Date Accepted 03/08/2019

| TAXABLE \   | YEAR  |  |  |   |  |  |  |  |  |  |   | FORM  |
|---|---|--|--|---|--|--|--|--|--|--|---|---|
| 201   | 8 C   | aliforn  | ia e-file I  | Return  | Autho  | oriza  | tion   | for I  | ndivid   | lua                                      | als   | 8453  |
| Your first nam  |   |  |  |   | Last name  |  |  |  | Suffix   |  | ur SSN or ITIN  |   |
| SWAPNA  | R   |  |  | POGULAR   | KONDA  |  |  |  |  | 81                                       | 19-64-5755  |   |
| If joint return,  | spouse's/RD   | P's first name a   | and initial  |   | Last name  |  |  |  | Suffix   | Sp                                       | ouse's/RDP's SSN  | l or ITIN   |
| Street addres   | ss (number ar   | nd street) or PO   | box  |   |  | Apt. no. /s  | te. no.  | PMB/priv   | ate mailbox  | Da                                       | ytime telephone nu  | umber   |
| 20435 V   |   | •  | DOX  |   |  | APT 1  |  | i w.b/piiv   | ato manbox   |  | 408)431-72  |   |
| City  | <u> </u>  | 100  |  |   | l  |  |  | State  | !  |  | code  |   |
| CUPERTI   | INO   |  |  |   |  |  |  |  | CA   | 95                                       | 5014  |   |
| Foreign count   | try name  |  |  | Foreign p   | rovince/state/   | county/  |  |  |  | Fo                                       | reign postal code   |   |
| <b>Part I</b> Ta  | x Return Inf  | ormation (wh   | ole dollars only)  |   |  |  |  |  |  |  |   |   |
| 1 California  | a adjusted gr   | oss income. Se   | e instructions   |   |  |  |  |  |  |  | 1   | 88,100.   |
| 2 Refund o  | or no amount  | due. See instr   | ructions   |   |  |  |  |  |  |  | 2   | 1,470.  |
| 3 Amount  | you owe. Se   | e instructions   |  |   |  |  |  |  |  |  | 3   |   |
| Part II S   | Settle Your A   | ccount Electro   | onically for Taxab   | le Year 2018  | (Payment d   | ue 4/15/2  | 019)   |  |  |  |   |   |
| 4 🗵 Direc   | ct deposit of   | refund $5 \square$   | Electronic funds   | withdrawal  | <b>5a</b> Amour  | nt   |  |  | <b>5b</b> Withdr   | awal                                     | date (mm/dd/yyyy)   |   |
| Part III  | Make Estim  | ated Tax Payn  | nents for Taxable  | <b>Year 2019</b> T  | hese are NO  | T installm   | ent payn   | nents for t  | he current   | amou                                     | ınt you owe.  |   |
|   |   | First Payment  | Due 4/15/2019  | Second Pay  | ment Due 6/  | 17/2019  | Third P  | ayment D   | ue 9/16/20 <sup>-</sup>  | 19                                       | Fourth Payment  | Due 1/15/2020   |
| 6 Amount  |   |  |  |   |  |  |  |  |  |  |   |   |
| 7 Withdrav  | wal date  |  |  |   |  |  |  |  |  |  |   |   |
| Part IV   | Banking Inf   | ormation (Hav  | e you verified your  | banking infor   | mation?)   |  |  |  |  |  |   |   |
| 8 Amount o  | of refund to b  | e directly depo  | sited to account be  |   |  |  |  |  |  |  | irect deposit   |   |
| 9 Routing   | number  |  |  | 0212  | 200339   | 13 Rout  | ing numb   | ber  |  |  |   |   |
| 10 Account  | number  |  |  | 3810488   | 329645   |  |  | ber  |  |  |   |   |
| <b>11</b> Type of a   | account: 🛚  | Checking   | □ Savings  |   |  | <b>15</b> Type   | of accou   | ınt: 🗆 CI  | hecking  |  | Savings   |   |
|   |   | of Taxpayer(s)   |  |   |  |  |  |  |  |  |   |   |
| stated on my<br>from the banl<br>or authorize a<br>Under penalti<br>name, addres            | return. If I cl<br>k account list<br>an electronic<br>ies of perjury<br>ss. and social            | heck Part II, Bo<br>ed on lines 9, 1<br>funds withdraw<br>/, I declare that<br>security numb                                     | x 5, I authorize an o<br>0, and 11. If I have<br>val.<br>t the information I<br>er (SSN) or individe | electronic fund<br>filed a joint re<br>provided to nual taxpayer id                               | ds withdrawa<br>eturn, this is a<br>ny electronic<br>entification n                                    | I for the ar<br>an irrevoca<br>return ori<br>umber (IT                                 | nount list<br>able appoi<br>ginator (I<br>IN), and tl                      | ted on line intment of ERO), tran he amount                            | 5a and any<br>the other sp<br>smitter, or i<br>s shown in I    | estim<br>oouse/<br>interm<br>Part I      | ated payment amo<br>/RDP as an agent t<br>nediate service pro<br>above agrees with            | rith the authorization<br>bunts listed on line 6<br>to receive the refund<br>byider, including my<br>the information and<br>and complete. If I am               |
| filing a baland<br>all applicable<br>service provi  | ce due return<br>interest and<br>der. <b>If the pr</b> e  | , I understand t<br>penalties. I aut   | hat if the Franchise<br>horize my return a<br>r <b>return or refund</b> i                            | Tax Board (FT nd accompany  | B) does not r<br>vina schedule   | eceive fulles and state  | and timel<br>tements b   | ly payment<br>be transmit  | t of my tax li<br>tted to the F                                | ability<br>TB by                         | v, I remain liable fo<br>v mv ERO, transmi  | r the tax liability and<br>tter, or intermediate<br>ne reason(s) for the  |
| Sign  |   |  |  |   |  |  |  |  |  |  |   |   |
| Here  | Your sig  | nature   |  |   | Date   |  | Spouse   | e's/RDP's s  | signature. If t  | filing i                                 | ointly, both must si  | gn. Date  |
|   |   |  |  | /===\   |  |  |  |  | rge a spous  | e's/Rl                                   | DP's signature.   |   |
| I declare that service provide obtained the tathe FTB, and I the due date conder penalties. | I have revieweder, I understa<br>axpayer's sign<br>have followed<br>of the return ces of perjury. | ed the above tax<br>and that I am not<br>nature on form F<br>d all other requi<br>or <b>four</b> years fro<br>I declare that I h | t responsible for rev<br>TB 8453 before tran<br>rements described i<br>m the date the retu           | hat the entries riewing the taxp smitting this ren FTB Pub. 134 rn is filed, which ove taxpayer's | on form FTB<br>bayer's return<br>eturn to the FT<br>45, 2018 Hand<br>chever is later<br>s return and a | 8453 are c<br>. I declare,<br>FB; I have p<br>dbook for A<br>; and I will<br>ccompanyi | omplete a<br>however,<br>rovided th<br>uthorized<br>make a co<br>ng schedu | nd correct<br>that form F<br>ne taxpayer<br>e-file Prov<br>opy availab | TB 8453 acc<br>with a copy<br>iders. I will k<br>le to the FTE | curatel<br>of all f<br>ceep fo<br>d upor | ly reflects the data of<br>forms and informat<br>orm FTB 8453 on fil<br>n request. If I am al | only an intermediate<br>on the return.) I have<br>ion that I will file with<br>le for <b>four</b> years from<br>so the paid preparer,<br>ledge and belief, they |
| ERO   | ERO's-<br>signature   |  |  |   |  | Date   |  | Check if also paid   | Check if self-   |  | ERO's PTIN  | າາ  |
| Must  | Firm's name   | (or yours  |  |   |  |  |  | preparer   | □   employ<br>F  | EIN                                      | J F020505   | J Z   |
| Sign  | if self-emplo<br>and address  | yed)   | GLOBAL TA  |   | Z T NT CITI  | MMING  | CA   |  | 3  | 80-1                                     | ZIP code 3004   | 4.1   |
| Under penalti   |   |  |  |   |  |  |  | schedules  | and statem   | ents.                                    |   | my knowledge and  |
|   |   |  | e. I make this decla   |   |  |  |  |  |  | ,  |   | ,ago and  |
| Paid  | Paid preparer's   |  |  |   |  | Date   |  |  | Check<br>if self-  | Pa                                       | id preparer's PTIN  |   |
| Preparer  | signature   |  |  |   |  |  |  | I .  | employed [   |  | P02090332   |   |
| Must  | Firm's name   |  | APPANA RU  | PA VENKA  | TA SAT   | YA SA  | MAN  | <br>IKUMAR   | FEIN   |  |   |   |
| Sign  | if self-emplo<br>and address  |  | 2530 PEBB  |   |  |  |  |  | 1  | -  | ZIP code 3004   | 1   |
|   |   |  |  | لنلنداد ســ   | . <u> </u>   |  | U4 1   |  |  |  | 3001  | <u> </u>  |

### **California Resident Income Tax Return** 2018

540

ATTACH FEDERAL RETURN

819-64-5755 POGU

SWAPNA

18

R POGULAKONDA

20435 VIA PAVISO

APT F14

CUPERTINO

95014 CA

09-16-1988

|                  |    | If your Californ                | ia filing status is different fro                            | m your fed  | eral filing status, ch | eck the box here .   |               |                   |                    |
|------------------|----|---------------------------------|--|-------------|------------------------|----------------------|---------------|-------------------|--------------------|
|                  | 1  | × Single                        |  | 4           | Head of household      | d (with qualifying p | erson). See i | nstructions.      |                    |
| Filing<br>Status | 2  | Married                         | /RDP filing jointly. See inst.                               | 5           | Qualifying widow(      | er). Enter year spo  | use/RDP died  | db                |                    |
| -07              |    |                                 |  |             | See instructions.      |                      |               |                   |                    |
|                  | 3  | Married                         | /RDP filing separately. Enter                                | spouse's/R[ | DP's SSN or ITIN ab    | ove and full name    | here          |                   |                    |
|                  | 6  | If someone can                  | ı claim you (or your spouse/                                 | RDP) as a d | ependent, check the    | box here. See ins    | t •           | 6                 |                    |
|                  | •  | For line 7, line 8              | 3, line 9, and line 10: Multiply                             | the amount  | you enter in the box   | by the pre-printed   | dollar amour  | nt for that line. | Whole dollars only |
|                  | 7  |                                 | u checked box 1, 3, or 4 aborer 2, in the box. If you checke |             | •                      |                      | 1 X \$1       | 18 = •\$          | 118                |
|                  | 8  | if both are visua               | r your spouse/RDP) are visu<br>ally impaired, enter 2        |             |                        | • 8                  | X \$1         | 18 = •\$          |                    |
|                  | 9  | ,                               | or your spouse/RDP) are 65 r older, enter 2                  |             | ,                      | 9                    | X \$1         | 18 = •\$          |                    |
| Suc              | 10 | Dependents: D                   | o not include yourself or you                                | ur spouse/F |                        |                      | _             |                   |                    |
| ptic             |    | First Name                      | Dependent 1  |             | Dependent 2            |                      |               | Dependent 3       |                    |
| Exemptions       |    | Last Name                       |  |             | •                      |                      |               |                   |                    |
|                  |    | SSN                             |  |             | _                      | _                    |               |                   | _                  |
|                  |    | Dependent's relationship to you |  |             | •                      |                      |               |                   |                    |
|                  |    | •                               | t exemptions   |             |                        | • 10                 | x \$3         | 867 = <b>●</b> \$ |                    |
|                  | 11 | Evenntion em                    | aunt Add line 7 through line                                 | 10 Transfa  | r this amount to lin   | . 20                 | (             | n 11 ¢            | 118                |

REV 12/17/18 PRO

| You           | r nam | ne: P,O,G,U,L,A,K,O,N,D,A,   | Your SSN or ITIN       | l: 81    | 9-64-5755           |           |             |
|---------------|-------|--|------------------------|----------|---------------------|-----------|-------------|
|               |       |  |                        |          | 01.500              |           |             |
|               | 12    | State wages from your Form(s) W-2, box 16  |                        |          |                     |           | 22122       |
|               | 13    | Enter federal adjusted gross income from Form 1040,  |                        |          |                     | [         | 88100 00    |
|               | 14    | California adjustments – subtractions. Enter the amou  | int from Schedule CA   | (540),   | line 37, column B ● | 14        | 00          |
| me            | 15    | Subtract line 14 from line 13. If less than zero, enter t  | he result in parenthe  | ses. Se  | e instructions      | 15        | 88100 00    |
| nco           | 16    | California adjustments – additions. Enter the amount $\boldsymbol{\theta}$                                   | from Schedule CA (5    | 40), lin | e 37, column C •    | 16        | _ 00        |
| axable Income | 17    | California adjusted gross income. Combine line 15 and  |                        |          |                     | 17        | 88100 00    |
| Ta)           | 18    | Enter the Your California itemized deductions from Your California standard deduction show                   | n below for your filin | ng statu | s:                  |           |             |
|               |       | <ul><li>Single or Married/RDP filing separately.</li><li>Married/RDP filing jointly, Head of house</li></ul> |                        |          |                     | ſ         |             |
|               |       | If Married/RDP filing separately or the bo   | x on line 6 is checke  | d, STO   | P. See instructions | 18        | 4401 00     |
|               | 19    | Subtract line 18 from line 17. This is your <b>taxable inc</b>   | ome. If less than zer  | o, ente  | · -0 •              | 19        | 83699 00    |
|               | 31    | Tax. Check the box if from:  | Tax Rate Sch           | edule    |                     |           |             |
|               | 0.    | FTB 3800   | 5038 00                |          |                     |           |             |
|               | 32    | Exemption credits. Enter the amount from line 11. If y   | 110                    |          |                     |           |             |
| Tax           |       | see instructions   |                        |          |                     | 32        | 118 00      |
|               | 33    | Subtract line 32 from line 31. If less than zero, enter -  | 0                      |          |                     | 33 l      | 4920 00     |
|               | 34    | Tax. See instructions. Check the box if from:  | Schedule G-1 •         | LF       | TB 5870A ●          | 34        | _ 00        |
|               | 35    | Add line 33 and line 34  |                        |          |                     | 35        | 4920 00     |
|               | 40    | Nonrefundable Child and Dependent Care Expenses C  | redit. See instruction | S        |                     | 40        | . 00        |
|               | 43    | Enter credit name  | code •                 |          | and amount          |           | . 00        |
| edits         | 44    | Enter credit name  | code                   |          | and amount          |           | . 00        |
| Ö             |       |  |                        |          |                     |           |             |
| Special       | 45    | To claim more than two credits, see instructions. Attack   |                        |          |                     |           |             |
| Š             | 46    | Nonrefundable renter's credit. See instructions  |                        |          |                     | <b>46</b> |             |
|               | 47    | Add line 40 through line 46. These are your total credi  |                        |          |                     |           |             |
|               | 48    | Subtract line 47 from line 35. If less than zero, enter -  | 0                      |          | <b>©</b>            | 48 l      | 4920 00     |
| S             | 61    | Alternative minimum tax. Attach Schedule P (540)   |                        |          |                     | 61        | <b>.</b> 00 |
| Other Taxes   | 62    | Mental Health Services Tax. See instructions   |                        |          |                     |           | . 00        |
| ther          | 63    | Other taxes and credit recapture. See instructions   |                        |          |                     |           | . 00        |
| 0             | 64    | Add line 48, line 61, line 62, and line 63. This is your t   |                        |          |                     |           | 4920 00     |

| You           | r nam    | ne: $P_{+}O_{+}G_{+}U_{+}L_{+}A_{+}K_{+}O_{+}N_{+}D_{+}A_{+}$ Your SSN or ITIN: $819-64-5755$ |               |
|---------------|----------|---|---------------|
|               | 71       | California income tax withheld. See instructions  |               |
| Payments      | 72<br>73 | 2018 CA estimated tax and other payments. See instructions                                    |               |
| Paym          | 74       | Excess SDI (or VPDI) withheld. See instructions   | . 00          |
|               | 75<br>76 | Earned Income Tax Credit (EITC)   |               |
|               | 10       |   |               |
| UseTax        | 91       | Use Tax. Do not leave blank. See instructions   |               |
| ne            | 92       | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76              | 6390 00       |
| Tax Due       | 93       | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91               |               |
| Tax/T         | 94       | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92                  | 1470 00       |
| Overpaid      | 95       | Amount of line 94 you want applied to your <b>2019</b> estimated tax                          |               |
| Ove           | 96       | Overpaid tax available this year. Subtract line 95 from line 94                               | 1470.00       |
|               | 97       | Tax due. If line 92 is less than line 64, subtract line 92 from line 64                       | 7             |
| 2             |          | <u>Code</u>   | <u>Amount</u> |
| ontion        |          | California Seniors Special Fund. See instructions   | - 00          |
| Contributions |          | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● 401                |               |
| 0             |          | Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403             | <b>.</b> 00   |

REV 12/17/18 PRO 175 3103184 Form 540 2018 **Side 3** 

Your name: POGULAKONDA

Your SSN or ITIN: 819-64-5755

|  | <u>Code</u> | Amount |
|--|-------------|--------|
| California Breast Cancer Research Voluntary Tax Contribution Fund              | ● 405       | _ 00   |
| California Firefighters' Memorial Fund   | ● 406       |        |
| Emergency Food for Families Voluntary Tax Contribution Fund                    | ● 407       |        |
| 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       |        |
| Revive the Salton Sea Fund   | 432         |        |
| California Domestic Violence Victims Fund                                      | 433         |        |
| 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       |        |
| 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         |        |
| Schools Not Prisons Voluntary Tax Contribution Fund                            | 443         | 00     |
| <b>110</b> Add code 400 through code 443. This is your total contribution      | ● 110       | 00     |

REV 12/17/18 PRO

Contributions

| You                       | r nam          | ne: P                                     | O,G,U,L,A,K                                     | O , N , D , A , , ,                        |                                     | Your SSN                        | l or ITIN:          | 819-64-5755  |                                |   |  |
|---------------------------|----------------|---|---|--|-------------------------------------|---------------------------------|---------------------|--|--------------------------------|---|--|
| Amount<br>You Owe         | 111            | Mail to:                                  | FRANCHISE TAX<br>PO BOX 942867                  | BOARD A 94267-0001                         |                                     |                                 |                     | e 97, and line 110. See  | Γ                              | octions. <b>Do not send cash.</b>   | _ 00   |
| pu<br>s                   | 119            | Interce                                   | t lata ratura panaltid                          | ne and late navme                          | nt nonal                            | tion                            |                     |  |                                | 112   | . 00   |
| Interest and<br>Penalties |                |   |   |  | · —                                 | 1                               |                     |  |                                |   | $\neg \vdash$                                  |
| ntere<br>Pen              | 113            | Underp                                    | ayment of estimated t                           | tax. Check the box:                        | •                                   | FTB 5805 atta                   | ached •             | FTB 5805F attac  | hed (                          | • 113   | 00   |
| =                         | 114            | Total ar                                  | nount due. See inst                             | ructions. Enclose,                         | but <b>do n</b>                     | <b>ot</b> staple, any           | payment.            |  |                                | . 114   | _ 00   |
|                           | 115            |   | FRANCHISE TAX<br>PO BOX 942840                  | BOARD                                      |                                     |                                 |                     | e 113 from line 96. Sed  | Γ                              | uctions.  | 0 . 00   |
| Refund and Direct Deposit | Hav            | e you ve                                  | ormation to authorize                           | e direct deposit of y                      | our refur<br>ers? Use               | nd into one or<br>whole dollars | two accoun<br>only. |  | ed che                         | ck or a deposit slip. See instri  |  |
| ect                       |                |   |   | <ul><li>Type</li></ul>                     |                                     |                                 |                     |  |                                |   |  |
| D D                       | • F            | Routing                                   | number  | × Checking                                 | <ul><li>Acco</li></ul>              | unt number                      |                     |  |                                | ■ 116 Direct deposit amou   | nt   |
| and                       |                |   | 2 0 0 3 3 9                                     |  |                                     |                                 | 3 . 2 . 9 . 6       | 4 5  |                                |   |  |
| Refun                     | The            | remainiı                                  | ng amount of my rel                             | Savings Sund (line 115) is                 | authorize                           | d for direct de                 | eposit into         | the account shown bel  | ow:                            | ,   |  |
|                           |                |   |   | <ul><li>Type</li></ul>                     |                                     |                                 |                     |  |                                |   |  |
|                           | • F            | Routing                                   | number  | Checking                                   | <ul><li>Acco</li></ul>              | unt number                      |                     |  | _ •                            | 117 Direct deposit amou   | nt   |
|                           |                |   |   | Savings                                    |                                     |                                 |                     |  |                                |   | 00   |
| IMD                       | OPT            | ANT. C                                    | too the inetruction                             | <u> </u>                                   | au abaul                            | ld attach a a                   | ony of you          | ur complete federal ta   | ov rot                         | TIED.   |  |
| To le<br>and s<br>acco    | arn a<br>searc | bout you<br>h for <b>113</b><br>lying sch | r privacy rights, how<br>1. To request this not | we may use your in<br>ice by mail, call 80 | nformation<br>0.852.57<br>of my kno | n, and the cons                 | sequences i         | for not providing the requiry, I declare that I have ue, correct, and complete | uested<br>e exam<br>e.         | I information, go to <b>ftb.ca.gov</b> , ined this tax return, including a joint tax return, both must sign |  |
|                           |                |   |   |  |                                     |                                 |                     |  |                                | ,   | <u>,                                      </u> |
|                           | gn             |   | Your email ad                                   | dress. Enter only on                       | e email ad                          | dress.                          |                     |  | <ul><li>Pr</li><li>4</li></ul> | referred phone number  0 8 4 3 1 7 2  | .8 .5  |
| H                         | ere            | )   | Paid preparer's si                              | ignature (declaratio                       | n of prepa                          | arer is based o                 | n all informa       | ation of which preparer h  | nas any                        |   |  |
|                           | unlav<br>rge a |   |   |  |                                     |                                 |                     |  |                                |   |  |
| spou                      |                | RDP's                                     | Firm's name (or y                               | ours, if self-employe                      | d)                                  |                                 |                     |  | •                              | PTIN  |  |
|                           |                |   | GLOBAL TA                                       | AXES LLC                                   |                                     |                                 |                     |  |                                | 0 2 0 9 0 3   | 3 2  |
|                           |                | eturn?<br>uctions)                        | Firm's address                                  |  |                                     |                                 |                     |  | $\neg$                         | Firm's FEIN   |  |
|                           |                |   | 2530 PEBI                                       | BLE CREEK L                                | N CUM                               | MING GA                         | 30041               |  |                                |   |  |
|                           |                |   | -   | allow another per<br>y Designee's Nan      |                                     | scuss this tax                  | return with         | us? See instructions.  |                                | Yes ● × No  |  |
|                           |                |   |   |  |                                     |                                 |                     |  | (                              | )   |  |

REV 12/17/18 PRO

175 3105184 Form 540 2018 **Side 5** 

| <b>£1040</b>                         |            | rtment of the Treasury—Internal Revenue  5. Individual Income   |                        | (99)<br>I <b>rn</b> | 20             | 18        | OMB No.          | 1545-0074     | IRS Use O    | nly—Do   | not write              | or staple in                   | this space.       |
|--------------------------------------|------------|---|------------------------|---------------------|----------------|-----------|------------------|---------------|--------------|----------|------------------------|--------------------------------|-------------------|
| Filing status:                       | X          | single Married filing jointly   | Married filing         | separa              | tely           | Head of h | ousehold         | Qualif        | ying widow(e | er)      |                        |                                |                   |
| Your first name a                    | and ini    | tial  | Last nan               | ne                  |                |           |                  |               |              | Yo       | ur socia               | al security                    | number            |
| SWAPNA                               | R          |   | POGUI                  | LAKOI               | NDA            |           |                  |               |              | 81       | L9-64                  | 1-5755                         |                   |
| Your standard d                      | educti     | on: Someone can claim you   | as a dependen          | t 🗌                 | You were       | born bef  | ore Janua        | ry 2, 1954    | You          | are bli  | nd                     |                                |                   |
| If joint return, sp                  | ouse's     | first name and initial  | Last nan               | ne                  |                |           |                  |               |              | Sp       | ouse's s               | ocial secu                     | rity number       |
| Spouse standard                      |            | on: Someone can claim your s Spouse itemizes on a separ   |                        |                     |                |           | s born befo      | ore January   | 2, 1954      | ×        |                        | ar health car<br>npt (see inst |                   |
| Home address (I                      | numbe      | r and street). If you have a P.O. box   | x, see instructio      | ns.                 |                |           |                  |               | Apt. no.     |          |                        | l Election Ca                  | ampaign           |
| 20435 VI                             | A P.       | AVISO   |                        |                     |                |           |                  |               | F14          | (se      | e inst.)               | You                            | Spouse            |
| City, town or pos                    | st offic   | e, state, and ZIP code. If you have   | a foreign addre        | ss, attac           | ch Schedul     | e 6.      |                  |               |              |          |                        | an four depe                   |                   |
| CUPERTIN                             |            |   |                        |                     |                |           |                  |               |              | se       | e inst. a              | nd ✓ here                      | <u> </u>          |
| Dependents (                         | see in     | ,   | <b>(2)</b> S           | ocial secu          | urity number   | (3)       | Relationship     | to you        | •            | •        |                        | or (see inst.):                |                   |
| (1) First name                       |            | Last name   |                        |                     |                |           |                  |               | Child tax    | creait   |                        | redit for other                | dependents        |
|                                      |            |   |                        |                     |                |           |                  |               |              |          |                        |                                |                   |
|                                      |            |   |                        |                     |                |           |                  |               |              | 1        |                        |                                |                   |
|                                      |            |   |                        |                     |                |           |                  |               |              | <u> </u> | -                      |                                |                   |
| 0:                                   | l la dau a | analisa of manimum. I dealans block I have a  | vancina d this yet w   |                     |                |           |                  |               |              |          | lana amal la           | aliaf than are                 | <b>.</b>          |
| oigii ,                              |            | enalties of perjury, I declare that I have e<br>and complete. Declaration of preparer (o              |                        |                     |                |           |                  |               |              | knowled  | ige and b              | ellet, they are                | true,             |
| Here                                 | Y          | our signature   |                        | Date                | •              | Your oc   | cupation         |               |              |          |                        | you an Ident                   | ity Protection    |
| Joint return?<br>See instructions.   |            |   |                        |                     |                | SOFT      | WARE I           | ENGINE        | ER .         |          | enter it<br>see inst.) |                                |                   |
| Keep a copy for                      | S          | oouse's signature. If a joint return, t   | <b>both</b> must sign. | Date                | •              | Spouse'   | s occupat        | ion           |              |          | IRS sent<br>enter it   | you an Ident                   | ity Protection    |
| your records.                        |            |   |                        |                     |                |           |                  |               |              |          | see inst.)             |                                |                   |
| Paid                                 | Pı         | eparer's name   | Preparer's sign        | ature               |                |           |                  | PTIN          | F            | irm's I  | EIN                    | Check if:                      |                   |
| Preparer                             | APP        | ANA RUPA VENKATA SATYA SAI MANIKUMAR  |                        |                     |                |           |                  | P0209         | 0332         |          |                        | 3rd Pa                         | rty Designee      |
| Use Only                             |            | m's name ▶ GLOBAL TAX   |                        |                     |                |           |                  | Phone no      |              |          |                        | Self-e                         | mployed           |
|                                      | Fi         | m's address ► 2530 Pebbl  | <u>e Creek</u>         | Ln C                | <u>'umming</u> | g GA      | 30041            |               |              |          |                        |                                |                   |
| For Disclosure, F                    | Privac     | Act, and Paperwork Reduction  | Act Notice, see        | separa              | ate instruc    | tions.    |                  |               |              |          |                        | Form 1                         | <b>1040</b> (2018 |
| Form 1040 (2018)                     | )          |   |                        |                     |                |           |                  |               |              |          |                        |                                | Page 2            |
|                                      | 1          | Wages, salaries, tips, etc. Attach  | Form(s) W-2            |                     |                |           |                  |               |              | 1        |                        | 91                             | ,600.             |
|                                      | 2a         | Tax-exempt interest   | 2a                     |                     |                |           | <b>b</b> Taxable | interest      |              | 2b       |                        |                                | ,                 |
| Attach Form(s)<br>W-2. Also attach   | 3a         | Qualified dividends   | 3a                     |                     |                |           |                  | y dividends   |              | 3b       |                        |                                | ·                 |
| Form(s) W-2G and                     | 4a         | IRAs, pensions, and annuities .   | 4a                     |                     |                |           | <b>b</b> Taxable |               |              | 4b       |                        |                                |                   |
| 1099-R if tax was withheld.          | 5a         | Social security benefits  | 5a                     |                     | •              |           | <b>b</b> Taxable |               |              | 5b       |                        |                                | ,                 |
|                                      | 6          | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                          |                        |                     |                |           | 6                |               | 88           | 3,100.   |                        |                                |                   |
|                                      | 7          | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, |                        |                     |                |           |                  |               | otherwise,   |          |                        |                                |                   |
| Standard<br>Deduction for            | _          | subtract Schedule 1, line 36, from  |                        |                     |                |           |                  |               |              | 7        |                        |                                | ,100.             |
| Deduction for—     Single or married | 8          | Standard deduction or itemized d  | ,                      |                     | ,              |           |                  |               |              | 8        |                        | 12                             | 2,000.            |
| filing separately,<br>\$12,000       | 9          | Qualified business income deduct  | ,                      | ,                   |                |           |                  |               |              | 9        |                        | 76                             | 5,100.            |
| Married filing                       | 10         | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0                         |                        |                     |                |           |                  |               |              | 10       |                        | 70                             | ,100.             |
| jointly or Qualifying widow(er),     |            | <b>b Add</b> any amount from Schedule   | •                      |                     | . ,            |           |                  | · Ш           | <u> </u>     | 11       |                        | 1.0                            | 2,687.            |
| \$24,000<br>• Head of                | 12         | a Child tax credit/credit for other depen   |                        |                     |                |           |                  | 3 and check l | nere D       | 12       |                        |                                | ,007.             |
| household,                           | 13         | Subtract line 12 from line 11. If ze  |                        |                     | _ D Add any    | amount in | om ochedule      | o and check i | icie 🕨 🔛     | 13       |                        | 12                             | 2,687.            |
| \$18,000<br>• If you checked         | 14         | Other taxes. Attach Schedule 4.   |                        |                     |                |           |                  |               |              | 14       |                        |                                | 0.                |
| any box under<br>Standard            | 15         | Total tax. Add lines 13 and 14 .  |                        |                     |                |           |                  |               |              | 15       |                        | 12                             | 2,687.            |
| deduction,                           | 16         | Federal income tax withheld from  |                        |                     |                |           |                  |               |              | 16       |                        |                                | ,909.             |
| see instructions.                    | 17         | Refundable credits: a EIC (see inst.)   |                        |                     | h. 8812        |           | <b>c</b> Fo      | rm 8863       |              |          |                        |                                |                   |
|                                      |            | Add any amount from Schedule 5  |                        |                     |                |           |                  |               |              | 17       |                        |                                |                   |
|                                      | 18         | Add lines 16 and 17. These are yo   |                        |                     | <u> </u>       | <u></u>   | <u>.</u>         | <u></u>       | <u>.</u> .   | 18       |                        | 14                             | ,909.             |
| Refund                               | 19         | If line 18 is more than line 15, sub  |                        |                     |                |           |                  |               |              | 19       |                        |                                | ,222.             |
| . ioidila                            | 20a        | Amount of line 19 you want refun  | ded to you. If F       | orm 88              | 88 is attacl   | ned, chec | k here           |               | <b>▶</b> □   | 20a      |                        | 2                              | 2,222.            |
| Direct deposit?<br>See instructions. | ►b         | Routing number 0 2 1  | 2 0 0                  | 3 3                 | 9 🕨            | с Туре:   | X Chec           | king          | Savings      |          |                        |                                |                   |
| God manuchons.                       | <b>▶</b> d | Account number 3 8 1  | 0 4 8                  | 8 2                 | 9 6            | 4 5       |                  |               |              |          |                        |                                |                   |
|                                      | 21         | Amount of line 19 you want applied  | l to your 2019 es      | stimated            | d tax .        | . ▶       | 21               |               |              |          |                        |                                |                   |
| Amount You Owe                       | 22         | Amount you owe. Subtract line 1   | 8 from line 15.        | For deta            | ails on how    | to pay, s | ee instruc       | tions         | . •          | 22       |                        |                                |                   |
|                                      | 23         | Estimated tax penalty (see instruc  | ctions)                |                     |                | . ▶_      | 23               |               |              |          |                        |                                |                   |

BAA

## **SCHEDULE 1** (Form 1040)

Department of the Treasury Internal Revenue Service

# **Additional Income and Adjustments to Income**

Attachment Sequence No. **01** 

OMB No. 1545-0074

► Attach to Form 1040. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Your social security number

| 12 Business income or (loss). Attach Schedule C 13 Capital gain or (loss). Attach Schedule D if require 14 Other gains or (losses). Attach Form 4797 15a Reserved   |               |          |                   | Your | social security number |  |  |  |  |
|---|---------------|----------|-------------------|------|------------------------|--|--|--|--|
| Income  10 Taxable refunds, credits, or offsets of state and 11 Alimony received  |               |          |                   | 81   | 9-64-5755              |  |  |  |  |
| 11 Alimony received   |               |          |                   | 1-9b |                        |  |  |  |  |
| 11 Alimony received   | local incon   | ne ta    | xes               | 10   |                        |  |  |  |  |
| 13 Capital gain or (loss). Attach Schedule D if require 14 Other gains or (losses). Attach Form 4797  |               |          |                   |      |                        |  |  |  |  |
| 14 Other gains or (losses). Attach Form 4797 15a Reserved   | C-EZ .        |          |                   | 12   |                        |  |  |  |  |
| 15a Reserved 16a Reserved 17 Rental real estate, royalties, partnerships, S corporate the following space of the Armed Attach Form 3903 27 Deductible part of self-employment tax. Attach Sciences Scien | d. If not req | quired   | d, check here ► □ | 13   |                        |  |  |  |  |
| 16a Reserved  |               |          |                   | 14   |                        |  |  |  |  |
| 17 Rental real estate, royalties, partnerships, S corporal 18 Farm income or (loss). Attach Schedule F  |               |          |                   | 15b  |                        |  |  |  |  |
| 18 Farm income or (loss). Attach Schedule F  19 Unemployment compensation  20a Reserved  21 Other income. List type and amount ▶  22 Combine the amounts in the far right column. Income, enter here and include on Form 1040,  Adjustments 23 Educator expenses  |               |          |                   | 16b  |                        |  |  |  |  |
| 19 Unemployment compensation 20a Reserved   |               |          |                   | 17   | -3,500.                |  |  |  |  |
| 20a Reserved  |               |          |                   | 18   |                        |  |  |  |  |
| 21 Other income. List type and amount ▶  22 Combine the amounts in the far right column. income, enter here and include on Form 1040,  Adjustments 23 Educator expenses   |               |          |                   | 19   |                        |  |  |  |  |
| 22 Combine the amounts in the far right column. Income, enter here and include on Form 1040,  Adjustments 23 Educator expenses  |               |          |                   | 20b  |                        |  |  |  |  |
| income, enter here and include on Form 1040,  Adjustments 23 Educator expenses  |               |          |                   | 21   |                        |  |  |  |  |
| Adjustments to Income       23       Educator expenses  | •             |          | , ,               |      | 2 500                  |  |  |  |  |
| to Income  24 Certain business expenses of reservists, performing and fee-basis government officials. Attach Form 2  25 Health savings account deduction. Attach Form 2  26 Moving expenses for members of the Armed Attach Form 3903   |               |          | e, go to line 23  | 22   | -3,500.                |  |  |  |  |
| and fee-basis government officials. Attach Form 2  25 Health savings account deduction. Attach Form 26 Moving expenses for members of the Armed Attach Form 3903  | _             | 23       |                   | _    |                        |  |  |  |  |
| Health savings account deduction. Attach Form Moving expenses for members of the Armed Attach Form 3903   |               | 04       |                   |      |                        |  |  |  |  |
| Moving expenses for members of the Armed Attach Form 3903   | _             | 24<br>25 |                   | -    |                        |  |  |  |  |
| Attach Form 3903  | _             | 25       |                   | -    |                        |  |  |  |  |
| 27 Deductible part of self-employment tax. Attach Sci 28 Self-employed SEP, SIMPLE, and qualified pla 29 Self-employed health insurance deduction . 30 Penalty on early withdrawal of savings 31a Alimony paid <b>b</b> Recipient's SSN ▶  IRA deduction  | I             | 26       |                   |      |                        |  |  |  |  |
| 28 Self-employed SEP, SIMPLE, and qualified pla 29 Self-employed health insurance deduction . 30 Penalty on early withdrawal of savings 31a Alimony paid <b>b</b> Recipient's SSN ▶  IRA deduction  | <u> </u>      | 27       |                   | -    |                        |  |  |  |  |
| 29 Self-employed health insurance deduction . 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶  IRA deduction   | _             | 28       |                   |      |                        |  |  |  |  |
| <ul> <li>30 Penalty on early withdrawal of savings</li> <li>31a Alimony paid b Recipient's SSN ►</li> <li>32 IRA deduction</li></ul>  | _             | 29       |                   |      |                        |  |  |  |  |
| <ul><li>31a Alimony paid b Recipient's SSN ▶</li><li>32 IRA deduction</li></ul>   | _             | 30       |                   |      |                        |  |  |  |  |
| <b>32</b> IRA deduction   | _             | 31a      |                   |      |                        |  |  |  |  |
|   |               | 32       |                   |      |                        |  |  |  |  |
| <b>33</b> Student loan interest deduction   |               | 33       |                   |      |                        |  |  |  |  |
| <b>34</b> Reserved  | _             | 34       |                   |      |                        |  |  |  |  |
| <b>35</b> Reserved  | <del>-</del>  | 35       |                   |      |                        |  |  |  |  |
| <b>36</b> Add lines 23 through 35   |               | . '      |                   | 36   |                        |  |  |  |  |

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

### **SCHEDULE E** (Form 1040)

Department of the Treasury

## Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return

Sequence No. 13

Your social security number

SWAPNA 819-64-5755 R POGULAKONDA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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) . . . . . **B** If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) Α SRI Krishna Nagar gutbullapur TELANGANA IN 500055 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the QJV box only if you meet the requirements to file as 365 Α Α 0 a qualified joint venture. See instructions. В В С C Type of Property: 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:** Α 3 Rents received . 500. 3 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 8 Commissions. . . . . . 8 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,000. Other interest. . . . . . . . . . . . . 14 Repairs. . . . . . . . 14 15 15 Supplies . Taxes . . . . . 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 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.Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) . . . . . . . . -3,500.500 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 4,000. Income. Add positive amounts shown on line 21. Do not include any losses 24 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. . . . . . . . . . . . -3,500.