



2018 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial RAVI TEJA	Last Name KANDRU	Your Social Security Number 841242377	Your Date of Birth 12181992
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

Current Home Address 2825 PASCAL STREET APT 17F City SAINT PAUL	Check if: New Address <input type="checkbox"/> Foreign Address <input type="checkbox"/>	State MN	ZIP Code 55113
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2018 Federal Filing Status (place an X in one box):

(1) Single (2) Married filing jointly (3) Married filing separately: Enter spouse name and Social Security number _____

(4) Head of household (5) Qualifying widow(er) _____

State Elections Campaign Fund
If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:		Your code _____
Republican 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now 17
Democratic/Farmer-Labor . 12	Green 15	General Campaign
Independence 13	Libertarian 16	Fund 99


Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. _____ 92224	B IRA, pensions, and annuities _____ 0	C Unemployment _____ 0	D Federal taxable income _____ 80224
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▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 7 of federal Form 1040) (if a negative number, place an X in the box)	1 <input type="checkbox"/> 92224
2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M)	2 _____
3 Add lines 1 and 2 (if a negative number, place an X in the box)	3 <input type="checkbox"/> 92224
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 6500
5 Exemptions (determine from instructions)	5 4150
6 State income tax refund from line 10 of federal Schedule 1	6 _____
7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M)	7 _____
8 Total subtractions. Add lines 4 through 7	8 10650
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9 81574
10 Tax from the table in the M1 instructions	10 5309
11 Alternative minimum tax (enclose Schedule M1MT)	11 _____
12 Add lines 10 and 11	12 5309
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR)	13 5309
a _____ 0 b <input type="checkbox"/> 0 (Place an X in box if a negative number)	
14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box): <input type="checkbox"/> Schedule M1HOME <input type="checkbox"/> Schedule M1529 <input type="checkbox"/> Schedule M1LS	14 _____



- 15 Tax before credits. Add lines 13 and 14 15 5309
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____
 - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ 270
 - 19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 270
 - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 5039
 - 22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____
 - 23 Add lines 21 and 22 23 5039
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ 5553
 - 25 Minnesota estimated tax and extension payments made for 2018 25 ■ _____
 - 26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin,
Credit for historic structure rehabilitation, and Enterprise Zone Credit..... 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 5553
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ 514
 - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings 081000032 355004471872
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract
line 27 from line 23 (see instructions) 30 ■ _____
 - 31 This line intentionally left blank. 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2019 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
_____ Your Signature	_____ Date	_____ Paid Preparer's Signature	_____ Date
Spouse's Signature (if filing jointly)		Taxpayer's Daytime Phone	Preparer's Daytime Phone
		<u>8165854460</u>	
Your Email address		Preparer's email address	
<u>RAVI.KANDRU87@GMAIL.COM</u>		<u>P02090332</u>	

Include a copy of your 2018 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



2018 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial RAVI TEJA	Last Name KANDRU	Your Social Security Number 841242377
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	<input type="checkbox"/>	MN 3754656	86624	5553
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional Forms W-2 (from line 5 on the back) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 5553

2 Minnesota tax withheld on Forms 1099 and W-2G . If you have more than four forms, complete line 6 on the back.

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional Forms 1099 and W-2G (from line 6 on the back) _____

Total Minnesota tax withheld on all Forms 1099 and W-2G (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 24 of Form M1 **4 ■ 5553**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**





2018 Schedule M1CR, Credit for Income Tax Paid to Another State

Your First Name and Initial	Last Name	Social Security Number
RAVI TEJA KANDRU		841242377
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota		

Illinois

You must complete a separate Schedule M1CR for each state or province you paid tax to. Use Schedule M1RCR, Credit for Taxes Paid to Wisconsin, to report tax paid to Wisconsin.

To be eligible for this credit, you must have been a full- or part-year Minnesota resident in 2018 and have paid 2018 state income tax on the same income to Minnesota and also to another state or Canadian province. **Use Schedule M1RCR to report tax paid to Wisconsin.**

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

- 1 Amount of adjusted gross income you received while a Minnesota resident that was taxed by the other state *(see instructions)* **1** 5600
- 2 Your adjusted gross income adjusted by U.S. bond interest and bonds of another state *(determine from instructions)*.
Part-year residents: See instructions **2** 92224
- 3 Divide line 1 by line 2. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 2, enter 1.00000)* **3** .06072
- 4 Complete the lines below to determine your Minnesota tax after credits.
 - a Tax from line 13 of Form M1. **4 a** 5309
 - b Add lines 16 and 17 of Form M1, and lines 1 through 6 of Schedule M1C **4 b** _____
- Subtract line 4b from line 4a. If the result is zero or less, **STOP HERE**. You do not qualify for this credit **4** 5309
- 5 Multiply line 4 by line 3 **5** 322
- 6 From the income tax return of the other state, enter the tax amount before you subtract any tax withheld or estimated tax payments *(see instructions)*.
 If you paid taxes to a Canadian province or territory, see instructions **6** 270

Full-Year Residents

- 7 Amount from line 5 or line 6, whichever is less. Enter here and include on line 18 of Form M1 **7** 270

Part-Year Residents

- 8 From the income tax return of the other state, enter the amount of income taxed by that state before subtracting itemized or standard deductions **8** _____
- 9 Divide line 1 by line 8. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 8, enter 1.00000)* **9** _____
- 10 Multiply line 6 by line 9 **10** _____
- 11 Amount from line 5 or line 10, whichever is less. Enter here and include on line 18 of Form M1 **11** _____

You must include this schedule with your Form M1.

Minnesota Information Worksheet

2018

Keep for your records

Part I — Personal Information

Taxpayer:

First Name RAVI TEJA
Middle Initial Suffix
Last Name KANDRU
Social Security No. 841-24-2377
Date of Birth 12/18/1992
Age as of 1-1-2019 26
Date of Death
Daytime Phone (816) 585-4460 * [X]
Extension
Home Phone * []
Street Address 2825 PASCAL STREET Apartment 17F
City SAINT PAUL State MN ZIP Code 55113
County Check box if foreign address []

Spouse:

First Name
Middle Initial Suffix
Last Name (if different)
Social Security No.
Date of Birth
Age as of 1-1-2019
Date of Death
Daytime Phone * []
Extension
Check box if foreign address []

* Check one of these boxes to print optional daytime phone number

Part II — Main Form

[X] Full-year resident filing Form M1
[] Part-year resident filing Form M1
Taxpayer From: To: Resident 12/31/2018 of
Spouse From: To: Resident 12/31/2018 of
[] Nonresident filing Form M1
Nonresidents and part-year residents also must complete Schedule M1NR

Part III — Filing Status

[X] Single
[] Married filing joint
[] Married filing separate
[] Head of household
[] Qualifying widow(er)
[] Taxpayer eligible to claim spouse's exemption
[] Taxpayer did not live with spouse at any time during the year

Part IV — Other Information

New! State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

Taxpayer Information:

Taxpayer Spouse
[] [] Age 65 or over?
[] [] Blind?
[] [] Disabled?
[] [] Paid premiums in 2018 for a qualified long-term care insurance policy? (See Tax Help)

Decedent Information:

[] You are filing a joint return with your deceased spouse and a personal representative has not been appointed

Stillborn Children Information:

[] You experienced the birth of a stillborn child in 2018.

First-Time Homebuyer Information:

[] You opened a qualified first-time homebuyer savings account in 2018.

Farmer Information:

[] At least two-thirds of gross income was derived from farming or commercial fishing

American Indian Information:

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation

Active Duty Military:

Resident of a state other than Minnesota and on federal active duty

Credit for Past Military Service:

Check the boxes below only if you have been separated from military service and meet the conditions below:

- Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability
- Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

RAVI TEJA KANDRU

841-24-2377 Page 2

Part V – Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1

If not signing as preparer, have following printed instead of firm information:

- self-prepared or
- prepared by a non-paid preparer

Yes No

- Is the Minnesota Department of Revenue authorized to discuss this return with the preparer or the third-party designee indicated on the federal return?

Self prepared and Non-paid prepared returns to be e-filed **must** have the following info for the submitter:

Preparer Name
Preparer PTIN

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No

- Do you want to elect direct deposit of state tax refund?
* See Tax Help for refund expectation
- Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of financial institution (optional) Bank of America
Routing number 081000032
Account number 355004471872
Type of account Checking Savings
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to debit the account above
If partial payment is made, the remaining balance due

International ACH Transactions:

Yes No

- Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Minnesota Department of Revenue, as applicable by law.

- The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename
Other State Tax Return	kand2377_18i_FC.pdf

Enter the date return was EFiled 02/28/2019
Date return was accepted by the state 02/28/2019
Enter the date Form M60 was given to client

Part VIII – Extension Status

Yes No

- Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form M13, Income Tax Extension Payment ▶ _____

QuickZoom to Form M1, Individual Income Tax Return (Main Form) ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

Name RAVI TEJA KANDRU	Social Security Number 841-24-2377
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	5,553.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	5,553.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

Federal Taxable Income Smart Worksheet		
A	Federal adjusted gross income (from line 7 of federal Form 1040)	92224
B	Standard or itemized deductions	12000
C	Federal taxable income	80224

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

Exemption Smart Worksheet		
If you are a dependent, leave line 5 blank, and do not complete this worksheet.		
A	Number of exemptions.	1
B	Enter \$4,150	4150
C	Multiply A by B	4150
D	If you did not file Schedule M1NC , enter the amount from line 1. If you filed Schedule M1NC , enter the amount from line 38 of that schedule	92224
E	Enter the amount that matches your filing status from the instruction	190050
F	Compare the amounts on D and E. If E is more than D, enter the amount from C on line 5 and STOP HERE . If D is more than E, subtract E from D.	_____
G	If F is more than \$122,500 , enter 0 on line 5 and STOP HERE . If F is less than or equal to \$122,500 (\$61,250 if your filing status is married filing separate), divide F by \$2,500 (\$1,250 if your filing status is married filing separate). Increase the result to the next higher whole number	_____
H	Multiply G by 2%. Enter the result as a decimal	_____
I	Multiply C by H	_____
J	Subtract I from C. Enter the result on line 5	_____

SMART WORKSHEET FOR: Schedule M1CR (Illinois): Credit for Tax Paid to Another State

Other State/Canadian Province or Territory Income and Tax Smart Worksheet		
	A Amount	B * Amount if different
A Other state's AGI (adjusted gross income)	5,600.	_____
B Amount of tax imposed by another state or Canadian Province or Territory	270.	_____

* Use Column B only to modify an entry made by the program in Column A.



Illinois Department of Revenue
2018 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

A

841-24-2377

RAVI TEJA

KANDRU

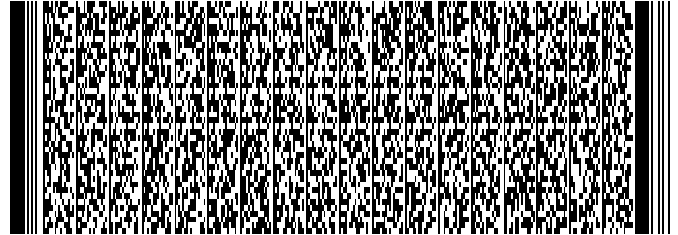
2825 PASCAL STREET

17F

SAINT PAUL

MN

55113



B Filing status: Single or head of household Married filing jointly Married filing separately Widowed

C **Check** if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D **Check** the box if this applies to you during 2018: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040, Line 7.	1	<u>92,224.00</u>
2	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	2	<u>.00</u>
3	Other additions. Attach Schedule M.	3	<u>.00</u>
4	Total income. Add Lines 1 through 3.	4	<u>92,224.00</u>

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 2 of federal return.	5	<u>.00</u>
6	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	6	<u>.00</u>
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>.00</u>
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>.00</u>
9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>92,224.00</u>

Step 4: Exemptions

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	<u>2,225.00</u>
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	<u>.00</u>
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	<u>.00</u>
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	<u>0.00</u>
	Exemption allowance. Add Lines a through d.	10	<u>2,225.00</u>

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	<u>5,464.00</u>
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	<u>270.00</u>
13	Recapture of investment tax credits. Attach Schedule 4255.	13	<u>.00</u>
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	<u>270.00</u>

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	<u>.00</u>
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	<u>.00</u>
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	<u>.00</u>
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	<u>0.00</u>
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	<u>270.00</u>

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	<u>.00</u>
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	<u>0.00</u>
22	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	22	<u>.00</u>
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	<u>270.00</u>

IL-1040 Front (R-12/18)

Printed by authority of the State of Illinois, 1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

ID: 3WM REV 01/08/19 PRO



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24 Total tax from Page 1, Line 23.

24 270.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 277.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 277.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 7.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 7.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 7.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 081000032 X Checking or Savings
Account number 355004471872

b Illinois Individual Income Tax refund debit card.
c paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date, Spouse's signature, Date, Daytime phone number. Includes fields for Paid Preparer Use Only (Firm name, address, FEIN, phone) and Third Party Designee (Name, phone).



If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001



If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001





Illinois Department of Revenue
2018 Schedule NR
 Attach to your Form IL-1040

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

RAVI TEJA KANDRU
 Your name as shown on your Form IL-1040

8 4 1 - 2 4 - 2 3 7 7
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.
 - I lived in **Illinois** from / / 18 to / / 18 I lived in _____ from / / 18 to / / 18
 Month Day Year Month Day Year State Month Day Year Month Day Year
 - My spouse lived in **Illinois** from / / 18 to / / 18, and _____ from / / 18 to / / 18
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040, Line 1)	5 92,224.00	5,600.00
6 Taxable interest (federal Form 1040, Line 2b)	6 .00	.00
7 Ordinary dividends (federal Form 1040, Line 3b)	7 .00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	8 .00	.00
9 Alimony received (federal Form 1040, Schedule 1, Line 11)	9 .00	.00
10 Business income or loss (federal Form 1040, Schedule 1, Line 12)	10 .00	.00
11 Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	11 .00	.00
12 Other gains or losses (federal Form 1040, Schedule 1, Line 14)	12 .00	.00
13 Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	13 .00	.00
14 RESERVED	14	
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	15 .00	.00
16 Farm income or loss (federal Form 1040, Schedule 1, Line 18)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040, Line 5b)	18 .00	.00
19 Other income. See instructions. (federal Form 1040, Schedule 1, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 .00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	5,600.00



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	5,600.00
	22 Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	23	.00
	24 Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	24	.00
	25 Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	29	.00
	30 Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00
	31 IRA deduction (federal Form 1040, Schedule 1, Line 32)	31	.00
	32 Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	32	.00
	33 RESERVED	33	
	34 RESERVED	34	
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	92,224.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	5,600.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	5,600.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040, Sch. 1, Line 10. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	5,600.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	47 Enter the base income from Form IL-1040, Line 9.	47	92,224.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.061
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,225.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	136.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11.	51	5,464.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax .	52	270.00





2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

RAVI TEJA KANDRU 8 4 1 - 2 4 - 2 3 7 7
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2825 PASCAL STREET 17F
Mailing address
SAINT PAUL MN 55113 (816) 585-4460
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 5,464.00
2 Tax from Form IL-1040, Line 12 2 270.00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 277.00
4 Overpayment from Form IL-1040, Line 35 4 7.00
5 Total amount due from Form IL-1040, Line 39 5 1.00
6 Filing status: X Single/head of household Married filing jointly Married filing separately Widowed

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 8 1 0 0 0 0 3 2
8 Account no. (AN): 3 5 5 0 0 4 4 7 1 8 7 2
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: 1.00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2018 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC
Firm's name or your name if self-employed P 0 2 0 9 0 3 3 2
2530 Pebble Creek Ln Your PTIN
Mailing address 3 0 - 1 0 1 7 1 9 6
Federal employer identification number (FEIN)
Cumming GA 30041 ()
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Table mapping Form Type to Letter Code for Column A. Includes rows for W-2, W-2G, 1099-R, 1099-G, 1099-MISC, 1099-OID, 1099-DIV, 1099-INT, 1042-S, 1099-B, and 1099-K.

Step 1: Provide your withholding records (includes all W-2 and 1099 forms)

RAVI TEJA KANDRU Your name as shown on Form IL-1040 8 4 1 - 2 4 - 2 3 7 7 Your Social Security number

Table for Step 1 with 5 columns: Column A Form type, Column B Employer/Payer Identification Number, Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc., Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc., Column E Illinois Income Tax Withheld. Row 1 shows W, 45-2700157, \$92,224.00, \$5,600.00, \$277.00.

Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

Your spouse's name as shown on Form IL-1040 Your spouse's Social Security number

Table for Step 2 with 5 columns: Column A Form type, Column B Employer/Payer Identification Number, Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc., Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc., Column E Illinois Income Tax Withheld. Rows 6-10 show zero values.

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 277.00

Attach all Schedules IL-WIT to your IL-1040.



Illinois Information Worksheet

2018

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name RAVI TEJA
Middle Initial
Last Name KANDRU
Suffix
Social Security No. . 841-24-2377
Date of Birth 12/18/1992
Age 65 or Over
Legally Blind
Date of Death
Daytime phone (816) 585-4460 * [X]
Home phone *

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No. .
Date of Birth
Age 65 or Over
Legally Blind
Date of Death
Daytime phone *

* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address 2825 PASCAL STREET Apartment Number . 17F
City SAINT PAUL State . MN ZIP Code 55113

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City Foreign Province or State . . .
Foreign Country Foreign Postal Code

Part II - Resident Status

[] Full-Year Resident
[X] Nonresident
[] Part-Year Resident lived in Illinois from to
also lived in from to

QuickZoom here to Form IL-1040

Part III - Filing Status

[X] Single or head of household
[] Married filing jointly
[] Married filing separately
[] Widowed

Part IV - Other Information

Form IL-2210 Information:

[] Check if at least two-thirds of total federal gross income came from farming
[] Check if 65 or older and permanently living in a nursing home
[] Check if you were not required to file an Illinois income tax return in 2017
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1)
Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)

First Time Filer:

Yes No
[] [] Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

File state return electronically

Date return was EFiled 02/28/2019

Date return was accepted by the state 03/01/2019

Enter the date Form IL-1040-V was given to client

QuickZoom to Form IL-8453: Additional Information Smart Worksheet

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Use direct deposit for state tax refund
 Use electronic funds withdrawal for state tax payment (EF only)
 Elect to receive a state issued debit card for state refund (if you check No then your client will receive a paper check)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) Bank of America

Name on account

Check the appropriate box:

Checking Routing number 081000032

Savings Account number 355004471872

Enter the payment date to withdraw from the account above

State balance-due amount from this return

Enter an amount to withdraw from the account above

If partial payment is made, enter remaining balance due

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1

Check if this tax return is self-prepared, or prepared by a non-paid preparer

Yes No
 Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:

Designee's name

Designee's phone number

Part IX – Extension Status

Yes No
 Tax return due date extended? If yes, extended due date

QuickZoom to Form IL-505-I: Automatic Extension Payment

Tax Payments Worksheet

2018

▶ Keep for your records

Name RAVI TEJA KANDRU	Social Security Number 841-24-2377
--------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	277.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	277.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
 - 6.25% or more on Line 1a and
 - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **1a** _____ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars **1b** _____ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **2a** _____
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars **2b** _____ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** **3** _____ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a **4** _____
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) **5** _____

Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

<u>AGI (from IL-1040, Line 1)</u>	<u>Use Tax</u>
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$8
\$20,001 - \$30,000	\$13
\$30,001 - \$40,000	\$18
\$40,001 - \$50,000	\$23
\$50,001 - \$75,000	\$31
\$75,001 - \$100,000	\$44
Above \$100,000	Multiply AGI by 0.05% (0.0005)

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Illinois Self-Employment (ISE) Smart Worksheet
For use in column B, lines 26, 27, and 28 below.

A	Self-employment income included in column B, line 20 above	_____
B	Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a)	_____
C	Illinois self-employment (ISE) decimal. Line A divided by line B	<u>0.000</u>
D	Deductible portion of self-employment tax (column A, line 26 below)	_____
E	Illinois portion. Multiply line D by line C. Enter in column B, line 26 below	_____
F	Self-employed health insurance deduction (column A, line 28 below)	_____
G	Illinois portion. Multiply line F by line C. Enter in column B, line 28 below	_____
H	Keogh and self-employed SEP plans (column A, line 27 below)	_____
I	Illinois portion. Multiply line H by line C. Enter in column B, line 27 below	_____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

IRA Deduction Smart Worksheet
For use in column B, line 31 below.

A	Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above)	<u>5,600.</u>
B	Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above)	<u>92,224.</u>
C	Line A divided by line B	<u>0.061</u>
D	Total IRA deduction (column A, line 31 below)	_____
E	Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below	_____

SMART WORKSHEET FOR: Form IL-8453(E)

Additional Information Smart Worksheet

A	Date return was E-Filed	▶ <u>02/28/2019</u>
B	Date return was accepted by the state	▶ <u>03/01/2019</u>

**Retain Form IL-8453 for a period of three years
DO NOT MAIL TO STATE AUTHORITIES**