] Pay self-employment tax on W-2 income and housing allowance
4 [ ] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on this W-2 income
2 [ ] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [ ] Tips \$20 or more in a month which were not reported to employer . . . . . H1
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . . [ ]

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [ ] Third-party sick pay
[ ] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[ ] Corrected W-2
[ ] Income from Paid Family Leave
Control number (optional) . . . . .

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 705-51-9285
First name SUMANTH REDDY M.I. Last name CHALLA Suff.
Address 1086 W KING ROAD, , Apt. AS-313 City MALVERN St PA ZIP code 19355
Foreign Province/County Foreign Postal Code
Foreign Country



# Federal Carryover Worksheet

**2018**

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|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>SUMANTH REDDY CHALLA | Social Security Number<br>705-51-9285 |
|---|---------------------------------------|

**2017 State and Local Income Tax Information**

| (a)<br>State or<br>Local ID | (b)<br>Paid With<br>Extension | (c)<br>Estimates Pd<br>After 12/31 | (d)<br>Total With-<br>held/Pmts | (e)<br>Paid With<br>Return | (f)<br>Total Over-<br>payment | (g)<br>Applied<br>Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
|                             |                               |                                    |                                 |                            |                               |                          |
| <b>Totals . .</b>           |                               |                                    |                                 |                            |                               |                          |

**2017 State Extension Information**

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

**2017 Locality Extension Information**

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

**2017 State Estimates Information**

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

**2017 Locality Estimates Information**

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

**2017 State Taxes Due Information**

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

**2017 Locality Taxes Due Information**

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

**2017 State Refund Applied Information**

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

**2017 Locality Refund Applied Information**

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

**2017 State Tax Refund Information**

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

**2017 Locality Tax Refund Information**

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|-----------------|-------------------------------|-----------------------------|
|                 |                               |                             |
|                 |                               |                             |
|                 |                               |                             |

| Other Tax and Income Information |  |   | 2017                     | 2018                     |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1                                | Filing status . . . . .  | 1 |                          | 1 Single                 |
| 2                                | Number of exemptions for blind or over 65 (0 - 4) . . . . .      | 2 |                          |                          |
| 3                                | Itemized deductions . . . . .                                    | 3 |                          | 654.                     |
| 4                                | Check box if required to itemize deductions . . . . .            | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                  | 5 |                          | 32,632.                  |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .             | 6 |                          |                          |
| 7                                | Alternative minimum tax . . . . .                                | 7 |                          | 0.                       |
| 8                                | Federal overpayment applied to next year estimated tax . . . . . | 8 |                          |                          |

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

| Excess Contributions |   |      | 2017 | 2018 |
|----------------------|---|------|------|------|
| 9 a                  | Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .    | 9 a  |      |      |
| b                    | Spouse's excess Archer MSA contributions as of 12/31 . . . . .      | b    |      |      |
| 10 a                 | Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . . | 10 a |      |      |
| b                    | Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .   | b    |      |      |
| 11 a                 | Taxpayer's excess HSA contributions as of 12/31 . . . . .           | 11 a |      |      |
| b                    | Spouse's excess HSA contributions as of 12/31 . . . . .             | b    |      |      |

| Loss and Expense Carryovers                  |   |      | 2017       | 2018 |  |
|--|---|------|------------|------|--|
| Note: Enter all entries as a positive amount |   |      |            |      |  |
| 12 a   | Short-term capital loss . . . . .                           | 12 a |            |      |  |
| b  | AMT Short-term capital loss . . . . .                       | b    |            |      |  |
| 13 a   | Long-term capital loss . . . . .                            | 13 a |            |      |  |
| b  | AMT Long-term capital loss . . . . .                        | b    |            |      |  |
| 14 a   | Net operating loss available to carry forward . . . . .     | 14 a |            |      |  |
| b  | AMT Net operating loss available to carry forward . . . . . | b    |            |      |  |
| 15 a   | Investment interest expense disallowed . . . . .            | 15 a |            |      |  |
| b  | AMT Investment interest expense disallowed . . . . .        | b    |            |      |  |
| 16   | Nonrecaptured net Section 1231 losses from:                 | a    | 2018 . . . | 16 a |  |
|  |   | b    | 2017 . . . | b    |  |
|  |   | c    | 2016 . . . | c    |  |
|  |   | d    | 2015 . . . | d    |  |
|  |   | e    | 2014 . . . | e    |  |
|  |   | f    | 2013 . . . | f    |  |
| 17   | AMT Nonrecap'd net Sec 1231 losses from:                    | a    | 2018 . . . | 17 a |  |
|  |   | b    | 2017 . . . | b    |  |
|  |   | c    | 2016 . . . | c    |  |
|  |   | d    | 2015 . . . | d    |  |
|  |   | e    | 2014 . . . | e    |  |
|  |   | f    | 2013 . . . | f    |  |

| Credit Carryovers |  |   |   | 2017 | 2018 |
|-------------------|--|---|---|------|------|
| 18                | General business credit . . . . .                          |   |   | 18   |      |
| 19                | Adoption credit from:                                      | a | 2018 . . . . .                          | 19 a |      |
|                   |  | b | 2017 . . . . .                          | b    |      |
|                   |  | c | 2016 . . . . .                          | c    |      |
|                   |  | d | 2015 . . . . .                          | d    |      |
|                   |  | e | 2014 . . . . .                          | e    |      |
|                   |  | f | 2013 . . . . .                          | f    |      |
| 20                | Mortgage interest credit from:                             | a | 2018 . . . . .                          | 20 a |      |
|                   |  | b | 2017 . . . . .                          | b    |      |
|                   |  | c | 2016 . . . . .                          | c    |      |
|                   |  | d | 2015 . . . . .                          | d    |      |
| 21                | Credit for prior year minimum tax . . . . .                |   |   | 21   |      |
| 22                | District of Columbia first-time homebuyer credit . . . . . |   |   | 22   |      |
| 23                | Residential energy efficient property credit . . . . .     |   |   | 23   |      |
| Other Carryovers  |  |   |   | 2017 | 2018 |
| 24                | Section 179 expense deduction disallowed . . . . .         |   |   | 24   |      |
| 25                | Excess   | a | Taxpayer (Form 2555, line 46) . . . . . | 25 a |      |
|                   | foreign  | b | Taxpayer (Form 2555, line 48) . . . . . | b    |      |
|                   | housing  | c | Spouse (Form 2555, line 46) . . . . .   | c    |      |
|                   | deduction:   | d | Spouse (Form 2555, line 48) . . . . .   | d    |      |

**Charitable Contribution Carryovers**

| 26 | 2017 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         | Cash    |
|----|--|----------------|---------|--------------|---------|---------|
|    |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| a  | 2017 . . . . .                                   |                |         |              |         |         |
| b  | 2016 . . . . .                                   |                |         |              |         |         |
| c  | 2015 . . . . .                                   |                |         |              |         |         |
| d  | 2014 . . . . .                                   |                |         |              |         |         |
| e  | 2013 . . . . .                                   |                |         |              |         |         |
| 27 | 2018 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         | Cash    |
|    |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| a  | 2018 . . . . .                                   |                |         |              |         |         |
| b  | 2017 . . . . .                                   |                |         |              |         |         |
| c  | 2016 . . . . .                                   |                |         |              |         |         |
| d  | 2015 . . . . .                                   |                |         |              |         |         |
| e  | 2014 . . . . .                                   |                |         |              |         |         |

