

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) ▶ 587278201908301o89uh

Taxpayer's name SAINAGENDRA UPPALA	Social security number 359-25-2591
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	70,722.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	8,859.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	10,918.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,059.
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.

5	2	5	9	1
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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.

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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*.

359-25-2591

Taxpayer name SAINAGENDRA UPPALA

Taxpayer address (optional)

377 ATHENS WAY APT 607

NASHVILLE TN 37228

1. Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 03/24/2019 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 587278201908301o89uh.
3. 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.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. 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: **SAINAGENDRA** Last name: **UPPALA** Your social security number: **359-25-2591**

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. **377 ATHENS WAY** Apt. no. **607** 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. **NASHVILLE TN 37228** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SOFTWARE ENGINEER**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

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

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	76,471.
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	-5,749.	6	70,722.
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	70,722.
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	58,722.
11	a Tax (see inst.) 8,859. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	8,859.
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	8,859.
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
15	Other taxes. Attach Schedule 4		15	8,859.
16	Total tax. Add lines 13 and 14		16	10,918.
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	10,918.
19	Add any amount from Schedule 5		19	2,059.
20a	Add lines 16 and 17. These are your total payments		20a	2,059.
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 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
24	Account number 4 8 8 0 5 2 6 5 9 8 1 4			
25	Amount of line 19 you want applied to your 2019 estimated tax	25		
26	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	26		
27	Estimated tax penalty (see instructions)	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

SAINAGENDRA UPPALA

Your social security number

359-25-2591

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	-5,749.
	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	-5,749.	
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

OMB No. 1545-0074

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

2018

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SAINAGENDRA UPPALA

359-25-2591

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		500.		
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		5,000.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18		1,249.		
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,249.		
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		-5,749.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,749.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
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		1,249.		
e	Total of all amounts reported on line 20 for all properties	23e		6,249.		
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	(5,749.)		
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				-5,749.

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: SAINAGENDRA UPPALA, Sch E HYDERABAD, 359-25-2591

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 rows for lines 1-5 and a table for lines 6-13. 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 3 rows for lines 14-16. Line 14: 1,249. Line 16: 16

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

Section A

Table with 2 rows 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 for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, 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) Recovery period, (c) Convention, (d) Method. Rows for 12-year, 30-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 21: 21. Line 22: 1,249. Line 23: 23

PA-40 - 2018
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-18)

359252591

UPPALA

SAINAGENDRA

Occupation SOFTWARE E

Occupation

APT 607

377 ATHENS WAY

NASHVILLE

TN 37228

603-943-3849

99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (8576), 1b (0), 1c (8576), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (8576), 10 (0), 11 (8576).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2018

Social Security Number

359252591 Name(s) SATNAGENDRA UPPALA

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12	263
13	Total PA Tax Withheld. See the instructions.	13	263
14	Credit from your 2017 PA Income Tax return.	14	0
15	2018 Estimated Installment Payments. REV-459B included. N	15	0
16	2018 Extension Payment.	16	0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17	0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18	0
Tax Forgiveness Credit. Submit PA Schedule SP.			
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	01
19b	Dependents, Part B, Line 2, PA Schedule SP	19b	00
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20	8576
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21	26
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22	0
23	Total Other Credits. Submit your PA Schedule OC.	23	0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24	289
25	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	26	0
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
28	TOTAL PAYMENT DUE. See the instructions.	28	0
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29	26
30	Refund - Amount of Line 29 you want as a check mailed to you. REFUND	30	26
31	Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35	
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number GLOBAL TAXES LLC	Date

E-File Opt Out N

Firm FEIN

Preparer's PTIN P02090332



PA SCHEDULE W-2S
Wage Statement Summary

1801910025

PA-40 W-2S 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) SAINAGENDRA UPPALA	Social Security Number (shown first) 359-25-2591
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Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	47-1855766	76,471		8,576	263
Total Part A- Add the Pennsylvania columns				8,576	263

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	8,576	263
--	-------	-----

Enter the TOTALS on your PA tax return on: Line 1a Line 13

- Payment type:** A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
 E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
 H. Other nonemployee compensation. Describe: _____
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
 L. Distribution from Charitable Gift Annuities M. Distribution from Employee Stock Ownership Plan
 Describe: _____



PA SCHEDULE E
Rents and Royalty Income (Loss)

1801410026

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

2018

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule SAINAGENDRA UPPALA	Social Security Number (shown first) or EIN 359-25-2591
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Sales Tax License Number (if applicable). See the instructions. _____ Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

Part A. Property Description Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	1 BUILDING	YES <input type="radio"/> NO <input checked="" type="radio"/>	HYDERABAD HYDERABAD, TELANGANA, 500031, India
B		YES <input type="radio"/> NO <input type="radio"/>	
C		YES <input type="radio"/> NO <input type="radio"/>	

Property type: 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: _____

Part B. Income and Expenses		Property A	Property B	Property C
Line a: Identify the property from Part A and indicate ownership (T/S/J)		<input checked="" type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> J
Line b: Is the property rental location in PA?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Line c: Is the property rented for any period less than 30 days?		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Income:	1. Rent received	500		
	2. Royalties received			
Expenses:	3. Advertising			
	4. Automobile and travel			
	5. Cleaning and maintenance			
	6. Commissions			
	7. Insurance			
	8. Legal and professional fees			
	9. Management fees			
	10. Mortgage interest			
	11. Other interest	5,000		
	12. Repairs			
	13. Supplies			
	14. Taxes - not based on net income			
	15. Utilities			
	16. Depreciation expense - See the instructions	22		
	17. Other expenses (itemize):			
	18. Total Expenses - Add Lines 3 through 17	5,022		
Income or Loss:	19. Income – Subtract Line 18 from Line 1 or 2.			
	20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="radio"/> 0 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0
	23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 0

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REV 03/07/19 PRO



1801410026

PA SCHEDULE SP
Special Tax Forgiveness

1801110022

PA-40 SP 08-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Name of taxpayer claiming Tax Forgiveness (if filing a PA-40 jointly, enter the name shown first) SAINAGENDRA UPPALA	Social Security Number (shown first) 359-25-2591
Spouse's Name (even if filing separately)	Spouse's Social Security Number

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? Yes No
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? Yes No
- IMPORTANT:** If you answered "No" to Question 1, please proceed with completing Schedule SP. If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Part A below.

Part A. Filing Status for Tax Forgiveness.

1. Unmarried - use **Column A** to calculate your **Eligibility Income**. Fill in the Unmarried oval on Line 19a of your PA-40. Fill in the oval that describes your situation:
- a. Single. Unmarried/divorced on Dec. 31, 2018
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
SSN: _____ Name: _____
2. Separated - use **Column A** to calculate your **Eligibility Income**.
Fill in this oval only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Fill in the Unmarried oval on Line 19a of your PA-40.
3. Married - Fill in the Married oval on Line 19a of your PA-40. Enter your spouse's name and SSN above. Fill in the oval that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. Married and filing separate PA tax returns. **Certification**. Fill in this oval certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use **Columns B and C** to calculate your **Eligibility Income**.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
SSN: _____ Name: _____
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**. Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**.
Fill in the Deceased oval on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

Part B. Dependent Children. Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format.

1. Dependent's Name	Age	Relationship	Social Security No.

IMPORTANT: Only claim the child or children that you claimed as your dependent(s) on your 2018 Federal Income Tax return.

2. Number of dependent children. Enter on Line 19b of your PA-40. 2. 0

Part C. Eligibility Income.

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**. Single filers, qualifying separated filers, and if filing for a decedent use **Column A** and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use **Columns B and C**, and **Eligibility Income Table 2**.

Column A Unmarried or Married Filing Jointly	The Eligibility Income Tables are on page 36 of the PA-40 booklet.		Married Filing Separately	
			Column B Taxpayer	Column C Spouse
1. 8,576	PA taxable income from Line 9 of your PA-40	1.	0	0
2. 0	Nontaxable interest, dividends and gains and/or annualized income	2.	0	0
3. 0	Alimony	3.	0	0
4. 0	Insurance proceeds and inheritances	4.	0	0
5. 0	Gifts, awards and prizes	5.	0	0
6. 0	Nonresident income - part-year residents and nonresidents	6.	0	0
7. 0	Nontaxable military income - Do not include combat pay	7.	0	0
8. 0	Gain excluded from the sale of a residence	8.	0	0
9. 0	Nontaxable educational assistance	9.	0	0
10. 0	Cash received for personal purposes from outside your home	10.	0	0
11. 8,576	←Total Eligibility Income for Column A			
Total Eligibility Income for Columns B and C - add Lines 1 through 10 for each spouse and enter the total →			11.	0

Part D. Calculating your Tax Forgiveness Credit

12. 263	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.	0
13. 0	Less Resident Credit from your PA-40, Line 22	13.	0
14. 263	Net PA Tax Liability. Subtract Line 13 from Line 12	14.	0
15. 0.10	Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Part B and your Total Eligibility Income from Line 11	15.	
16. 26	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on your PA-40, Line 21.	16.	0



Pennsylvania e-file Signature Authorization

2018

PA-8879 (EX) 04-18

Declaration Control Number/Submission ID

Primary Taxpayer's Name SAINAGENDRA UPPALA	Social Security Number 359-25-2591
Secondary Taxpayer's Name	Social Security Number

PART I Tax Return Information – Tax Year Ending Dec. 31, 2018 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	8,576
2. PA Tax Liability (Form PA-40, Line 12)	2.	263
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	263
4. Refund (Form PA-40, Line 30)	4.	26
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2018 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 52591 as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (check one box only)

- I authorize _____ to enter my PIN _____ as my signature on my tax year 2018 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 12345

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.