

TAXABLE YEAR

FORM

2018 California e-file Return Authorization for Individuals

8453

Form fields for personal information: Your first name and initial (SWAPNA R), Last name (POGULAKONDA), Suffix, Your SSN or ITIN (819-64-5755), Spouse's/RDP's SSN or ITIN, Street address (20435 VIA PAVISO), Apt. no./ste. no. (APT F14), PMB/private mailbox, Daytime telephone number ((408) 431-7285), City (CUPERTINO), State (CA), ZIP code (95014), Foreign country name, Foreign province/state/county, Foreign postal code.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income. See instructions. 1 88,100. Line 2: Refund or no amount due. See instructions. 2 1,470. Line 3: Amount you owe. See instructions. 3

Part II Settle Your Account Electronically for Taxable Year 2018 (Payment due 4/15/2019)

4 [X] Direct deposit of refund 5 [] Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2019 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Amount, First Payment Due 4/15/2019, Second Payment Due 6/17/2019, Third Payment Due 9/16/2019, Fourth Payment Due 1/15/2020. Row 6: Amount, Row 7: Withdrawal date.

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 1,470. 12 The remaining amount of my refund for direct deposit. 9 Routing number 021200339. 13 Routing number. 10 Account number 381048829645. 14 Account number. 11 Type of account: [X] Checking [] Savings. 15 Type of account: [] Checking [] Savings.

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2018 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here section with signature lines for 'Your signature' and 'Spouse's/RDP's signature. If filing jointly, both must sign. Date It is unlawful to forge a spouse's/RDP's signature.'

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign section: ERO's signature, Date, Check if also paid preparer [], Check if self-employed [], ERO's PTIN (P02090332), Firm's name (GLOBAL TAXES LLC), FEIN (30-1017196), and address (2530 PEBBLE CREEK LN CUMMING GA, ZIP code 30041).

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign section: Paid preparer's signature, Date, Check if self-employed [], Paid preparer's PTIN (P02090332), Firm's name (APPANA RUPA VENKATA SATYA SAI MANIKUMAR), FEIN, and address (2530 PEBBLE CREEK LN CUMMING GA, ZIP code 30041).

2018 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

819-64-5755 POGU
SWAPNA R POGULAKONDA

18

20435 VIA PAVISO
CUPERTINO CA 95014

APT F14

09-16-1988

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

Filing Status

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

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

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

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 X \$118 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$118 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$118 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$367 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$

Your name: Your SSN or ITIN:

Taxable Income	12	State wages from your Form(s) W-2, box 16.....	● 12	<input type="text" value="91600"/>	<input type="text" value="00"/>
	13	Enter federal adjusted gross income from Form 1040, line 7.....	● 13	<input type="text" value="88100"/>	<input type="text" value="00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14	<input type="text"/>	<input type="text" value="00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	<input type="text" value="88100"/>	<input type="text" value="00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C.	● 16	<input type="text"/>	<input type="text" value="00"/>
	17	California adjusted gross income. Combine line 15 and line 16.	● 17	<input type="text" value="88100"/>	<input type="text" value="00"/>
	18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,401 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	● 18	<input type="text" value="4401"/>	<input type="text" value="00"/>
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text" value="83699"/>	<input type="text" value="00"/>

Tax	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	● 31	<input type="text" value="5038"/>	<input type="text" value="00"/>
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions	● 32	<input type="text" value="118"/>	<input type="text" value="00"/>
	33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	<input type="text" value="4920"/>	<input type="text" value="00"/>
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A.	● 34	<input type="text"/>	<input type="text" value="00"/>
	35	Add line 33 and line 34	● 35	<input type="text" value="4920"/>	<input type="text" value="00"/>

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	● 40	<input type="text"/>	<input type="text" value="00"/>
	43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount	● 43	<input type="text"/>	<input type="text" value="00"/>
	44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount	● 44	<input type="text"/>	<input type="text" value="00"/>
	45	To claim more than two credits, see instructions. Attach Schedule P (540).	● 45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable renter's credit. See instructions	● 46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits.	● 47	<input type="text"/>	<input type="text" value="00"/>
48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	<input type="text" value="4920"/>	<input type="text" value="00"/>	

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions.	● 62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions.	● 63	<input type="text"/>	<input type="text" value="00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	<input type="text" value="4920"/>	<input type="text" value="00"/>

Your name: P O G U L A K O N D A

Your SSN or ITIN: 819-64-5755

Payments	71	California income tax withheld. See instructions	● 71	6390	.00
	72	2018 CA estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC)	● 75		.00
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	6390	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0	.00
	If line 91 is zero, check if:				
		<input checked="" type="checkbox"/> No use tax is owed.			
		<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	6390	.00
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	1470	.00
	95	Amount of line 94 you want applied to your 2019 estimated tax	● 95	0	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	1470	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions	Code	Amount	
	● 400	California Seniors Special Fund. See instructions	
	● 401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	
	● 403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	

Your name:

P O G U L A K O N D A

Your SSN or ITIN:

819-64-5755

Contributions

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	.00
California Firefighters' Memorial Fund	● 406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
California Peace Officer Memorial Foundation Fund	● 408	.00
California Sea Otter Fund	● 410	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
School Supplies for Homeless Children Fund	● 422	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	.00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
Prevention of Animal Homelessness and Cruelty Fund	● 431	.00
Revive the Salton Sea Fund	● 432	.00
California Domestic Violence Victims Fund	● 433	.00
Special Olympics Fund	● 434	.00
Type 1 Diabetes Research Fund	● 435	.00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	.00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	.00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	.00
110 Add code 400 through code 443. This is your total contribution	● 110	.00

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SWAPNA R POGULAKONDA

Your social security number

819-64-5755

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-3,500.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-3,500.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SWAPNA R POGULAKONDA

Your social security number

819-64-5755

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	SRI Krishna Nagar qutbullapur TELANGANA IN 500055				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	7		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

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