

PA-40 - 2018
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-18)

781484167

TAD00RI

SANJAY KUMAR RE Occupation SOFTWARE E

Occupation

APT R2

TAD00RI 27 EAST CENTRAL AVE

PAOLI PA 19301

N Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 101318 to 123118
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (9224), 1b (0), 1c (9224), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (9224), 10 (0), 11 (9224).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2018

Social Security Number

1800214296

781484167 Name(s) SANJAY KUMAR RED TADOORT

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12		283
13 Total PA Tax Withheld. See the instructions.	13		283
14 Credit from your 2017 PA Income Tax return.	14		0
15 2018 Estimated Installment Payments. REV-459B included.	15	N	0
16 2018 Extension Payment.	16		0
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17		0
18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18		0
Tax Forgiveness Credit. Submit PA Schedule SP.			
19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	00	
19b Dependents, Part B, Line 2, PA Schedule SP	19b	00	
20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20		0
21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21		0
22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22		0
23 Total Other Credits. Submit your PA Schedule OC.	23		0
24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24		283
25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25		0
26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	26		0
27 Penalties and Interest. See the instructions. Enter Code:	27		0
If including form REV-1630/REV-1630A, mark the box. N			
28 TOTAL PAYMENT DUE. See the instructions.	28		0
29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	29		0
The total of Lines 30 through 36 must equal Line 29.			
30 Refund - Amount of Line 29 you want as a check mailed to you.	30	REFUND	0
31 Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.	31		0
32 Refund donation line. Enter the organization code and donation amount. See instructions.	32		
33 Refund donation line. Enter the organization code and donation amount. See instructions.	33		
34 Refund donation line. Enter the organization code and donation amount. See instructions.	34		
35 Refund donation line. Enter the organization code and donation amount. See instructions.	35		
36 Refund donation line. Enter the organization code and donation amount. See instructions.	36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number GLOBAL TAXES LLC	Date 020919

E-File Opt Out N

Firm FEIN

Preparer's PTIN P02090332



PA SCHEDULE W-2S
Wage Statement Summary

1801910025

PA-40 W-2S 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) SANJAY KUMAR RED TADOORI	Social Security Number (shown first) 781-48-4167
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Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	27-3331256	64,418		9,224	283
Total Part A- Add the Pennsylvania columns				9,224	283

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	9,224	283
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Enter the TOTALS on your PA tax return on: Line 1a Line 13

- Payment type:** A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
 E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
 H. Other nonemployee compensation. Describe: _____
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
 L. Distribution from Charitable Gift Annuities M. Distribution from Employee Stock Ownership Plan
 Describe: _____



1555
REV 10/18/18 PRO

1801910025



Pennsylvania e-file Signature Authorization

2018

PA-8879 (EX) 04-18

Declaration Control Number/Submission ID

Primary Taxpayer's Name SANJAY KUMAR RED TADOORI	Social Security Number 781-48-4167
Secondary Taxpayer's Name	Social Security Number

PART I Tax Return Information – Tax Year Ending Dec. 31, 2018 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	9,224
2. PA Tax Liability (Form PA-40, Line 12)	2.	283
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	283
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	0

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2018 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize _____ to enter my PIN 84167 as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (check one box only)

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

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

PART III Certification and Authentication

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

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

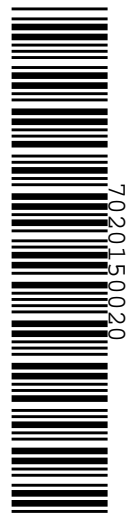
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

< Staple All Pages of Your Return and W-2s Here

Amended Return

For calendar year 2018, or fiscal year beginning <u>18</u> and ending		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
SANJAY KUMAR TADOORI TADOORI 27 EAST CENTRAL AVE R2 PAOLI PA 19301		Your SSN: 781484167 Spouse's SSN:	
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)			
Were you a resident of N.C. for the entire year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Return for deceased taxpayer. <input type="checkbox"/> Year spouse died:	
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Return for deceased spouse. <input type="checkbox"/> Date of death:	
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)			
<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.			
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.			

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT
TADO TADO 19301 DS N EA N TD SD
SANJAY KUMAR TADOORI 781484167
PA 19301
TADOORI 27 EAST CENTRAL AVE R2 PAOLI
06 64418 16 0 26C 0
07 0 18 Y 0 26E 0
09 0 20A 2480 EU
10A 0 20B 0 27 0
10B 0 21A 0 29 0
11 S Y I N 21B 0 30 0
11 8750 21C 0 31 0
13 07660 21D 0 32 0
14 42642 26A 0 34 135
15 2345 26B 0
TN PN PP P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>135</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I certify that, to the best of my knowledge, this return is accurate and complete. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.			
Your Signature: _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____ Contact Phone No. (Include area code) _____
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
Paid Preparer's Signature: _____		Preparer's Contact Phone Number (Include area code) _____	
		Preparer's FEIN, SSN, or PTIN <u>P02090332</u>	

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) TADOORI

Your Social Security Number

781484167

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	64418
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	64418
9.	Deductions from Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	
	b. Enter the amount of the child deduction.	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	8750
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12.	55668
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.7660
14.	N.C. Taxable Income	14.	42642
15.	N.C. Income Tax	15.	2345
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2345
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2345

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2480
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2018 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	2480
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2480
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	135

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2019 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	135

D-400 Sch PN (50)

8-29-18

2018 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) TADOORI	Your Social Security Number 781484167
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	01 01 18	10 13 18	22	49342
NRS	N	PYS	N			23	64418

Part A. Residency Status			
Taxpayer is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-Year Resident		Spouse is: (Select applicable box) <input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident	
Date N.C. residency began 01 01 18	Date N.C. residency ended 10 13 18	Date N.C. residency began	Date N.C. residency ended

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	64418	49342
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	64418	49342
North Carolina Adjustments			
17. Additions		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b.	0	0
c. Adjustment for bonus depreciation	17c.	0	0
d. Adjustment for IRC section 179 expense deduction	17d.	0	0
e. Other additions to federal adjusted gross income that relate to gross income	17e.	0	0
18. Total additions	18.	0	0

Last Name (First 10 Characters) TADOORI	Your Social Security Number	781484167
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for IRC section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 64418	49342

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 49342
23. Enter the amount from Column A, Line 21		23. 64418
24. Part-year residents and nonresident taxable percentage		24. 0.7660

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

Your first name and initial: SANJAY KUMAR REDDY Last name: TADOORI Your social security number: 781-48-4167

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. TADOORI 27 EAST CENTRAL AVE Apt. no. R2 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. PAOLI PA 19301 If more than four dependents, see inst. and ✓ here

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

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

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

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

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

Paid Preparer Use Only

Preparer's name: ARVSSMANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	64,418.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	64,418.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	64,418.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	52,418.
11	a Tax (see inst.) 7,473. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	7,473.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	7,473.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	7,473.
16	Federal income tax withheld from Forms W-2 and 1099	16	8,842.
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	8,842.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,369.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	1,369.
▶ b	Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number X		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22		
23	Estimated tax penalty (see instructions) ▶ 23		

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2018, or other tax year beginning _____, 2018 ending _____, 20____.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

Your legal last name TADOORI Legal first name SANJAY KUMAR RE M.I. Your social security number 781484167

Home address (number and street). If you have a PO Box, see page 12 TADOORI 27 EAST CENTRAL AVE Apt. no. R2 Tax district

Filing status [X] Single Special conditions [] [] City [] Village [] Town County of School district number

Head of household (with qualifying person), (see page 13). Also, check here if married... []

Resident status Check the status that applies You Spouse [] [] Full-year resident of Wisconsin [X] [] Nonresident of Wisconsin; state of residence PA (2-letter state abbreviation)



Note: Complete residence questionnaire, page 68.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (64418.00), Taxable interest (.00), Ordinary dividends (.00), etc.



1-0501

Adjustments to Income

	A. Federal column	B. Wisconsin column
17 Educator expenses (see page 33) . . . . .	.00	.00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 33) . . . . .	.00	.00
19 Health savings account deduction (see page 34) . . . . .	.00	.00
20 Moving expenses for members of the Armed Forces (see page 34) . . . . .	.00	.00
21 Deductible part of self-employment tax (see page 34) . . . . .	.00	.00
22 Self-employed SEP, SIMPLE, and qualified plans (see page 34) . . . . .	.00	.00
23 Self-employed health insurance deduction (see page 35) . . . . .	.00	.00
24 Penalty on early withdrawal of savings (see page 36) . . . . .	.00	0.00
25 Alimony paid (see page 36) . . . . .	.00	.00
26 IRA deduction (see page 37) . . . . .	.00	.00
27 Student loan interest deduction (see page 37) . . . . .	.00	.00
28 Reserved for future use	Not deductible for Wisconsin	
29 Other adjustments included on federal Schedule 1 (Form 1040), line 36 (see page 37) (list type and amount) . . . . .	.00	.00
30 Total adjustments to income. Add lines 17 through 29 . . . . .	.00	0.00
Adjusted Gross Income		
31 Wisconsin income. Subtract line 30, column B from line 16, column B		5852.00
32 Federal income. Subtract line 30, column A from line 16, column A	64418.00	
33 Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 38) . . . . .		.0908

Tax Computation

34 Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	64418.00
35a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 38	35a	<input type="checkbox"/>
35b Aliens (see page 38 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c Find the standard deduction for amount on line 32 using table on page 57	35c	4700.00
36 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	59718.00
37 Exemptions (Caution: see page 39)		
a Fill in exemptions allowed <u>1</u> x \$700	37a	700.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	37b	.00
c Add lines 37a and 37b	37c	700.00
38 Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	59018.00
39 Tax (see table on page 60)	39	3393.00
40 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	.00
41 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2018—heat included <u>.00</u> } Find credit from table page 42	41a	.00
Rent paid in 2018—heat not included <u>.00</u> }		
b Property taxes paid on home in 2018 <u>.00</u> } Find credit from table page 43	41b	.00
42 Add credits on lines 40, 41a, and 41b	42	.00
43 Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	3393.00
44 Fill in ratio from line 33	44	.0908
45 Multiply line 43 by ratio on line 44	45	308.00



Name(s) shown on Form 1NPR SANJAY KUMAR REDDY TADOORI	Your social security number 781484167
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46	Fill in amount from line 45	46	308.00
47	Armed forces member credit. (Full-year Wisconsin residents only)	47	.00
48	Working families tax credit. (Full-year Wisconsin residents only)	48	.00
49	Certain nonrefundable credits from line 12 of Schedule CR	49	.00
50	Add lines 47 through 49	50	.00
51	Subtract line 50 from line 46. If line 50 is more than line 46, fill in 0 (zero)	51	308.00
52	Alternative minimum tax. Enclose Schedule MT	52	.00
53	Add lines 51 and 52	53	308.00
54	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	54	.00
55	Other credits from Schedule CR, line 35. Enclose Schedule CR	55	.00
56	Net income tax paid to another state. Enclose Schedule OS	56	.00
57	Add lines 54, 55, and 56	57	.00
58	Subtract line 57 from line 53. If line 57 is more than line 53, fill in 0 (zero). This is your net tax	58	308.00
59	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 46) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	59	.00
60	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	e Military family relief .00	
	b Cancer research .00	f Second Harvest/Feeding Amer. .00	
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00	
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00	
	Total (add lines a through h) . . . →		60i .00
61	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 48) <input type="checkbox"/> .00 x .33 =	61	.00
62	Other penalties (see page 48)	62	.00
63	Add lines 58 through 62	63	308.00

Payments and Credits

64	Wisconsin income tax withheld. Enclose readable withholding statements	64	342.00
65	2018 Wisconsin estimated tax paid and amount applied from 2017 return	65	.00
66	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <input type="checkbox"/> .00 x <input type="checkbox"/> % =	66	.00
67	Farmland preservation credit. a. Schedule FC, line 17	67a	.00
	b. Schedule FC-A, line 13	67b	.00
68	Repayment credit	68	.00
69	Homestead credit. (Full-year Wisconsin residents only)	69	.00
70	Eligible veterans and surviving spouses property tax credit	70	.00
71	Refundable credits from Schedule CR, line 41	71	.00
72	AMENDED RETURN ONLY – amount previously paid (see page 53)	72	.00
73	Add lines 64 through 72	73	342.00
74	AMENDED RETURN ONLY – amount previously refunded (see page 53)	74	.00
75	Subtract line 74 from line 73	75	342.00

I-050ai



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 76 (AMOUNT OVERPAID 34.00), 77 (AMOUNT REFUNDED TO YOU 34.00), 78 (APPLIED TO YOUR 2019 ESTIMATED TAX 0.00), 79 (AMOUNT YOU OWE .00), and 80 (Underpayment interest .00).

Third Party Designee section. Includes question: 'Do you want to allow another person to discuss this return with the department (see page 56)?' with Yes/No options and fields for name, phone, and PIN.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes fields for 'Your signature', 'Spouse's signature (if filing jointly, BOTH must sign)', and 'Date'.

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include 1 (Medical and dental expenses .00), 2 (Interest paid .00), 3 (Gifts to charity .00), 4 (Casualty losses .00), 5 (Add lines 1 through 4 .00), 6 (Wisconsin standard deduction .00), 7 (Subtract line 6 from line 5 .00), 8 (Rate of credit is .05 (5%) x .05), and 9 (Multiply line 7 by line 8 .00).

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include 1 (Wages, salaries, tips, etc. .00), 2 (Net profit or loss .00), 3 (Combine lines 1 and 2 .00), 4 (Add amounts on Form 1NPR .00), 5 (Subtract line 4 from line 3 .00), 6 (Compare the amount in columns (A) and (B) .00), 7 (Rate of credit is .03 (3%) x .03), and 8 (Multiply line 6 by line 7 .00).



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

Your first name and initial: **SANJAY KUMAR REDDY** Last name: **TADOORI** Your social security number: **781-48-4167**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **TADOORI 27 EAST CENTRAL AVE** Apt. no. **R2** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **PAOLI PA 19301** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
ARVSSMANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	64,418.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	64,418.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	64,418.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	52,418.
11	a Tax (see inst.) <u>7,473.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	7,473.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	7,473.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	7,473.
16	Total tax. Add lines 13 and 14	16	8,842.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863	18	8,842.
19	Add any amount from Schedule 5	19	1,369.
20a	Add lines 16 and 17. These are your total payments	20a	1,369.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.