

IRS e-file Signature Authorization

2018

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 for the latest information.**

Submission Identification Number (SID) ► 5872782019031018927u

| | | |
|--|--|---------------------------------------|
| Taxpayer's name KRANTHI KUMAR REDDY JILLALA | | Social security number 719-59-7157 |
| Spouse's name | | Spouse's social security number |

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 | 66,426. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 7,913. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 10,466. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 2,553. |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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 GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|---|---|---|---|---|
| 9 | 7 | 1 | 5 | 7 |
|---|---|---|---|---|

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 _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|

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 ► _____ Date ► _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

719-59-7157

Taxpayer name KRANTHI KUMAR REDDY JILLALA

Taxpayer address (optional)

39646 WALL CMN

FREMONT CA 94538

- Your federal income tax return for 2018 was filed electronically with the Kansas City Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 01/31/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019031018927u.
- Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: KRANTHI KUMAR REDDY Last name: JILLALA Your social security number: 719-59-7157

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 39646 WALL CMN 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. FREMONT CA 94538 If more than four dependents, see inst. and here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

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: 3rd Party Designee 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) Page 2

| | | | | |
|-----|--|---------|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 69,726. |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | 4b | |
| 5a | Social security benefits | 5a | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | -3,300. | 6 | 66,426. |
| 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 | 66,426. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 12,000. |
| 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 | 54,426. |
| 11 | a Tax (see inst.) 7,913. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | 11 | 7,913. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | | 13 | 7,913. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | | 15 | 7,913. |
| 16 | Total tax. Add lines 13 and 14 | | 16 | 10,466. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 | |
| 18 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | | 18 | 10,466. |
| 19 | Add any amount from Schedule 5 | | 19 | 2,553. |
| 20a | Add lines 16 and 17. These are your total payments | | 20a | 2,553. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 21 | |
| 22 | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | 22 | |
| 23 | Routing number: 3 2 2 2 7 1 6 2 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 23 | |
| 24 | Account number: 5 8 9 1 6 1 2 8 5 | | 24 | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax ▶ 25 | | 25 | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 26 | | 26 | |
| 27 | Estimated tax penalty (see instructions) ▶ 27 | | 27 | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

| | | | | |
|------------------------------|---|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -3,300. |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | -3,300. | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | | |
| 34 | Reserved | 34 | | |
| 35 | Reserved | 35 | | |
| 36 | Add lines 23 through 35 | 36 | | |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | HYDERABAD HYDERABAD TELANGANA IN 500031 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 1 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|--|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 300. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 2,000. | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | 1,600. | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 3,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -3,300. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -3,300.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 300. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | 1,600. | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 3,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 3,300.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. | 26 | | | | -3,300. |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: KRANTHI KUMAR REDDY JILLALA, Sch E HYDERABAD, 719-59-7157

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: 1,000,000. Line 3: 2,500,000. Line 13: 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns for lines 14-16. Line 14: 1,600. Line 16: 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns for lines 17-18. Line 17: 17

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, 40-year.

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: 21. Line 22: 1,600. Line 23: 23

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values: KRANTHI KUMAR REDDY JILLALA, 719-59-7157.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California Adjusted Gross Income, 67,797. Line 2: Amount You Owe. Line 3: Refund or No Amount Due, 515.

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

Under penalties of perjury, I declare that I have examined a copy of my 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, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- Check box: I authorize GLOBAL TAXES LLC to enter my PIN 97157 as my signature on my 2018 e-filed California individual income tax return.
Check box: I will enter my PIN as my signature on my 2018 e-filed California individual 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/RDP's PIN: check one box only

- Check box: I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return.
Check box: I will enter my PIN as my signature on my 2018 e-filed California individual 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/RDP'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. 58727812345 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual 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 FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature Date

2018 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

719-59-7157 JILL
KRANTHIKUMA JILLALA

18

39646 WALL CMN
FREMONT CA 94538

08-16-1991

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 X \$118 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$118 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$118 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions 10 X \$367 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$

Your name: J I L L A L A

Your SSN or ITIN: 719-59-7157

| | | | | |
|----------------|----|---|-------|-----|
| Taxable Income | 12 | State wages from your Form(s) W-2, box 16 | 69726 | .00 |
| | 13 | Enter federal adjusted gross income from Form 1040, line 7 | 66426 | .00 |
| | 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B | | .00 |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions | 66426 | .00 |
| | 16 | California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C | 1371 | .00 |
| | 17 | California adjusted gross income. Combine line 15 and line 16 | 67797 | .00 |
| | 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,401 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions } | 4401 | .00 |
| | 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- | 63396 | .00 |

| | | | | |
|-----|----|--|------|-----|
| Tax | 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 | 3150 | .00 |
| | 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions | 118 | .00 |
| | 33 | Subtract line 32 from line 31. If less than zero, enter -0- | 3032 | .00 |
| | 34 | Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A | | .00 |
| | 35 | Add line 33 and line 34 | 3032 | .00 |

| | | | | |
|-----------------|---|--|-----|-----|
| Special Credits | 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions | | .00 |
| | 43 | Enter credit name OTHER STATE code 187 and amount | 658 | .00 |
| | 44 | Enter credit name code and amount | | .00 |
| | 45 | To claim more than two credits, see instructions. Attach Schedule P (540). | | .00 |
| | 46 | Nonrefundable renter's credit. See instructions | | .00 |
| | 47 | Add line 40 through line 46. These are your total credits | 658 | .00 |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | 2374 | .00 | |

| | | | | |
|-------------|----|--|------|-----|
| Other Taxes | 61 | Alternative minimum tax. Attach Schedule P (540) | | .00 |
| | 62 | Mental Health Services Tax. See instructions | | .00 |
| | 63 | Other taxes and credit recapture. See instructions | | .00 |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax | 2374 | .00 |

Your name: J I L L A L A

Your SSN or ITIN: 719-59-7157

| | | | | | |
|----------|----|--|------|------|-----|
| Payments | 71 | California income tax withheld. See instructions | ● 71 | 2889 | .00 |
| | 72 | 2018 CA estimated tax and other payments. See instructions | ● 72 | | .00 |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | | .00 |
| | 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | | .00 |
| | 75 | Earned Income Tax Credit (EITC) | ● 75 | | .00 |
| | 76 | Add lines 71 through 75. These are your total payments. See instructions | ⊙ 76 | 2889 | .00 |

| | | | | | |
|---------|-------------------------------|--|------|---|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | ● 91 | 0 | .00 |
| | If line 91 is zero, check if: | | | | |
| | | <input checked="" type="checkbox"/> No use tax is owed. | | | |
| | | <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | |

| | | | | | |
|----------------------|----|--|------|------|-----|
| Overpaid Tax/Tax Due | 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ⊙ 92 | 2889 | .00 |
| | 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ⊙ 93 | | .00 |
| | 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ⊙ 94 | 515 | .00 |
| | 95 | Amount of line 94 you want applied to your 2019 estimated tax | ● 95 | 0 | .00 |
| | 96 | Overpaid tax available this year. Subtract line 95 from line 94. | ● 96 | 515 | .00 |
| | 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ⊙ 97 | | .00 |

| Contributions | Code | Amount | |
|---------------|-------|---|--|
| | ● 400 | California Seniors Special Fund. See instructions | |
| | ● 401 | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | |
| | ● 403 | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | |

Your name: J I L L A L A

Your SSN or ITIN: 719-59-7157

| Contributions | | Code | Amount |
|---------------|--|--------------|---------------|
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | .00 |
| | California Firefighters' Memorial Fund | ● 406 | .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | .00 |
| | California Peace Officer Memorial Foundation Fund | ● 408 | .00 |
| | California Sea Otter Fund | ● 410 | .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | .00 |
| | School Supplies for Homeless Children Fund | ● 422 | .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | .00 |
| | State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | .00 |
| | Prevention of Animal Homelessness and Cruelty Fund | ● 431 | .00 |
| | Revive the Salton Sea Fund | ● 432 | .00 |
| | California Domestic Violence Victims Fund | ● 433 | .00 |
| | Special Olympics Fund | ● 434 | .00 |
| | Type 1 Diabetes Research Fund | ● 435 | .00 |
| | California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | .00 |
| | Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | .00 |
| | Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | .00 |
| | Organ and Tissue Donor Registry Voluntary Tax Contribution Fund | ● 441 | .00 |
| | National Alliance on Mental Illness California Voluntary Tax Contribution Fund | ● 442 | .00 |
| | Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | .00 |
| | 110 Add code 400 through code 443. This is your total contribution | ● 110 | .00 |

Your name: J I L L A L A

Your SSN or ITIN: 719-59-7157

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Amount You Owe

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115 515.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

Type

Routing number

Checking

Account number

116 Direct deposit amount

3 2 2 2 7 1 6 2 7

Savings

5 8 9 1 6 1 2 8 5

515.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

Your email address. Enter only one email address.

Preferred phone number

(9 3 7) 2 1 2 - 8 9 6 4

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed)

GLOBAL TAXES LLC

PTIN

P 0 2 0 9 0 3 3 2

Joint tax return? (See instructions)

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . Yes No

Print Third Party Designee's Name

Telephone Number

()

2018 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return: K R A N T H I K U M A R R E D D Y J I L L A L A SSN or ITIN: 7 1 9 5 9 7 1 5 7

| Part I Income Adjustment Schedule | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|---|--|
| Section A – Income from federal Form 1040 | | | | |
| 1 | Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 1 <input checked="" type="radio"/> 69,726. | <input type="radio"/> | <input type="radio"/> |
| 2 | Taxable interest (a) <input checked="" type="radio"/> | 2(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Ordinary dividends. See instructions. (a) <input checked="" type="radio"/> | 3(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/> | 4(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Social security benefits. (a) <input checked="" type="radio"/> | 5(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|--|---------------------|--|--|----------------------------------|--|--------------------------------|--|--|-------------------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Alimony received | 11 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Business income or (loss) | 12 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Capital gain or (loss). See instructions. | 13 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Other gains or (losses) | 14 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 15a | Reserved. | 15(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 16a | Reserved. | 16(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc | 17 <input checked="" type="radio"/> -3,300. | <input type="radio"/> | <input checked="" type="radio"/> 1,371. | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Farm income or (loss) | 18 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Unemployment compensation | 19 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 20a | Reserved. | 20(b) <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Other income. <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">a California lottery winnings</td> <td style="width: 33%;">e NOL from FTB 3805Z, 3806, 3807, or 3809</td> <td style="width: 33%;"></td> </tr> <tr> <td>b Disaster loss deduction from FTB 3805V</td> <td>f Other (describe):</td> <td></td> </tr> <tr> <td>c Federal NOL (federal Schedule 1 (Form 1040), line 21)</td> <td><input checked="" type="radio"/></td> <td></td> </tr> <tr> <td>d NOL deduction from FTB 3805V</td> <td></td> <td></td> </tr> </table> | a California lottery winnings | e NOL from FTB 3805Z, 3806, 3807, or 3809 | | b Disaster loss deduction from FTB 3805V | f Other (describe): | | c Federal NOL (federal Schedule 1 (Form 1040), line 21) | <input checked="" type="radio"/> | | d NOL deduction from FTB 3805V | | | 21 <input checked="" type="radio"/> | <table border="0" style="width: 100%; margin-top: 5px;"> <tr><td>a <input type="radio"/></td><td>a <input type="radio"/></td></tr> <tr><td>b <input type="radio"/></td><td>b <input type="radio"/></td></tr> <tr><td>c <input type="radio"/></td><td>c <input checked="" type="radio"/></td></tr> <tr><td>d <input type="radio"/></td><td>d <input type="radio"/></td></tr> <tr><td>e <input type="radio"/></td><td>e <input type="radio"/></td></tr> <tr><td>f <input type="radio"/></td><td>f <input type="radio"/></td></tr> </table> | a <input type="radio"/> | a <input type="radio"/> | b <input type="radio"/> | b <input type="radio"/> | c <input type="radio"/> | c <input checked="" type="radio"/> | d <input type="radio"/> | d <input type="radio"/> | e <input type="radio"/> | e <input type="radio"/> | f <input type="radio"/> | f <input type="radio"/> |
| a California lottery winnings | e NOL from FTB 3805Z, 3806, 3807, or 3809 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Disaster loss deduction from FTB 3805V | f Other (describe): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Federal NOL (federal Schedule 1 (Form 1040), line 21) | <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d NOL deduction from FTB 3805V | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a <input type="radio"/> | a <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b <input type="radio"/> | b <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c <input type="radio"/> | c <input checked="" type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d <input type="radio"/> | d <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e <input type="radio"/> | e <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f <input type="radio"/> | f <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C. | 22 <input checked="" type="radio"/> 66,426. | <input type="radio"/> | <input checked="" type="radio"/> 1,371. | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|---|---|-----------------------|---|
| Section C – Adjustments to Income from federal Schedule 1 (Form 1040) | | | | |
| 23 | Educator expenses | 23 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. | 24 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Health savings account deduction | 25 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Moving expenses. Attach federal Form 3903. See instructions | 26 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Deductible part of self-employment tax | 27 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29 | Self-employed health insurance deduction. | 29 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30 | Penalty on early withdrawal of savings. | 30 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31a | Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____ | 31a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32 | IRA deduction. | 32 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33 | Student loan interest deduction | 33 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34 | Reserved. | 34 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35 | Reserved | 35 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36 | Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions | 36 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37 | Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions | 37 <input checked="" type="radio"/> 66,426. | <input type="radio"/> | <input checked="" type="radio"/> 1,371. |

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|---|--|
|--|---|--|

Medical and Dental Expenses

| | | | | | |
|---|---|--|--|--|--|
| 1 | Medical and dental expenses <input checked="" type="radio"/> | | | | |
| 2 | Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 66,426. | | | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 4,982. | | | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/> | | | | |

Taxes You Paid

| | | | | | | | |
|----|--|----|----------------------------------|--------|----------------------------------|--------|-------------------------------------|
| 5a | State and local income tax or general sales taxes. | 5a | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> | 4,122. | |
| 5b | State and local real estate taxes | 5b | <input checked="" type="radio"/> | | | | |
| 5c | State and local personal property taxes | 5c | <input checked="" type="radio"/> | | | | |
| 5d | Add lines 5a through 5c | 5d | <input checked="" type="radio"/> | 4,122. | | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. | 5e | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> 0. |
| 6 | Other taxes. List type <input checked="" type="radio"/> | 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | |
| 7 | Add lines 5e and 6 | 7 | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> 0. |

Interest You Paid

| | | | | | | |
|----|---|----|----------------------------------|--|----------------------------------|----------------------------------|
| 8a | Home mortgage interest and points reported to you on Form 1098. | 8a | <input checked="" type="radio"/> | | | |
| 8b | Home mortgage interest not reported to you on Form 1098 | 8b | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8c | Points not reported to you on Form 1098. | 8c | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8d | Reserved | 8d | | | | |
| 8e | Add lines 8a through 8c | 8e | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 | Investment interest. | 9 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 | Add lines 8e and 9 | 10 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

| | | | | | | |
|----|------------------------------|----|----------------------------------|--|----------------------------------|----------------------------------|
| 11 | Gifts by cash or check | 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 | Other than by cash or check. | 12 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 | Carryover from prior year. | 13 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 | Add lines 11 through 13. | 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Casualty and Theft Losses

| | | | | | | |
|----|--|----|----------------------------------|--|----------------------------------|----------------------------------|
| 15 | Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. | 15 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
|----|--|----|----------------------------------|--|----------------------------------|----------------------------------|

Other Itemized Deductions

| | | | | | | | |
|----|---|----|----------------------------------|--------|----------------------------------|----------------------------------|-------------------------------------|
| 16 | Other—from list in federal instructions | 16 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 17 | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> | 4,122. | <input checked="" type="radio"/> 0. |

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C. 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**

20 Tax preparation fees. **20**

21 Other expenses - investment, safe deposit box, etc. List type **21**

22 Add lines 19 through 21 **22**

23 Enter amount from federal Form 1040, line 7

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25**

26 Total Itemized Deductions. Add line 18 and line 25. **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately **\$194,504**
Head of household **\$291,760**
Married/RDP filing jointly or qualifying widow(er) **\$389,013**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. **29**

30 Enter the larger of the amount on line 29 or your standard deduction listed below
Single or married/RDP filing separately. See instructions. **\$4,401**
Married/RDP filing jointly, head of household, or qualifying widow(er) **\$8,802**

Transfer the amount on line 30 to Form 540, line 18. **30**

2018 Other State Tax Credit

S

Attach to Form 540, Long Form 540NR, or Form 541.

| | |
|---|---|
| Name(s) as shown on your California tax return K R A N T H I K U M A R R E D D Y J I L L A L A | SSN, ITIN, or FEIN 7 1 9 5 9 7 1 5 7 |
|---|---|

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | 16,500. | 16,500. |
| <input type="radio"/> | | |
| <input type="radio"/> | | |
| 1 Total double-taxed income | 16,500. | 16,500. |

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

| | | | | |
|--|----------------------------------|-----------|---------|------|
| 2 California tax liability. See instructions | <input checked="" type="radio"/> | 2 | 3,032. | 00 |
| 3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) | <input checked="" type="radio"/> | 3 | 16,500. | 00 |
| 4 California adjusted gross income. See instructions | <input checked="" type="radio"/> | 4 | 67,797. | 00 |
| 5 Divide line 3 by line 4. Do not enter more than 1.0000 | <input checked="" type="radio"/> | 5 | 0. | 2434 |
| 6 Multiply line 2 by line 5. | <input checked="" type="radio"/> | 6 | 738. | 00 |
| 7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> MI See instructions | <input checked="" type="radio"/> | 7 | 658. | 00 |
| 8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) | <input checked="" type="radio"/> | 8 | 16,500 | 00 |
| 9 Adjusted gross income taxable by other state. See instructions | <input checked="" type="radio"/> | 9 | 16,500. | 00 |
| 10 Divide line 8 by line 9. Do not enter more than 1.0000 | <input checked="" type="radio"/> | 10 | 1. | 0000 |
| 11 Multiply line 7 by line 10 | <input checked="" type="radio"/> | 11 | 658. | 00 |
| 12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 . See instructions | <input checked="" type="radio"/> | 12 | 658. | 00 |

2018

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

| | |
|---|----------------------------------|
| Name(s) as shown on tax return K R A N T H I K U M A R R E D D Y J I L L A L A | SSN or ITIN 7 1 9 5 9 7 1 5 7 |
|---|----------------------------------|

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

1 This form is being completed for a passive activity.
 This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates
H Y D E R A B A D

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions **2** _____

| Part III Depreciation | (a) Description of property placed in service | (b) Date placed in service mm/dd/yyyy | (c) California basis for depreciation | (d) Method | (e) Life or rate | (f) California depreciation deduction |
|------------------------------|--|---|--|---------------|---------------------|--|
| 3 | PHONE | 01/06/2018 | 1,000. | 200DB | 7.0 | 143. |
| | CAMERA | 06/01/2018 | 600. | 200DB | 7.0 | 86. |
| | | | | | | |

4 Add the amounts on line 3, column (f) **4** _____ 229.

5 California depreciation for assets placed in service prior to 2018 **5** _____ 0.

6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 **6** _____ 229.

7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 **7** _____ 1,600.

8 a If line 6 is **more** than line 7, enter the difference here and see instructions **8a** _____

b If line 6 is **less** than line 7, enter the difference here and see instructions **8b** _____ 1,371.

| Part IV Amortization | (a) Description of cost | (b) Date amortization begins mm/dd/yyyy | (c) California basis for amortization | (d) Code section | (e) Period or percentage | (f) California amortization deduction |
|-----------------------------|----------------------------|---|--|---------------------|-----------------------------|--|
| 9 | | | | | | |
| | | | | | | |
| | | | | | | |

10 Total California amortization from this activity. Add the amounts on line 9, column (f) **10** _____

11 California amortization of costs that began before 2018 **11** _____

12 Total California amortization from this activity. Add the amounts on line 10 and line 11 **12** _____

13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 **13** _____

14 a If line 12 is **more** than line 13, enter the difference here and see instructions **14a** _____

b If line 12 is **less** than line 13, enter the difference here and see instructions **14b** _____

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

Your first name and initial: KRANTHI KUMAR REDDY Last name: JILLALA Your social security number: 719-59-7157

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 39646 WALL CMN 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. FREMONT CA 94538 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: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [] [] [] [] [] [] [] [] [] []

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: 3rd Party Designee 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) Page 2

| | | | | | |
|----------------|--|----|---------|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 69,726. |
| 2a | Tax-exempt interest | 2a | | 2b | |
| 3a | Qualified dividends | 3a | | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | | 4b | |
| 5a | Social security benefits | 5a | | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | | -3,300. | 6 | 66,426. |
| 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 | 66,426. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | | 8 | 12,000. |
| 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 | 54,426. |
| 11 | a Tax (see inst.) 7,913. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | | 11 | 7,913. |
| | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | | 12 | |
| 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | | | 13 | 7,913. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | | 14 | 0. |
| 14 | Other taxes. Attach Schedule 4 | | | 15 | 7,913. |
| 15 | Total tax. Add lines 13 and 14 | | | 16 | 10,466. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | | | 17 | |
| 17 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | | | 18 | 10,466. |
| | Add any amount from Schedule 5 | | | 19 | 2,553. |
| 18 | Add lines 16 and 17. These are your total payments | | | 20a | 2,553. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | | | |
| 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | | | |
| | b Routing number 3 2 2 2 7 1 6 2 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| | d Account number 5 8 9 1 6 1 2 8 5 | | | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | 21 | | | |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | | | 22 | |
| | 23 Estimated tax penalty (see instructions) | 23 | | | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

| | | | | |
|------------------------------|---|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -3,300. |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | -3,300. | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| | 33 | Student loan interest deduction | 33 | |
| | 34 | Reserved | 34 | |
| | 35 | Reserved | 35 | |
| | 36 | Add lines 23 through 35 | 36 | |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | HYDERABAD HYDERABAD TELANGANA IN 500031 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 1 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|--|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 300. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 2,000. | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | 1,600. | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 3,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -3,300. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -3,300.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 300. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | 1,600. | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 3,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 3,300.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. | 26 | | | | -3,300. |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: KRANTHI KUMAR REDDY JILLALA, Sch E HYDERABAD, 719-59-7157

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: 1,000,000. Line 3: 2,500,000. Line 13: 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns for lines 14-16. Line 14: 1,600. Line 16: 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns for lines 17-18. Line 17: 17

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year.

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: 21. Line 22: 1,600. Line 23: 23

2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

| | | | |
|---|--------------------|-----------------------------|--|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |
| Home Address (Number, Street, or P.O. Box) 39646 WALL CMN | | | 4. School District Code (5 digits – see page 60) 10000 |
| City or Town FREMONT | State CA | ZIP Code 94538 | |

| | |
|---|---|
| <p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p> | <p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p> |
| <p>7. 2018 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p> | <p>8. 2018 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input checked="" type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> |

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

| | | | | | | | |
|---|-----|---|-----------|--|-----|-------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <input style="width:30px; height:20px;" type="text" value="1"/> | x \$4,050 | | 9a. | 4050 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | <input style="width:30px; height:20px;" type="text"/> | x \$2,700 | | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | <input style="width:30px; height:20px;" type="text"/> | x \$400 | | 9c. | | 00 |
| d. Claimed as dependent, see line 9 NOTE above..... | 9d. | <input type="checkbox"/> | | | 9d. | | 00 |
| e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15..... | 9e. | | | | 9e. | 4050 | 00 |
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | | | | | 66426 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | | | | | 66426 | 00 |
| 13. Subtractions from Schedule 1, line 27. Include Schedule 1 | 13. | | | | | 49926 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | | | | | 16500 | 00 |
| 15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19..... | 15. | | | | | 1006 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | | | | | 15494 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | | | | | 658 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT | |
|--|------|--|--|--------|--|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | <input style="width:150px; height:20px;" type="text"/> | | 18b. | <input style="width:50px; height:20px;" type="text" value="00"/> |
| 19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... | 19a. | <input style="width:150px; height:20px;" type="text"/> | | 19b. | <input style="width:50px; height:20px;" type="text" value="00"/> |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | | | | 658 00 |

Filer's Full Social Security Number

719 — 59 — 7157

| | | | |
|--|-----|-----|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 658 | 00 |
| 22. Voluntary Contributions from Form 4642, line 10. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 658 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|-----|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 701 | 00 |
| 30. Estimated tax, extension payments and 2017 credit forward..... | 30. | | 00 |
| 31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c..... | 32. | 701 | 00 |

REFUND OR TAX DUE

| | | | | |
|--|----------------|-----|----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 | YOU OWE | 33. | | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32..... | | 34. | 43 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ... | | 35. | | 00 |
| 36. Subtract line 35 from line 34..... | REFUND | 36. | 43 | 00 |

| | | | |
|--|---|---------------------------------------|--|
| DIRECT DEPOSIT Deposit your refund directly to your financial institution! See instructions and complete a, b and c. | a. Routing Transit Number 322271627 | b. Account Number 589161285 | c. Type of Account 1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |
|--|---|---------------------------------------|--|

| | | | |
|---|---|--|--|
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2018 (MM-DD-YYYY) | Filer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Spouse <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN P02090332 |
| Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | Filer's Signature <input type="text"/> | Date <input type="text"/> | Preparer's Name (print or type) GLOBAL TAXES LLC |
| | Spouse's Signature <input type="text"/> | Date <input type="text"/> | Preparer's Business Name, Address and Telephone Number 2530 PEBBLE CREEK LN CUMMING GA 30041 |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer. | | | |

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2018 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7
Include with Form MI-1040.

Attachment 01

| | | | |
|--|------|----------------------|--|
| Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
|--|------|----------------------|--|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11..... | 9. | 0 | 00 |

**Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

2018 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|---|------|-----------------------------|---|
| Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
|---|------|-----------------------------|---|

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 49926 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions) | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2018 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program..... | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Michigan Net Operating Loss | 21. | | 00 |
| 22. Miscellaneous subtractions (see instructions). Describe: | 22. | | 00 |

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

| 23. | FILER | | | SPOUSE | | |
|-----|----------------------------|------------------------------|---------------------------|----------------------------|------------------------------|---------------------------|
| | A. Year of Birth (19xx) | B. Age (as of 12-31-2018) | C. Check if SSA Exempt | D. Year of Birth (19xx) | E. Age (as of 12-31-2018) | F. Check if SSA Exempt |
| | 1991 | 27 | <input type="checkbox"/> | | | <input type="checkbox"/> |

| | | | |
|--|-----|--|----|
| 24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1952, and reached age 67 on or before December 31, 2018. Do not complete lines 25 and 26 | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 73 years and older . Deduction is limited to \$11,495 for single or married filing separately filers and \$22,991 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|--|-----|-------|----|
| 27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13 | 27. | 49926 | 00 |
|--|-----|-------|----|

If additions do not apply, only submit page 2 of the Schedule 1 with your return.

2018 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|--|------|-----------------------------|--|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2018 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2018*

*Dates of Michigan residency in 2018 (Enter dates as MM-DD-YYYY, Example: 04-15-2018)

| | FILER | | SPOUSE | |
|-------|-------|--------|--------|--------|
| FROM: | — | — 2018 | — | — 2018 |
| TO: | — | — 2018 | — | — 2018 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 69726 | 00 | 16500 | 00 | 53226 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | -3300 | 00 | 0 | 00 | -3300 | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions) | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 66426 | 00 | 16500 | 00 | 49926 | 00 |
| 13. Enter the total adjustments from U.S. Form 1040. Describe: | | 00 | | 00 | | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 66426 | 00 | 16500 | 00 | 49926 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9e | 15. | 4050 | 00 |
| 16. Enter Michigan source income from line 14, column B | 16. | 16500 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 66426 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 24.84 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15..... | 19. | 1006 | 00 |

2018 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|---|------|--------------------------|---|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|--------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 46-2406865 | XCELSIUS INC | 69726 | 00 | 701 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 701 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

| A | | B | C | D | | E | |
|---|--|--|--------------|---|----|---------------------------------|--------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | | Michigan income tax withheld | |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 701 00 |

2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

| | | | |
|---|--------------------|-----------------------------|--|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |
| Home Address (Number, Street, or P.O. Box) 39646 WALL CMN | | | 4. School District Code (5 digits – see page 60) 10000 |
| City or Town FREMONT | State CA | ZIP Code 94538 | |

| | |
|---|---|
| <p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p> | <p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p> |
| <p>7. 2018 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p> | <p>8. 2018 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input checked="" type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> |

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

| | | | | | | | |
|---|-----|--|---|---------|-----|-------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <input style="width:30px; text-align: center;" type="text" value="1"/> | x | \$4,050 | 9a. | 4050 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | <input style="width:30px;" type="text"/> | x | \$2,700 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | <input style="width:30px;" type="text"/> | x | \$400 | 9c. | | 00 |
| d. Claimed as dependent, see line 9 NOTE above..... | 9d. | <input type="checkbox"/> | | | 9d. | | 00 |
| e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15..... | 9e. | | | | 9e. | 4050 | 00 |
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | | | | | 66426 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | | | | | 66426 | 00 |
| 13. Subtractions from Schedule 1, line 27. Include Schedule 1 | 13. | | | | | 49926 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | | | | | 16500 | 00 |
| 15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19..... | 15. | | | | | 1006 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | | | | | 15494 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | | | | | 658 | 00 |

NON-REFUNDABLE CREDITS

| | | AMOUNT | | CREDIT |
|--|------|---|--|--|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | <input style="width:100px;" type="text"/> | | 18b. <input style="width:100px;" type="text"/> |
| 19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... | 19a. | <input style="width:100px;" type="text"/> | | 19b. <input style="width:100px;" type="text"/> |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | | | 658 00 |

Filer's Full Social Security Number

719 — 59 — 7157

| | | | |
|--|-----|-----|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 658 | 00 |
| 22. Voluntary Contributions from Form 4642, line 10. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23..... | 24. | 658 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|-----|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b..... | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | 701 | 00 |
| 30. Estimated tax, extension payments and 2017 credit forward..... | 30. | | 00 |
| 31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c..... | 32. | 701 | 00 |

REFUND OR TAX DUE

| | | | |
|---|-----|----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00..... | 33. | | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32..... | 34. | 43 | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34..... | 36. | 43 | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | | |
|----------------------------------|--------------------------|---|-------------------------------------|
| a. Routing Transit Number | b. Account Number | c. Type of Account | |
| 322271627 | 589161285 | 1. <input checked="" type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2017, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2018 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02090332

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2018 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7
Include with Form MI-1040.

Attachment 01

| | | | |
|--|------|----------------------|--|
| Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
|--|------|----------------------|--|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)..... | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11..... | 9. | 0 | 00 |

**Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

2018 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|---|------|-----------------------------|---|
| Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
|---|------|-----------------------------|---|

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 49926 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2018 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program..... | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Michigan Net Operating Loss | 21. | | 00 |
| 22. Miscellaneous subtractions (see instructions). Describe: | 22. | | 00 |

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

| 23. | FILER | | | SPOUSE | | |
|-----|----------------------------|------------------------------|---------------------------|----------------------------|------------------------------|---------------------------|
| | A. Year of Birth (19xx) | B. Age (as of 12-31-2018) | C. Check if SSA Exempt | D. Year of Birth (19xx) | E. Age (as of 12-31-2018) | F. Check if SSA Exempt |
| | 1991 | 27 | <input type="checkbox"/> | | | <input type="checkbox"/> |

| | | | |
|---|-----|--|----|
| 24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1952, and reached age 67 on or before December 31, 2018. Do not complete lines 25 and 26 | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 73 years and older . Deduction is limited to \$11,495 for single or married filing separately filers and \$22,991 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|--|-----|-------|----|
| 27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13 | 27. | 49926 | 00 |
|--|-----|-------|----|

If additions do not apply, only submit page 2 of the Schedule 1 with your return.

2018 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|--|------|-----------------------------|--|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2018 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2018*

*Dates of Michigan residency in 2018 (Enter dates as MM-DD-YYYY, Example: 04-15-2018)

| | FILER | SPOUSE |
|-------|----------|----------|
| FROM: | — — 2018 | — — 2018 |
| TO: | — — 2018 | — — 2018 |

Income Allocation

| | A. Total Income | B. Michigan Income | C. Other State(s) Income |
|--|-----------------|--------------------|--------------------------|
| 5. Wages, salaries, other payments (tips, etc.) | 69726 00 | 16500 00 | 53226 00 |
| 6. Interest and dividends | 00 | 00 | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | 00 | 00 | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | 00 | 00 | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | -3300 00 | 0 00 | -3300 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | 00 | 00 | 00 |
| 11. Other (see instructions) | 00 | 00 | 00 |
| 12. Total income. Add lines 5 through 11..... | 66426 00 | 16500 00 | 49926 00 |
| 13. Enter the total adjustments from U.S. Form 1040. Describe: | 00 | 00 | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 66426 00 | 16500 00 | 49926 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | | | |
|--|-----|-------|-------|--|---|
| 15. Enter amount from MI-1040, line 9e | | | | | |
| | | | 4050 | | |
| 16. Enter Michigan source income from line 14, column B | 16. | 16500 | | | |
| | | | | | |
| 17. Enter total income from line 14, column A..... | 17. | 66426 | | | |
| | | | | | |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | | 24.84 | | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15..... | 19. | | 1006 | | |

2018 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|---|------|--------------------------|---|
| 1. Filer's First Name KRANTHI KUMAR REDD | M.I. | Last Name JILLALA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 719 — 59 — 7157 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|--------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 46-2406865 | XCELSIUS INC | 69726 | 00 | 701 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 701 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|--------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29..... | | | | | | 6. | 701 00 |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

| | | | | |
|------------------------------|---|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -3,300. |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | -3,300. | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | | |
| 34 | Reserved | 34 | | |
| 35 | Reserved | 35 | | |
| 36 | Add lines 23 through 35 | 36 | | |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

KRANTHI KUMAR REDDY JILLALA

Your social security number

719-59-7157

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | HYDERABAD HYDERABAD TELANGANA IN 500031 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 1 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | | A | B | C |
|------------------|--|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 300. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 2,000. | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | 1,600. | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 3,600. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -3,300. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -3,300.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 300. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | 1,600. | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 3,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 3,300.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. | 26 | | | | -3,300. |