

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

Your first name and initial: PRUDHVI KRISHNA Last name: CHAKKA Your social security number: 677-62-5233

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: PRATHYUSHA Last name: MANDAVA Spouse's social security number: 968-90-4995

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: 6503 JAMESVILLE DRIVE Apt. no.: E 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: TAMPA FL 33617 If more than four dependents, see inst. and ✓ here

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

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

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	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 HOME MAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	90,400.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRAs, pensions, and annuities	4a	
5a Social security benefits	5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	90,400.
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	90,400.
8 Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9 Qualified business income deduction (see instructions)	9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	66,400.
11 a Tax (see inst.) 7,590. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	11	7,590.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	12	
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	7,590.
14 Other taxes. Attach Schedule 4	14	0.
15 Total tax. Add lines 13 and 14	15	7,590.
16 Federal income tax withheld from Forms W-2 and 1099	16	7,663.
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18 Add lines 16 and 17. These are your total payments	18	7,663.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	73.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	20a	73.
21 Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	21	
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	22	
23 Estimated tax penalty (see instructions) ▶ 23	23	

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

Standard Deduction for—

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

Direct deposit? See instructions.

▶ b Routing number 021200339 ▶ c Type: Checking Savings

▶ d Account number 381046857787

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 677-62-5233
- e** Spouse of U.S. citizen/resident alien } PRUDHVIKRISHNA CHAKKA
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name PRATHYUSHA	Middle name	Last name MANDAVA
	1b First name	Middle name	Last name
Name at birth if different ▶ _____			

Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 6503 JAMESVILLE DRIVE Apt E		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. TAMPA FL USA 33617		

Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		

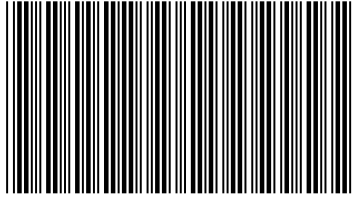
Birth information	4 Date of birth (month / day / year) 08 / 10 / 1994	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any) M7075407	6c Type of U.S. visa (if any), number, and expiration date H4 R4165679 09/01/2018	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): <u>04/06/2018</u> Issued by: INDIA No.: R4165679 Exp. date: 09/01/2018			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶ _____ First name Middle name Last name			
6g Name of college/university or company (see instructions) _____ City and state Length of stay _____				

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	
Signature	Date (month / day / year)	Phone
	Name and title (type or print)	

Acceptance Agent's Use ONLY	Name of company	EIN	PTIN
	Office Code		



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For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
677625233

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYUSHA

Spouse's/CU Partner's SSN (if filing jointly)
968904995

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
6503 JAMESVILLE DRIVE APT E

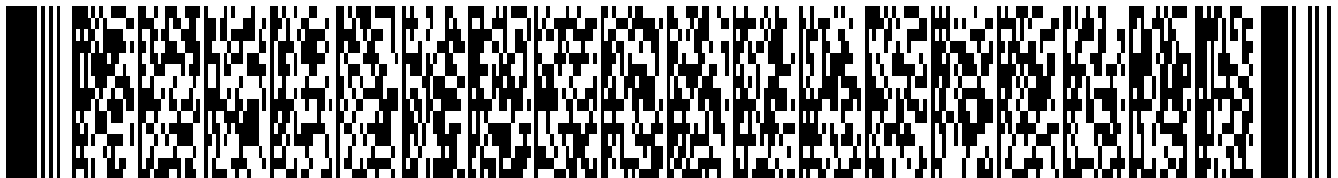
City, Town, Post Office State ZIP Code
TAMPA FL 33617

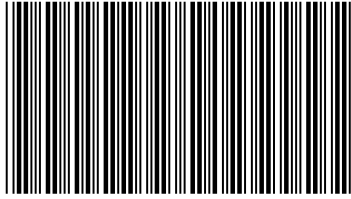
Driver's License Number (Voluntary) (Instructions page 42)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	021200339
dd5. Account number	dd5.	381046857787





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Name(s) as shown on Form NJ-1040

CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYU

Your Social Security Number

677625233

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:

From: To:

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household Enter Spouse's/CU partner's SSN
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

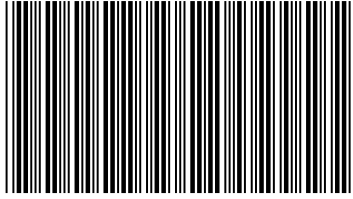
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children							x \$1,500 =	_____
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>2000</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



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Name(s) as shown on Form NJ-1040

CHAKKA PRUDHVI KRISHNA & MANDAVA PRATHYUS

Your Social Security Number

677625233

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	92768 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	92768 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	92768 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2000 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	2000 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	90768 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	3240 .
38b. Block	.	. .
38b. Lot	.	. .
38b. Qualifier	.	. .
38c. County/Municipality Code		
Fill in if you completed Worksheet G		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	3240 .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	87528 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	2061 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	. .
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	2061 .
44. Child and Dependent Care Credit (See instructions)	44.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	2061 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	2061 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	2061 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	2061 .

