

February 13, 2019

NAVEEN DASUGARI and SRI SINDHU KATNE  
19 MASONS BROOK LANE  
East Windsor, CT 06088

Please find enclosed a copy of your 2018 federal income tax return for your records. Review and sign Form 8879 - IRS e-file Signature Authorization. After you have signed and returned Form 8879 to us, your federal return will be electronically transmitted to the IRS; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is \$8,650. Make your check or money order payable to ' United States Treasury '. Write ' 2018 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment by April 15, 2019 to:

Internal Revenue Service  
P.O. Box 37910  
Hartford, CT 06176-7910

The Federal tax return will be efiled on receipt of written confirmation by email/fax or in person.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

PPMK LLC  
527 GROVE AV  
EDISON, NJ 08820  
(732)452-9381

February 13, 2019

NAVEEN DASUGARI and SRI SINDHU KATNE  
19 MASONS BROOK LANE  
East Windsor, CT 06088

Please find enclosed a copy of your 2018 Connecticut income tax return for your records. Your Connecticut return will be electronically transmitted to Connecticut's Department of Revenue Services; therefore, do not mail your Connecticut Form CT-1040 to the Connecticut Department of Revenue Service.

The amount you owe on your Connecticut return is \$154. Make your check or money order payable to ' COMMISSIONER OF REVENUE SERVICES '. Write your social security number and '2018 Form CT-1040' on your check. Mail your payment and Connecticut Form CT-1040V by April 15, 2019 to:

Department of Revenue Services  
State of Connecticut  
P. O. Box 2921  
Hartford, CT 06104-2921

The State tax return will be efiled on receipt of written confirmation by email/fax or in person.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

PPMK LLC  
527 GROVE AV  
EDISON, NJ 08820  
(732)452-9381

# 2018 Form 1040-V



Department of the Treasury  
Internal Revenue Service



Before you mail a check, consider your online payment options

<p><b>IRS Direct Pay</b></p> <ul style="list-style-type: none"><li>• Pay with Bank account</li><li>• Schedule up to 30 days in advance</li><li>• No fees</li><li>• Immediate Confirmation</li></ul> <p>Go to <b>directpay.irs.gov</b></p>	<p><b>Pay by Card</b></p> <ul style="list-style-type: none"><li>• Credit or Debit Card option</li><li>• Schedule in advance</li><li>• Service fees apply and vary by processor</li></ul> <p>Go to <b>irs.gov/Payments</b></p>	<p><b>Electronic Federal Tax Payment System</b></p> <ul style="list-style-type: none"><li>• Registration required</li><li>• Business and Individuals</li><li>• Pay with Bank Account by phone or online</li><li>• No fees</li></ul> <p>Go to <b>EFTPS.gov</b> to enroll Registered users call 1800-555-3453</p>
---	---	---

Online payments save time, reduce paper, and don't require postage.  
If you do mail a check, include the portion below with your payment.

Form **1040-V** (2018)

▼ Detach Here and Mail With Your Payment and Return ▼

FORM **1040-V**

Department of the Treasury  
Internal Revenue Service (99)

## Payment Voucher

► Do not staple or attach this voucher to your payment or return

OMB No. 1545-0074

**2018**

Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"

**8,650.00**

1064

NAVEEN DASUGARI  
SRI SINDHU KATNE  
19 MASONS BROOK LANE  
East Windsor, CT 06088

Internal Revenue Service  
P.O. Box 37910  
Hartford, CT 06176-7910

321597956 JI DASU 30 0 201812 610

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

Your first name and initial **NAVEEN** Last name **DASUGARI** Your social security number **321-59-7956**

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 **SRI SINDHU** Last name **KATNE** Spouse's social security number **596-67-5291**

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. **19 MASONS BROOK LANE** Apt. no. **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. **East Windsor, CT 06088** If more than four dependents, see inst. and check here

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

<b>Paid Preparers Use Only</b>	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
	<b>MUKESH MAHAJAN</b>	<b>MUKESH MAHAJAN</b>	<b>P00605205</b>	<b>20-3293957</b>	
	Firm's name <b>PPMK LLC</b>	Firm's address <b>527 GROVE AV</b>	Phone no. <b>(732) 452-9381</b>	<b>EDISON, NJ 08820</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>165,190.</b>
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	
	<b>2b</b>	Taxable interest	<b>2b</b>	
	<b>3a</b>	Qualified dividends	<b>3a</b>	
	<b>3b</b>	Ordinary dividends	<b>3b</b>	
	<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	
	<b>4b</b>	Taxable amount	<b>4b</b>	
	<b>5a</b>	Social security benefits	<b>5a</b>	
	<b>5b</b>	Taxable amount	<b>5b</b>	
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>165,190.</b>
	<b>7</b>	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	<b>7</b>	<b>165,190.</b>
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>24,000.</b>
	<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>141,190.</b>
	<b>11</b>	<b>a</b> Tax (see inst.) <b>22,941.</b> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	<b>11</b>	<b>22,941.</b>
		<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>11</b>	
	<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	<b>0.</b>
	<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	<b>22,941.</b>
	<b>14</b>	Other taxes. Attach Schedule 4	<b>14</b>	<b>0.</b>
	<b>15</b>	Total tax. Add lines 13 and 14	<b>15</b>	<b>22,941.</b>
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	<b>14,291.</b>
	<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863	<b>17</b>	<b>0.</b>
		Add any amount from Schedule 5 <b>NO</b>	<b>17</b>	
	<b>18</b>	Add lines 16 and 17. These are your total payments	<b>18</b>	<b>14,291.</b>
	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>19</b>	<b>0.</b>
	<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	<b>0.</b>
	<b>b</b>	Routing number <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	<b>d</b>	Account number		
	<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>21</b>	
Amount you owe	<b>22</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>22</b>	<b>8,650.</b>
	<b>23</b>	Estimated tax penalty (see instructions)	<b>23</b>	

**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.

**Refund**

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

## 2018

Attachment  
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**SRI SINDHU KATNE**

**596-67-5291**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b> Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) . . . . . ▶		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b> HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>	
<b>3</b> If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	<b>6,900.</b>
<b>4</b> Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	<b>6,900.</b>
<b>6</b> Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter. . . . .	<b>6</b>	<b>6,900.</b>
<b>7</b> If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>	
<b>8</b> Add lines 6 and 7 . . . . .	<b>8</b>	<b>6,900.</b>
<b>9</b> Employer contributions made to your HSAs for 2018 . . . . .	<b>9</b>	<b>1,917.</b>
<b>10</b> Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b>	<b>1,917.</b>
<b>12</b> Subtract line 11 from line 8. If zero or less, enter -0-. . . . .	<b>12</b>	<b>4,983.</b>
<b>13 HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>	
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b> Total distributions you received in 2018 from all HSAs (see instructions) . . . . .		<b>14a</b>
<b>b</b> Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .		<b>14b</b>
<b>c</b> Subtract line 14b from line 14a . . . . .		<b>14c</b>
<b>15</b> Qualified medical expenses paid using HSA distributions (see instructions) . . . . .		<b>15</b>
<b>16 Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .		<b>16</b>
<b>17a</b> If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b> <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .		<b>17b</b>

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

Department of the Treasury  
Internal Revenue Service

▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2018**

Submission Identification Number (SID) ▶

Taxpayer's name <b>NAVEEN DASUGARI</b>	Social security number <b>321-59-7956</b>
Spouse's name <b>SRI SINDHU KATNE</b>	Spouse's social security number <b>596-67-5291</b>

**Part I Tax Return Information—Tax Year Ending December 31, 2018** (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	165,190.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	22,941.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	14,291.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	8,650.

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize PPMK LLC to enter or generate my PIN 11111 as my signature on my tax year 2018 electronically filed income tax return. ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize PPMK LLC to enter or generate my PIN 22222 as my signature on my tax year 2018 electronically filed income tax return. ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2226998888  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MUKESH MAHAJAN Date ▶ 02/13/2019

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Name(s) shown on return

**NAVEEN DASUGARI and SRI SINDHU KATNE**

Your social security number

**321-59-7956**

## WARNING: UNAVAILABLE FORMS FOR PAPER FILERS

This Connecticut return contains one or more of the following forms that have not yet been approved by the Connecticut Department of Revenue. You may file this return electronically now but you cannot file it as a ***printed and mailed-in return***.

A program update will be released when the form(s) below are approved for paper filing:

**CT 1040 - Resident Income Tax Return**



10401218V011064



**Form CT-1040 - 2018**  
Connecticut Resident Income Tax Return  
(Rev. 12/18)

Page 1 of 4

Other taxable year, beginning: **01012018** and ending: **12312018**

**N** S **Y** FJ **N** FS **N** HH **N** QW

**321 - 59 - 7956 596 - 67 - 5291**

**NAVEEN DASUGARI** **N** Dec.

**SRI SINDHU KATNE** **N** Dec.

**19 MASONS BROOK LANE** **N** CT-8379 **N** CT-2210

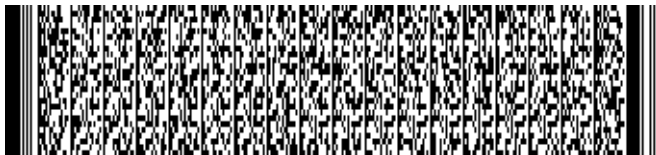
**N** CT-1040CRC

**EAST WINDSOR CT 06088**

**DO NOT FILE**

1. Federal adjusted gross income (from federal Form 1040, Line 7)	1.	<b>165190</b>
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	<b>0</b>
3. Add Line 1 and Line 2	3.	<b>165190</b>
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	<b>0</b>
5. <b>Connecticut adjusted gross income:</b> Line 4 subtracted from Line 3.	5.	<b>165190</b>
6. Income tax	6.	<b>8585</b>
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	<b>0</b>
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	<b>8585</b>
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	<b>0</b>
10. Add Line 8 and Line 9.	10.	<b>8585</b>
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	<b>0</b>
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	<b>8585</b>
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	<b>0</b>
14. <b>Connecticut income tax:</b> Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	<b>8585</b>
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	<b>0</b>
16. <b>Total tax:</b> Add Line 14 and Line 15.	16.	<b>8585</b>

Clip check here. Do not staple.  
Do not send W-2 or 1099 forms.



10401218V011064

10401218V021064



• 321597956

17. Amount from Line 16

17. • 8585

W-2, W-2G, and 1099 Information

	Col. A - Employer or Payer's Fed. ID #	Col. B - CT Wages, Tips, etc.	Col. C - CT Income Tax Withheld
18a.	30 - 0738685	• 61191	3037
18b.	32 - 1597956	• 104000	5394
18c.		• 0	0
18d.		• 0	0
18e.		• 0	0
18f.	Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	8431
19. All 2018 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credit: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	8431
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	0
23. Amount of Line 22 you want applied to your 2019 estimated tax	23.	0
24. CHET contribution (from Schedule CT-CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. **25.** 0  
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type      Ck.      Sv.      25b. Rout. #      25c. Acct. #

25d. Refund going to a bank account outside the U.S. <b>N</b>		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	154
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered.		
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	154.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

Your signature	Date	Home/cell telephone number
Spouse's signature (if joint return)	Date	Daytime telephone number
Paid preparer's signature	Date	Telephone number
		• 7324529381
Paid preparer's name		Paid Preparer's PTIN
<b>MUKESH MAHAJAN</b>		<b>P00605205</b>
Firm's name, address, and ZIP code		FEIN
<b>PPMK LLC</b>		<b>203293957</b>
<b>527 GROVE AV EDISON NJ 08820</b>		Self-employed
		<b>Y</b>

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
• PREPARER	•	•

10401218V021064

Sign Here  
Keep a copy for your records.

10401218V031064



• 321597956

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	0
36a. 80% of Section 179 federal deduction.	36a.	0
37. Other - specify •	37.	0
<b>38. Total additions:</b> Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 25% of Connecticut teacher's retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year.	48a.	0
48b. Reserved for future use.	48b.	0
49. Other - specify •	49.	0
<b>50. Total subtractions:</b> Add Lines 39 through 49.	50.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income	51.	0
	<b>Col. A</b>	<b>Col. B</b>
52. Qualifying jurisdiction's name and two-letter code	52.	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0
54. Line 53 divided by Line 51	54.	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0
56. Line 54 multiplied by Line 55	56.	0
57. Income tax paid to a qualifying jurisdiction	57.	0
58. Lesser of Line 56 or Line 57	58.	0
59. Total credit: Add Line 58, all columns.	59.	0

10401218V031064

10401218V041064



321597956

Schedule 3 - Property Tax Credit

N 65 years or older N One or more dependents on federal return

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District			
Description of Property			
Date(s) Paid			
Amount Paid	60. 0	61. 0	62. 0
63. Total property tax paid: Add Lines 60, 61, and 62.			63. 0
64. Maximum property tax credit allowed			64. 200
65. Lesser of Line 63 or Line 64.			65. 0
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. 1.00
67. Line 65 multiplied by Line 66.			67. 0
68. Line 67 subtracted from Line 65.			68. 0

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a. 0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b. 0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c. 0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d. 0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69. 0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a. 0
70b. OT	70b. 0
70c. ES/W	70c. 0
70d. BCR	70d. 0
70e. SNS	70e. 0
70f. MR	70f. 0
70g. CBS	70g. 0
70h. MHCIA	70h. 0
70. Total Contributions: Add Lines 70a through 70h.	70. 0
Taxpayer email	

**Form CT-1040TCS**  
**2018 Tax Calculation Schedule**

Calculate your tax instantly online using the  
 Connecticut *2018 Income Tax Calculator*.  
 Visit the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS)  
 and select *For Individuals*.

**Tax Calculation Schedule**

Complete Lines 2, 4, 5, 6, and 8, using *Tables A through E*.

1. Enter Connecticut adjusted gross income (AGI) from <b>Form CT-1040</b> , Line 5, or <b>Form CT-1040NR/PY</b> , Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut AGI.	1.	<b>165,190.</b>	00
2. Enter the exemption amount from <i>Table A, Personal Exemptions</i> . If zero, enter "0."	2.	<b>0.</b>	00
3. <b>Connecticut Taxable Income:</b> Subtract Line 2 from Line 1. If less than zero, enter "0."	3.	<b>165,190.</b>	00
4. Enter amount from <i>Table B, Initial Tax Calculation</i> .	4.	<b>8,185.</b>	00
5. Enter amount from <i>Table C, 3% Tax Rate Phase-Out Add-Back</i> . If zero, enter "0."	5.	<b>400.</b>	00
6. Enter amount from <i>Table D, Tax Recapture</i> . If zero, enter "0."	6.	<b>0.</b>	00
7. Add Lines 4, 5, and 6.	7.	<b>8,585.</b>	00
8. Enter the decimal amount from <i>Table E, Personal Tax Credits</i> . If zero, enter "0."	8.	<b>0.00</b>	
9. Multiply amount on Line 7 by the decimal amount on Line 8.	9.	<b>0.</b>	00
10. <b>Connecticut Income Tax:</b> Subtract Line 9 from Line 7. Enter here and on <b>Form CT-1040</b> , Line 6, or <b>Form CT-1040NR/PY</b> , Line 8.	10.	<b>8,585.</b>	00

DO NOT FILE

NAVEEN DASUGARI and SRI SINDHU KATNE

321-59-7956

**Do not send this sheet with your return.****Checklist for filing your Connecticut income tax return:**

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2018 Form CT-1040" on your check.
12. To mail your return, use the following addresses:  
For all tax returns with payment:  
Department of Revenue Services  
PO Box 2977  
Hartford CT 06104-2977  
For refunds and tax returns without payment:  
Department of Revenue Services  
PO Box 2976  
Hartford CT 06102-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

**Do not send this sheet with your return.**