

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

Your first name and initial **RAJU** Last name **DARAVATH** Your social security number **7 5 1 6 6 0 7 5 1**

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. **3000 SWALLOWHILL ROAD** Apt. no. **223** 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. **PITTSBURGH, PA 15220** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> 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 **SOFTWARE ENGINEER** 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:
 3rd Party Designee
 Self-employed
 Firm's name ▶ Phone no.
 Firm's address ▶

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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	81326
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	22
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	81348
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	81348
8	Standard deduction or itemized deductions (from Schedule A)		8	12000
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	69348
11	a Tax (see inst.) 11191 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	11191
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	11191
13	Subtract line 12 from line 11. If zero or less, enter -0-		14	
14	Other taxes. Attach Schedule 4		15	11191
15	Total tax. Add lines 13 and 14		16	12936
16	Federal income tax withheld from Forms W-2 and 1099		17	
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		18	12936
	Add any amount from Schedule 5		19	1745
18	Add lines 16 and 17. These are your total payments		20a	1745
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			
b	Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number 1 5 1 6 9 3 3 1 1			
21	Amount of line 19 you want applied to your 2019 estimated tax	21		
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		

Refund

Direct deposit? See instructions.

Amount You Owe

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040.

Name(s) shown on return
RAJU DARAVATH

Your social security number
751660751

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

(See instructions and the instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 **2** **0**

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3** **0**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ► **4** **0**

Note: If line 4 is over \$1,500, you must complete Part III.

Amount	
1	
2	0
3	0
4	0

Part II
Ordinary Dividends

5 List name of payer ► **APEX CLEARING**

(See instructions and the instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ► **6** **22**

Note: If line 6 is over \$1,500, you must complete Part III.

Amount	
5	22.00
6	22

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

(See instructions.)

7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No

PA-40
 Pennsylvania Income
 Tax Return

1800110023

PA-40 04-18 (1)
 PA Department of Revenue
 Harrisburg, PA 17129

2018

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

Your Social Security Number Spouse's Social Security Number (even if filing separately)

7 5 1 6 6 0 7 5 1

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name Suffix

D A R A V A T H

Your First Name MI

R A J U

Spouse's First Name MI

OVERSEAS
 MAIL -
 See Foreign
 Address Instructions
 in PA-40 booklet.

Spouse's Last Name - Only if different from Last Name above Suffix

First Line of Address

3 0 0 0 S W A L L O W H I L L R O A D

Second Line of Address

A P T 2 2 3

City or Post Office State ZIP Code

P I T T S B U R G H P A 1 5 2 2 0

Daytime Telephone Number School Code

2 0 3 6 8 3 8 7 1 5 0 2 1 7 5

Extension. See the instructions.

Amended Return. See the instructions.

Residency Status. Fill in only one oval.

R Pennsylvania Resident

N Nonresident

P Part-Year Resident from ___/___/2018 to ___/___/2018

Filing Status.

S Single

J Married, Filing Jointly

M Married, Filing Separately

F Final Return. Indicate reason:

D Deceased

Taxpayer
Date of death

Spouse
Date of death

Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2018: CHARTIERS VALL

Your occupation Spouse's occupation

1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.	1a.	3	2	1	1	8	.
1b. Unreimbursed Employee Business Expenses.	1b.						.
1c. Net Compensation. Subtract Line 1b from Line 1a.	1c.	3	2	1	1	8	.
2. Interest Income. Complete PA Schedule A if required.	2.						.
3. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. ...	3.				2	2	.
4. Net Income or Loss from the Operation of a Business, Profession or Farm. ... <input type="checkbox"/> LOSS	4.						.
5. Net Gain or Loss from the Sale, Exchange or Disposition of Property. <input type="checkbox"/> LOSS	5.						.
6. Net Income or Loss from Rents, Royalties, Patents or Copyrights. <input type="checkbox"/> LOSS	6.						.
7. Estate or Trust Income. Complete and submit PA Schedule J	7.						.
8. Gambling and Lottery Winnings. Complete and submit PA Schedule T	8.						.
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.	9.	3	2	1	4	0	.
10. Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.	10.						.
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.	11.	3	2	1	4	0	.

Side 1



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PA-40 2018 04-18 (I)

1800210021

Social Security Number (shown first)

7 5 1 6 6 0 7 5 1

Name(s) RAJU DARAVATH

12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12.	9	8	7	.
13. Total PA Tax Withheld. See the instructions.	13.	9	8	6	.
14. Credit from your 2017 PA Income Tax return.	14.	.	.	.	.
15. 2018 Estimated Installment Payments. Fill in oval if including Form REV-459B. <input type="radio"/>	15.	9	8	7	.
16. 2018 Extension Payment.	16.	.	.	.	.
17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17.	.	.	.	.
18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18.	9	8	7	.
Tax Forgiveness Credit, submit PA Schedule SP					
19a. Filing Status: <input checked="" type="radio"/> Unmarried or Separated <input type="radio"/> Married <input type="radio"/> Deceased	19b.	Dependents, Part B, Line 2, PA Schedule SP.			
20. Total Eligibility Income from Part C, Line 11, PA Schedule SP.		.	.	.	.
21. Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21.	.	.	.	.
22. Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22.	.	.	.	.
23. Total Other Credits. Submit your PA Schedule OC.	23.	.	.	.	.
24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24.	1	9	7	3
25. USE TAX. Due on internet, mail order or out-of-state purchases. See the instructions.	25.	.	.	.	.
26. TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.	26.	.	.	.	.
27. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A <input type="radio"/>	27.	.	.	.	.
28. TOTAL PAYMENT DUE. See the instructions.	28.	.	.	.	.
29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29.	9	8	6	.
30. Refund - Amount of Line 29 you want as a check mailed to you. REFUND	30.	9	8	6	.
31. Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.	31.	.	.	.	.
32. Refund donation line. Enter the organization code and donation amount. See the instructions.	32.	.	.	.	.
33. Refund donation line. Enter the organization code and donation amount. See the instructions.	33.	.	.	.	.
34. Refund donation line. Enter the organization code and donation amount. See the instructions.	34.	.	.	.	.
35. Refund donation line. Enter the organization code and donation amount. See the instructions.	35.	.	.	.	.
36. Refund donation line. Enter the organization code and donation amount. See the 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	Date	E-File Opt Out <input type="radio"/> See the instructions.	Preparer's PTIN
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number		Firm FEIN

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.



1800210021

1800210021

PA SCHEDULE B
Dividend Income

1801510023

PA-40 B 10-18 (1)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly) RAJU DARAVATH	Social Security Number (shown first) 751 - 66 - 0751
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CAUTION: Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer Spouse Joint

1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$	22
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$	
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$	
4. Other reduction adjustments. See instructions. Description: _____	4.	\$	
5. Add the amounts on Lines 2, 3 and 4.	5.	\$	
6. Subtract Line 5 from Line 1.	6.	\$	22
7. Total exempt-interest dividends. See instructions.	7.	\$	
8. Other addition adjustments. See instructions. Description: _____	8.	\$	
9. Repatriation of foreign income. See instructions.			
a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a. _____			
b. Total payments of earnings and profits included in Line 9a received in prior years. 9b. _____			
c. Payments of earnings and profits included in Line 9a received in current year. 9c.		\$	
10. Capital Gains Distributions - See instructions.	10.	\$	
11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	11.	\$	
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$	22



1801510023

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1801510023

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) RAJU DARAVATH	Social Security Number (shown first) 751 - 66 - 0751
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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	81-1781528	81326	81326	32118	986		
Total Part A- Add the Pennsylvania columns				32118	986		

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	32118	986
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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: _____



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