

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) ▶

Taxpayer's name SARMA KANAPALLE	Social security number 676-18-5134
Spouse's name SWATHI NISTALA	Spouse's social security number 848-62-0440

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	130,428.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	13,293.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	17,144.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4,311.
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.

8	5	1	3	4
---	---	---	---	---

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

2	0	4	4	0
---	---	---	---	---

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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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

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

Your first name and initial: SARMA Last name: KANAPALLE Your social security number: 676-18-5134

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: SWATHI Last name: NISTALA Spouse's social security number: 848-62-0440

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. 3200 SW PEBBLE ST Apt. no. 21 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. BENTONVILLE AR 72713 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
NIRVAAN	KANNEPALLI	187-37-2655	Son	<input checked="" 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: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOME MAKER

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: ARVSSMANIKUMAR Preparer's signature: [Signature] PTIN: P02090332 Firm's EIN: 30-1017196 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)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	132,928.
2a	Tax-exempt interest	
2b	Taxable interest	
3a	Qualified dividends	
3b	Ordinary dividends	
4a	IRAs, pensions, and annuities	
4b	Taxable amount	
5a	Social security benefits	
5b	Taxable amount	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-2,500.
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	130,428.
8	Standard deduction or itemized deductions (from Schedule A)	24,000.
9	Qualified business income deduction (see instructions)	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	106,428.
11	a Tax (see inst.) 15,293. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	
11	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	15,293.
12	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	
12		2,000.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13,293.
14	Other taxes. Attach Schedule 4	0.
15	Total tax. Add lines 13 and 14	13,293.
16	Federal income tax withheld from Forms W-2 and 1099	17,144.
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	
17	Add any amount from Schedule 5 460.	460.
18	Add lines 16 and 17. These are your total payments	17,604.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	4,311.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	4,311.
b	Routing number 082000073 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 487001625706	
21	Amount of line 19 you want applied to your 2019 estimated tax	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	
23	Estimated tax penalty (see instructions)	

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

Standard Deduction for—

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

Direct deposit? See instructions.

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

SARMA KANAPALLE & SWATHI NISTALA

Your social security number

676-18-5134

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	-2,500.
	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	-2,500.	
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 5
(Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

SARMA KANAPALLE & SWATHI NISTALA

Your social security number

676-18-5134

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	460.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	
75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75	460.	

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

REV 02/14/19 PRO

Schedule 5 (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

SARMA KANAPALLE & SWATHI NISTALA

Your social security number

676-18-5134

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 500072				
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	4		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		3,000.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		3,000.		
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		-2,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,500.)	()
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				
e	Total of all amounts reported on line 20 for all properties	23e		3,000.		
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	(2,500.)		
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				-2,500.

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

► Go to www.irs.gov/Form8867 for instructions and the latest information.

2018

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SARMA KANAPALLE & SWATHI NISTALA	Taxpayer identification number 676-18-5134
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Enter preparer's name and PTIN ARVSSMANIKUMAR	PTIN P02090332
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Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2018
Attachment
Sequence No. **88**

Name(s) shown on return

SARMA KANAPALLE & SWATHI NISTALA

Identifying number

676-18-5134

Part I 2018 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(2,500.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		-2,500.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-2,500.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		2,500.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	132,928.	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	17,072.	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		8,536.
10 Enter the smaller of line 5 or line 9	10		2,500.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		0.
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		2,500.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
HYDERABAD	0.	2,500.			2,500.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	2,500.			

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
HYDERABAD	E Ln 22	2,500.	1.00000000	2,500.	0.
Total		2,500.	1.00	2,500.	0.

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

SARMA KANAPALLE & SWATHI NISTALA

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status					MFJ
Total income					130,428.
Adjustments to income					
Adjusted gross income					130,428.
Tax expense					8,186.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction					
Taxable income					106,428.
Tax					15,293.
Alternative min tax . .					
Total credits					2,000.
Other taxes					
Payments					17,604.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					4,311.
Effective tax rate % . .					10.19
**Tax bracket %					22.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SARMA KANAPALLE & SWATHI NISTALA) and Social Security Number (676-18-5134)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and Input field (85134, 20440, 03/15/2019)

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name KANAPALLE
 First name SARMA
 Middle initial _____ Suffix _____
 Social security no. 676-18-5134
 Occupation SOFTWARE ENGINEER
 Date of birth 05/17/1982 (mm/dd/yyyy)
 Age as of 1-1-2019 36
 Date of death _____
 Legally blind
 E-mail address ksgsharma@gmail.com
 Work phone (501) 398-7885 Ext _____
 Cell phone (501) 398-7885
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) NISTALA
 First name SWATHI
 Middle initial _____ Suffix _____
 Social security no. 848-62-0440
 Occupation HOME MAKER
 Date of birth 05/16/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death _____
 Legally blind
 E-mail address ksgsharma@gmail.com
 Work phone (501) 398-7885 Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer work phone (501) 398-7885
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 3200 SW PEBBLE ST Apt no. 21
 City BENTONVILLE State AR ZIP code 72713

Foreign Address: Check this box to use foreign address . . ▶

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____
- 5 Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2018 Code	Not qual credit other dep Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
NIRVAAN KANNEPALLI		187-37-2655 Son	01/19/2018	0			L	

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Part-Year Resident State Allocation Worksheet

2018

► Keep for your records

Name(s) Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
--	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	132,928.	<u>AR</u>	<u>AR</u>	<u>47,950.</u>
		<u>OH</u>	<u>OH</u>	<u>64,170.</u>
		<u>AR</u>	<u>AR</u>	<u>20,808.</u>
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T	-2,500.	See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	130,428.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Reserved						
S Reserved						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T	130,428.					

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SARMA KANAPALLE & SWATHI NISTALA) and Social Security Number (676-18-5134)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Options for Taxpayer and Spouse with a note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Options for Taxpayer and Spouse with a note: Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: AR, License number: 930292928, Issue date: 10/09/2018, Expiration date: 02/15/2025, Does not expire: []

Spouse:

Issuing state: ____, License number: ____, Issue date: ____, Expiration date: ____, Does not expire: []

State Identification Card Detail

Taxpayer:

Issuing state: ____, Identification number: ____, Issue date: ____, Expiration date: ____, Does not expire: []

Spouse:

Issuing state: ____, Identification number: ____, Issue date: ____, Expiration date: ____, Does not expire: []

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- Options for Client Status: New client, Returning client to same preparer and firm, Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: SARMA KANAPALLE & SWATHI NISTALA; Social Security Number: 676-18-5134

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln, Cumming, GA 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: ARVSSMANIKUMAR; Address: 2530 Pebble Creek Ln, Cumming, GA 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; E-mail Address: KUMAR@GTAXFILE.COM

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer (checkboxes)

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
- Kosovo Operation
- Afghanistan/Enduring Freedom
- Desert Storm
- Haiti
- Former Yugoslavia
- UN Operation
- Joint Guard
- Joint Forge
- Northern Watch
- Operation Allied Force
- Northern Forge
- Combat Zone Deployment Date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser)	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information)	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method.	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report	▶ N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities.	▶ N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel	▶ N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
WAL-MART ASSOCIATES INC		47,950.	9,487.	47,950.	3,057.
TATA CONSULTANCY SERVICES LIMITED		64,170.	5,725.	64,170.	2,383.
PROTECH SOLUTIONS INC		20,808.	1,932.	20,808.	1,142.
Totals		132,928.	17,144.	132,928.	6,582.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	132,928.		132,928.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	17,144.		17,144.
3 & 7	Total social security wages/tips	135,815.		135,815.
4	Total social security tax withheld	8,421.		8,421.
5	Total Medicare wages and tips	135,815.		135,815.
6	Total Medicare tax withheld	1,968.		1,968.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	14,732.		14,732.
b	Elective deferrals to qualified plans	2,887.		2,887.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	11,845.		11,845.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses. . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	132,928.		132,928.
17	Total state tax withheld	6,582.		6,582.
19	Total local tax withheld.	1,604.		1,604.

Name as shown on return
SARMA KANAPALLE

Social Security Number
676-18-5134

Employer EIN 71-0794409

Employer Name WAL-MART ASSOCIATES INC

Name (cont.)

Street Address or P. O. Box 702 SW 8TH STREET

City BENTONVILLE State AR ZIP 72716-0135

Foreign Province/County

Foreign Postal Code

Foreign Country

Spouse's W-2

Do not transfer this W-2 to next year

X Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 47,950.
2 Federal tax withheld 9,487.
3 Social security wages 49,473.
4 Social sec tax withheld 3,067.
5 Medicare wages and tips 49,473.
6 Medicare tax withheld 717.
7 Social security tips
8 Allocated tips

13 b X Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G.

Table with 4 columns: Box 15 State, Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 Verification Code
10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

SARMA KANAPALLE	676-18-5134 Page 2
Employer Name <u>WAL-MART ASSOCIATES INC</u>	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee B <input type="checkbox"/> Deducting expenses in connection with this income C <i>If deducting expenses, double click to link to Schedule C</i>	C	
---	----------	--

Part II Clergy, church employees, members of recognized religious sects

Clergy only: D Designated housing or parsonage allowance E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value F If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance 4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361 Non-Clergy only: G If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income 2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029	D E	
---	----------------------	--

Part III Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer 2 Tips less than \$20 in a month which were not required to be reported 3 Value of non-cash tips, such as tickets or passes, not reported 4 Actual amount of allocated tips if different than the amount in box 8 5 Tips paid out through a tip-sharing arrangement 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5	
--	---	--

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay
 Non-standard W-2 (handwritten, typewritten, or altered in any way)
 Corrected W-2
 Income from Paid Family Leave
 Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 676-18-5134

First name M.I. Last name Suff.
SARMA _____ KANAPALLE _____

Address City St ZIP code
3200 SW PEBBLE ST, Apt. 21 BENTONVILLE AR 72713

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return SARMA KANAPALLE	Social Security Number 676-18-5134
--	---------------------------------------

Employer EIN 98-0429806
Employer Name TATA CONSULTANCY SERVICES LIMITED
 Name (cont.) _____
Street Address or P. O. Box 379 THORNALL STREET
City EDISON **State** NJ **ZIP** 08837
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	64,170.	2 Federal tax withheld	5,725.
3 Social security wages	64,170.	4 Social sec tax withheld	3,979.
5 Medicare wages and tips	64,170.	6 Medicare tax withheld	930.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	8,868.	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	52-6502299	64,170.	2,383.

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
01-COLUM	64,170.	1,604.	OH

9 Verification Code **9** _____
10 Dependent care benefits (Check if employer furnished care at work) . . . ▶ **10** _____
 Dependent care benefits - Amount forfeited from flexible spending account . . . _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

SARMA KANAPALLE

676-18-5134 Page 2

Employer Name TATA CONSULTANCY SERVICES LIMITED

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 676-18-5134
First name M.I. Last name Suff.
SARMA KANAPALLE
Address City St ZIP code
3200 SW PEBBLE ST, Apt. 21 BENTONVILLE AR 72713
Foreign Province/County Foreign Postal Code
Foreign Country

► Keep for your records

Name as shown on return
SARMA KANAPALLE

Social Security Number
676-18-5134

Employer EIN 73-1465867

Employer Name PROTECH SOLUTIONS INC

Name (cont.)

Street Address or P. O. Box 303 W CAPITOL AVE

City . LITTLE ROCK State AR ZIP 72201

Foreign Province/County

Foreign Postal Code

Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year

Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	20,808.	2	Federal tax withheld	1,932.
3	Social security wages	22,172.	4	Social sec tax withheld	1,375.
5	Medicare wages and tips	22,172.	6	Medicare tax withheld	321.
7	Social security tips		8	Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on Form 2555
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	14.	A: Enter amount attributable to RRTA Tier 2 tax
D	1,364.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AR	12301087WHW	20,808.	1,142.

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

9	Verification Code	9	
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

<u>SARMA KANAPALLE</u>	<u>676-18-5134</u> Page 2
Employer Name <u>PROTECH SOLUTIONS INC</u>	

Part I Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <i>If deducting expenses, double click to link to Schedule C</i>		

Part II Clergy, church employees, members of recognized religious sects

Clergy only:		D	
D	Designated housing or parsonage allowance		
E	Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		
F If no FICA was withheld, check the applicable box below			E
1	<input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2	<input type="checkbox"/> Pay self-employment tax on W-2 income only		
3	<input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
Non-Clergy only:			
G If no FICA was withheld, check the applicable box below			
1	<input type="checkbox"/> Pay self-employment tax on this W-2 income		
2	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029		

Part III Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer	H1		
2 Tips less than \$20 in a month which were not required to be reported		H2	
3 Value of non-cash tips, such as tickets or passes, not reported		H3	
4 Actual amount of allocated tips if different than the amount in box 8		H4	
5 Tips paid out through a tip-sharing arrangement		H5	
6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax			

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 676-18-5134

First name SARMA M.I. Last name KANAPALLE Suff. _____

Address 3200 SW PEBBLE ST, Apt. 21 City BENTONVILLE St AR ZIP code 72713

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

Name as Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security No. 676-18-5134
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2018 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result	1	<u>2,000.</u>	
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2		
3	Add lines 1 and 2	3	<u>2,000.</u>	
4	Enter the amount from Form 1040, line 7	4	<u>130,428.</u>	
5	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040NR filers: Enter -0-.	5	<u>0.</u>	
6	Add lines 4 and 5. Enter the total	6	<u>130,428.</u>	
7	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$400,000 All other filing statuses — \$200,000 	7	<u>400,000.</u>	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9	<u>0.</u>	
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>	10	<u>2,000.</u>	

Part 2

11	Enter the amount from Form 1040, line 11	11	<u>15,293.</u>	
12	Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	<u>0.</u>	
13	Subtract line 12 from line 11	13	<u>15,293.</u>	
14	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14	<u>0.</u>	
15	Subtract line 14 from line 13. Enter the result	15	<u>15,293.</u>	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16	<u>2,000.</u>	

This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, line 12a

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 17b, only if you answered 'Yes' on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72)
- Then, use Schedule 8812 to figure any additional child tax credit.

Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
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Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

	Federal	State	ID	Local	ID
Tax Payments Other Than Withholding (If multiple states, see Tax Help)					
6 Overpayments applied to 2018					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2018 extensions					

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	17,144.	6,582.	1,604.
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	17,144.	6,582.	1,604.
20 Total Tax Payments for 2018	17,144.	6,582.	1,604.

	State	ID	Local	ID
Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)				
21 Tax paid with 2017 extensions				
22 2017 estimated tax paid after 12/31/2017				
23 Balance due paid with 2017 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	132,928.		132,928.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	132,928.		132,928.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	132,928.		132,928.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	132,928.		132,928.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	132,928.		132,928.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	132,928.		132,928.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	132,928.		132,928.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	132,928.		132,928.

Keep for your records

Name(s) shown on return

SARMA KANAPALLE & SWATHI NISTALA

Social Security No.

676-18-5134

General Information:

Property description BUILDING
Property type. . . 4 Commercial If type is other, enter a description
Location (street address) HYDERABAD
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state TELANGANA
Foreign postal code 500072 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk. []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

HYDERABAD, HYDERABAD, TELANGANA, 500072, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	500.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	500.	100.000000	500.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other . .					
13 Other interest	3,000.		3,000.		
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	3,000.		3,000.		
21 Income or (loss)			-2,500.		
22 Deductible rental real estate loss			-2,500.		

Federal Carryover Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return <u>SARMA KANAPALLE & SWATHI NISTALA</u>	Social Security Number <u>676-18-5134</u>
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2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2017	2018
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		8,186.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		130,428.
6	Tax liability for Form 2210 or Form 2210-F		13,293.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2017	2018
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2018
		b	2017
		c	2016
		d	2015
		e	2014
		f	2013
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018
		b	2017
		c	2016
		d	2015
		e	2014
		f	2013

► Keep for your records

Name(s) Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
---	---------------------------------------

Description	Amount
Income	
Wages	132,928.
Interest income before Series EE bond exclusion	_____
Dividend income	_____
Tax refund	_____
Alimony received	_____
Nonpassive business income or loss	_____
Royalty and nonpassive rental activities income or loss	_____
Nonpassive partnership income or loss	_____
Nonpassive S corporation income or loss	_____
Nonpassive farm rental income or loss	_____
Nonpassive farm income or loss	_____
Nonpassive estate and trust income or loss	_____
Real estate mortgage investment conduits	_____
Business gains and losses from nonpassive activities	_____
Capital gains and losses	_____
Taxable IRA distributions	_____
Taxable pension distributions	_____
Unemployment compensation	_____
Other income	_____
Total income	132,928.
Adjustments	
Educator expenses	_____
Certain business expenses of reservists, performing artists, and government officials	_____
Health savings account deduction	_____
Moving expenses	_____
Self-employed SEP, SIMPLE, and qualified plans	_____
Self-employed health insurance deduction	_____
Penalty on early withdrawals of savings	_____
Alimony paid	_____
Other adjustments	_____
Total adjustments	_____
Modified adjusted gross income	132,928.

Tax Summary Report

2018

Name(s) Shown on Return
 SARMA KANAPALLE & SWATHI NISTALA

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	132,928.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-2,500.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	130,428.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 130,428.

Itemized/Standard Deductions

Medical and dental	
Taxes	8,186.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Phaseout of itemized deductions	
Total Itemized Deductions	8,186.
Standard deduction	24,000.

Taxable Income 106,428.

Income tax	15,293.
Alternative minimum tax	
Total Taxes before Credits	15,293.
Nonbusiness credits	2,000.
Business credits	
Total Credits	2,000.
Self-employment tax	
Other taxes	

Total Tax 13,293.

Withholding	17,144.
Estimated tax payments	
Other payments	460.
Total Payments	17,604.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 4,311.

Refund 4,311.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	22.0 %
Effective tax rate	10.19 %

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

<p>Paid Preparer Smart Worksheet</p> <p>If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).</p> <p>A Enter paid preparer code from Firm/Preparer Info. <u> 1 </u></p>

SMART WORKSHEET FOR: Federal Information Worksheet

<p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="text-align: center;">Refer to Tax Help</p>
--

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>8,421.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,968.</u>
C	Enter any amount from Form 8959, line 7 <u>0.</u>
D	Add line A, B, and C <u>10,389.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>10,389.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J _____
O	Add line L, M, and N _____
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. <u>10,389.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Active RE		
Schedule E			
D Tentative profit (loss)	-2,500.		-2,500.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-2,500.		-2,500.
Related Dispositions			
J Tentative profit (loss)			
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed			

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Qualified Business Income Deduction Info	
A	Is this activity a qualified trade or business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>
B	Trade or Business Name _____
C	Trade or Business ID Number _____
D	Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No If No, is income attributable to SSTB? <input type="checkbox"/> Yes <input type="checkbox"/> No If income is attributable to SSTB, select QBI worksheet of associated SSTB. _____ Percentage of qualified income attributable to SSTB _____ %
E	1 Tentative Schedule E profit (loss) from this business _____ 2 Reductions to qualified business income _____ 3 Schedule E qualified business income _____ 4 Allowable Schedule E profit (loss) after passive/at-risk limits _____ 4 Portion of Schedule E profit (loss) attributable to co-owned SSTB _____ 5 Allowable Schedule E profit (loss) allocated to SSTB _____ 6 Allowable Schedule E profit (loss) from this business _____
F	1 Ordinary gain (loss) from business assets _____ 2 Ordinary gain (loss) not part of QBI. _____ 3 Qualified ordinary gain (loss) _____ 4 Allowable ordinary qualified gain (loss) after passive/at-risk limits _____ 5 Allowable ordinary gain (loss) allocated to SSTB _____ 6 Allowable ordinary gain (loss)/recapture from this business _____
G	1 Section 1231 gain (loss) from business assets _____ 2 Section 1231 gain (loss) not related to qualified business income _____ 3 Section 1231 gain (loss) from qualified business _____ 4 Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. _____ 5 Allowable ordinary 1231 gain (loss) allocated to SSTB _____ 6 Allowable ordinary 1231 gain (loss) from this business _____
H	1 Allowable QBI (E6 plus F6 plus G6) _____ 2 Qualified business income allocated to SSTB (E5 plus F5 plus G5). _____
I	1 Qualified wages _____ 2 Qualified wages allocable to this business _____ 3 Qualified wages allocable to SSTB _____
J	1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA) _____ 2 Adjustments _____ 3 Qualified UBIA _____ 4 Qualified UBIA allocable to SSTB _____
K	QBI worksheet to report, double click to link _____



2018 Ohio IT 1040 Individual Income Tax Return



03 19 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 676 18 5134 If deceased check box Spouse's SSN (if filing jointly) 848 62 0440 If deceased check box Enter school district # for this return (see instructions). SD# 0202

First name SARMA M.I. Last name KANAPALLE

Spouse's first name (only if married filing jointly) SWATHI M.I. Last name NISTALA

Address line 1 (number and street) or P.O. Box 3200 SW PEBBLE ST

Address line 2 (apartment number, suite number, etc.) APT 21

City BENTONVILLE State AR ZIP code 72713 Ohio county (first four letters) BELM

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident X Part-year resident Nonresident Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident X Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

X Married filing jointly

Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Ohio Political Party Fund

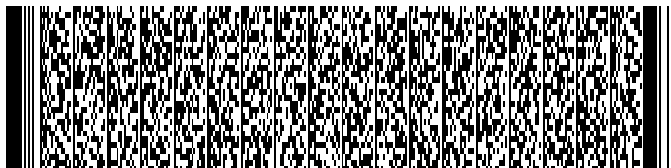
Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



0033
 Department of
 Taxation
 Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



SSN 676 18 5134

18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	124878	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	4080	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	4080	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE).....	9.	2073	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	2007	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> ...12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	2007	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	2383	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE).....	16.		00
17. Amended return only – amount previously paid with original and/or amended return.....	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	2383	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	2383	00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13).....	24.	376	00
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Breast / cervical cancer	b. Wishes for Sick Children	c. Wildlife species	
00	00	00	
d. Military injury relief	e. Ohio History Fund	f. State nature preserves	
00	00	00	
		Total...26g.	00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	376	00

<p>Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number (501) 398-7885</p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p>
	<p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>
<p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) PP02090332</p>	



2018 Ohio Schedule of Credits

Nonrefundable and Refundable



18280133 Sequence No. 7

03 19 19

SSN of primary filer
676 18 5134

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	4080	00
2. Retirement income credit (see instructions for table; include 1099-R forms).....	2.		00
3. Lump sum retirement credit (see instructions for worksheet; include a copy).....	3.		00
4. Senior citizen credit (must be 65 or older to claim this credit).....	4.		00
5. Lump sum distribution credit (see instructions for worksheet; include a copy).....	5.		00
6. Child care and dependent care credit (see instructions for worksheet).....	6.		00
7. Displaced worker training credit (see instructions for all required documentation).....	7.		00
8. Campaign contribution credit for Ohio statewide office or General Assembly.....	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions).....	9.	0	00
10. Total (add lines 2 through 9).....	10.	0	00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	4080	00
12. Joint filing credit (see instructions for table). _____% times the amount on line 11.....	12.	0	00
13. Earned income credit.....	13.		00
14. Ohio adoption credit.....	14.		00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	15.		00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.		00
17. Credit for purchases of grape production property.....	17.		00
18. InvestOhio credit (include a copy of the credit certificate).....	18.		00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.		00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.		00
21. Research and development credit (include a copy of the credit certificate).....	21.		00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.		00
23. Total (add lines 12 through 22).....	23.	0	00
24. Tax less additional credits (line 11 minus line 23; if less than zero, enter zero).....	24.	4080	00

Do not staple or paper clip.





2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

676 18 5134



18280233

Sequence No. 8

Nonresident Credit

Date of nonresidency 10 01 18 to 12 31 18 State of residency AR

- 25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)25. 66258 00
- 26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)26. 130428 00
- 27. Divide line 25 by line 26 and enter the result here (four digits; do not round). .5080
Multiply this factor by the amount on line 24 to calculate your nonresident credit 27. 2073 00

Resident Credit

- 28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident 28. 00
- 29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)29. 00
- 30. Divide line 28 by line 29 and enter the result here (four digits; do not round).
Multiply this factor by the amount on line 24 and enter the result here30. 00
- 31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia 31. 00
- 32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax 32. 00
- 33. **Total nonrefundable credits** (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..33. 2073 00

Refundable Credits

- 34. Historic preservation credit (include a copy of the credit certificate) 34. 00
- 35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..35. 00
- 36. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... 36. 00
- 37. Motion picture production credit (include a copy of the credit certificate)..... 37. 00
- 38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)..... 38. 00
- 39. Venture capital credit (include a copy of the credit certificate) 39. 00
- 40. **Total refundable credits** (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)..... 40. 00

Do not staple or paper clip. 0033



Department of Taxation
Rev. 11/18

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



18230133

Sequence No. 9

03 19 19

Tax Year
2018

SSN of primary filer (required)
676 18 5134

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- | | | |
|--|--|---|
| 1. Dependent's SSN (required)
187 37 2655
Dependent's first name (required)
NIRVAAN | Dependent's date of birth (MM DD YYYY - Required)
01 19 2018
M.I. Dependent's Last name (required)
KANNEPALLI | Dependent's relationship to you (required)
SON |
| 2. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 3. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 4. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 5. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 6. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 7. Dependent's SSN (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |

Do not staple or paper clip.



Part I — Personal Information

Taxpayer:

Last Name KANAPALLE
First Name SARMA
Middle Initial _____ Suffix _____
Social Security No. . . 676-18-5134
Date of Birth 05/17/82
Date of Death _____
Work Phone (501)398-7885

Spouse:

Last Name NISTALA
First Name SWATHI
Middle Initial _____ Suffix _____
Social Security No. . . . 848-62-0440
Date of Birth 05/16/88
Date of Death _____
Work Phone (501)398-7885

Home Phone _____
Print this phone number on the forms Home Taxpayer work Spouse work

Street Address 3200 SW PEBBLE ST Apartment 21
City BENTONVILLE State . AR ZIP Code 72713
County Belmont School District Number 0202

Note: Non-resident choose Franklin as County

Address has been reviewed and verified?

Foreign country _____ Foreign postal code _____
Foreign code _____

E-Mail address . KSGSHARMA@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

- Form IT 1040: Individual Income Tax Return (Long form) ▶ _____
- Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse ▶ _____
- Form IT NRS: Ohio Nonresident Statement ▶ _____

NOTE: Form IT NRS must be mailed separately and will not be efiled with the above forms.
DO NOT ENCLOSE OR ATTACH IT NRS with any other form/affidavit, it must be mailed separately.

Ohio School District Tax Return

Form SD 100: School District Tax Return ▶ _____

Ohio Commercial Activity Tax (CAT) Return

Form CAT 1: Commercial Activity Tax Registration ▶ _____

Ohio Municipal Tax Return

- Akron, Form IR ▶ _____
- Canton ▶ _____
- CCA - Exemption Certificate, Form 120-16-EC ▶ _____
- CCA - City Tax Form, Form 120-16-IR ▶ _____
- Cincinnati ▶ _____
- Columbus, Form IR-25 ▶ _____
- Dayton, Form R-I ▶ _____
- Generic City, Form R ▶ _____
- R.I.T.A., Individual Declaration of Exemption ▶ _____
- R.I.T.A., Form 37 ▶ _____

Part III — Resident Status

TP **SP** (TP - Taxpayer, SP - Spouse)
 Full-Year Resident of OH
 Nonresident of OH State of Residency, or **TP** _____ **SP** _____
Country of Residency **TP** _____ **SP** _____
 Part-Year Resident of OH From: 01/01 To: 09/30

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC ▶ _____

Part IV – Filing Status

- 1 Single or head of household or qualifying widow(er)
- 2 Married filing joint (even if only had one income)
- 3 Married filing separate returns

Part V – Lump Sum Distribution and Retirement Credits

- TP SP** (TP - Taxpayer, SP - Spouse)
- Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?
 - Are claiming the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?
 - Claim the the Ohio Lump Sum **Retirement** Credit in a prior year?

Part VI – Other Information

Ohio Political Party Fund (Note: Checking 'Yes' will not increase your tax or decrease your refund.)

- Yes No**
- Do you want \$1 to go to this fund?
 - If filing a joint return, does your spouse want \$1 to go to this fund?

Farmer/Fisherman

- At least 2/3 of your current year gross income was from farming or fishing
- Above farmer box is checked and return will be filed and tax due paid by: April 15, 2019.

Pay by Credit Card - You have paid or will pay with a credit card:

- Form IT 1040
- Form SD 100

Sales/Use Tax

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax

County use tax percentage rate

Amount of tax that you owe on out-of-state purchases.

Nonresidents: Use Tax County

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

- The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled

Date return was accepted by the state

Enter the date Form IT 40P was given to client

Perjury Statement Acceptance

Before you can transmit the return to the Intuit Electronic Filing Center, the taxpayer and spouse (if a joint return) must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

- Taxpayer's acceptance of the above Perjury Statement
- Spouse's acceptance of the above Perjury Statement

Non Paid Preparer Information

Name

Enter one of the following identification numbers:

SSN . PTIN . Site ID #

Address

Street Address

City State ZIP code

Non Paid Preparer Phone Number

Foreign address information

Foreign Province

Foreign Country . Foreign Postal Code . . .

Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information

Form IT 1040, Income Tax Return

Yes No
[X] Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit of a state tax refund:

Name of Financial Institution (optional) Bank Of America
Account type Checking [X] Savings
Routing number 082000073
Account number 487001625706

International ACH Transaction:

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

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

Form SD 100, School District Income Tax Return(s)

Yes No
[] [X] Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of SD tax payment (EF Only)?

International ACH Transaction:

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

Enter the following information if your client requests direct deposit of a school district tax refund:

Name of Financial Institution (optional)
Account type Checking [] Savings []
Routing number
Account number

Enter the payment date to withdraw from the account above
Form(s) SD 100, School District number
Form(s) SD 100, Balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

Part IX — Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) 1

Yes No
[] [] Authorize preparer to contact the Ohio Department of Taxation regarding this return

Part X — Extension Status

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

Form IT 1040, Income Tax Return

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No
[] [X] Has the tax return due date been extended for a six month extension?
Extended due date

Form IT 40P, Extension Payment Voucher

Form SD 100, School District Income Tax Return

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No
[] [X] Has the tax return due date been extended for a six month extension?
Extended due date

Form SD 40P, School Extension Payment Voucher

Tax Payments Worksheet

2018

▶ Keep for your records

Name SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			2,383.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			2,383.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2018 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Form IT 1040, Tax Smart Worksheet	
<input type="checkbox"/>	Use tax table 1 only (for less than \$100,000 taxable income on line 7a)
<input type="checkbox"/>	Use tax table 2 only
a	Tax from tax table 1 (if line 7a is less than \$100,000 only) _____
b	Tax from tax table 2 <u>4,080.</u>
c	Smaller of line a and line b <u>4,080.</u>

SMART WORKSHEET FOR: Ohio Schedule of Credits

Ohio Adoption Credit Smart Worksheet for 2018 and 5 Year Carryforward	
Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:	
<ol style="list-style-type: none"> 1. \$1,500, or 2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C). 	
	Child's Name
	Expenses
Number of children adopted in 2018 ▶ <u>0</u>	
Ohio adoption credit carryover from 2014 (5 year carryforward) _____	
Ohio adoption credit carryover from 2015 (5 year carryforward) _____	
Ohio adoption credit carryover from 2016 (5 year carryforward) _____	
Ohio adoption credit carryover from 2017 (5 year carryforward) _____	
Total adoption credit available _____	
Total adoption credit claimed in 2018 _____	
2014 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2015 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2016 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2017 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2018 Ohio adoption credit carryforward to next year (5 year carryforward) _____	

2018 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__

PROSERIES

Primary's Legal First Name MI Last Name Primary's Social Security Number Spouse's Legal First Name MI Last Name Spouse's Social Security Number Mailing Address City State or Province Zip Foreign Country Name

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: PART YEAR RESIDENT: (List State of residence) (Dates Lived in AR)

FILING STATUS Check Only One 1. Single (Or widowed before 2018 or divorced at end of 2018) 2. Married Filing Joint (Even if only one had income) 3. Head of Household (See Instructions) 4. Married Filing Separately on the Same Return 5. Married Filing Separately on Different Returns 6. Qualifying Widow(er) with dependent child

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself Spouse 65 or Over 65 Special Blind Deaf Head of Household/Qualifying Widow(er) Multiply number of boxes checked 7A x \$26 = 52.00

Dependents (Do not list yourself or spouse) First Name Last Name Dependent's Social Security Number Dependent's relationship to you 1. NIRVAAN KANNEPALLI 187-37-2655 SON 7B. Multiply number of DEPENDENTS from above 7B x \$26 = 26.00 7C. First name of Qualifying Individual(s) from AR1000RC5: Multiply number of individuals from 7C 7C x \$500 = 00 7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 34) 7D 78.00

ROUND ALL AMOUNTS TO WHOLE DOLLARS (A) Primary/Joint Income (B) Spouse's Income Status 4 Only (C) Arkansas Income Only 8. Wages, salaries, tips, etc: 132,928.00 68,758.00 9A. U.S. Military compensation: 00 9B. U.S. Military compensation: 00 10. Interest income: 00 11. Dividend income: 00 12. Alimony and separate maintenance received: 00 13. Business or professional income: 00 14. Capital gains/(losses) from stocks, bonds, etc: 00 15. Other gains or (losses): 00 16. Non-Qualified IRA distributions and taxable annuities: 00 17A. U.S. Military pension: 00 17B. U.S. Military pension: 00 18A. Your/Spouse Employer pension plan(s)/Qualified IRA(s): 00 18B. Spouse Employer pension plan(s)/Qualified IRA(s): 00 19. Rents, royalties, partnerships, estates, trusts, etc.: -2,500.00 0.00 20. Farm income: 00 21. Unemployment: 00 22. Other income/depreciation differences: 00 23. TOTAL INCOME: 130,428.00 68,758.00 24. TOTAL ADJUSTMENTS: 00 00 25. ADJUSTED GROSS INCOME: 130,428.00 68,758.00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SARMA; Last Name: KANAPALLE; Primary's Social Security Number: 676-18-5134; Spouse's Legal First Name and Middle Initial: SWATHI; Last Name: NISTALA; Spouse's Social Security Number: 848-62-0440; Mailing Address: 3200 SW PEBBLE ST, APT. 21; Telephone: (501) 398-7885; City: BENTONVILLE; State or Province: AR; ZIP: 72713; Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income, 130,428.00; Row 2: Net Tax, 4,034.00; Row 3: State Income Tax Withheld, 4,199.00; Row 4: Refund, 165.00; Row 5: Tax Due, 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2018 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: Primary's Signature, Date, Spouse's Signature, Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only: ERO'S Signature, Date, Check if paid preparer, Check if self-employed, P02090332, Your SSN or PTIN, GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196, Firm's name and address, FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Preparer's Signature, Date, Check if self-employed, P02090332, Preparer's SSN or PTIN, ARVSSMANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196, Firm's name and address, FEIN

Arkansas Information Worksheet

2018

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SARMA
Middle Initial Suffix
Last Name KANAPALLE

Social Security No. . . 676-18-5134
Date of Birth 05/17/1982 (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation SOFTWARE ENGINEER
E-mail address
Work Phone (501) 398-7885 X
Home phone

Spouse:

First Name SWATHI
Middle Initial Suffix
Last Name NISTALA

Social Security No. . . 848-62-0440
Date of Birth 05/16/1988 (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation HOME MAKER
E-mail address
Work Phone (501) 398-7885

Street Address . . . 3200 SW PEBBLE ST Apt No. . . 21
City BENTONVILLE State/Province . . AR
ZIP Code 72713 Foreign Country

Check to confirm address information is correct X

Part II - Main Form

- Form AR1000F: Full-Year Resident (Long Form)
Form AR1000NR: Nonresident Form.
X Form AR1000NR: Part-year resident.

QuickZoom to enter Nonresident/Part-year resident income allocations

State of residence
Dates lived in Arkansas in 2018 From 10/01/2018 To 12/31/2018
(mm/dd/yyyy) (mm/dd/yyyy)

Part III - Filing Status

- 1 Single (or widowed before 2018 or divorced at end of 2018)
X 2 Married Filing Joint (even if only one had income)
3 Head of Household. If the qualifying person is your child but not your dependent, enter child's name here
4 Married Filing Separately on same return
5 Married Filing Separately on different return. List spouse's full name and social security number: Spouse's Name . . . Spouse's SSN . . .
6 Qualifying Widow(er) with dependent child (year spouse died . . .)

Exemptions:

Table with columns Taxpayer and Spouse, and rows for Personal, 65 or Over, 65 Special, Blind, Deaf, Head of Household or Qualifying Widow(er). X marks are present in the first two rows.

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* Check box if totally & permanently disabled	* Select type if developmentally disabled ▼
NIRVAAN	KANNEPALLI	187-37-2655	Son	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

Itemize even if itemized deductions are less than the standard deduction
 Filing status is married filing separately and spouse itemizes deductions
 Take the standard deduction even if less than itemized deductions

Authorization:

Yes No
 Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No
 The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.
QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

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

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

Driver's License

Note: Please enter driver's license information on Federal Identification Verification Worksheet.

	Taxpayer	Spouse
State Issued Driver's License	<u>Arkansas</u>	_____
Driver's License Number	<u>930292928</u>	_____
Date Driver's License Issued	<u>10/09/2018</u>	_____
Date Driver's License Expires	<u>02/15/2025</u>	_____

State ID

	Taxpayer	Spouse
Issuing State	_____	_____
State Identification number	_____	_____
State ID Issue Date	_____	_____
State ID Expiration Date	_____	_____

Date return was EFiled ▶ _____

Date return was accepted by the state ▶ _____

Enter the date Form AR1000-V was given to client ▶ _____

Date Form AR8453 mailed to the state (IF NEEDED) ▶ _____

QuickZoom to Form AR8453 Additional Information SmartWorksheet ▶ **→**

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No

Do you want to elect **direct deposit** of state tax refund?

Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Bank Of America

Check the appropriate box:

Checking	▶ <input checked="" type="checkbox"/>	Routing number	▶ <u>082000073</u>
Savings	▶ <input type="checkbox"/>	Account number	▶ <u>487001625706</u>

Enter payment date to withdraw from the account above ▶ _____

State balance-due amount from this return ▶ _____

International ACH Transactions

Yes No

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

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

Yes No

Has the tax return due date been extended by filing IRS Form 4868?

Federal Form 4868 "Out of the Country" checkbox checked?

Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?

Extended due date _____

Filing and acceptance information (Electronic Filing Only)

File extension electronically?

Extension accepted?

Extension filing date _____

Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No

Use electronic funds withdrawal of extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

Balance-due amount paid with this extension _____

QuickZoom to Form AR1055, Application for Extension of Time to File. **➔** _____

Income Allocation Worksheet

2018

► Keep for your records

Name as Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
---	---------------------------------------

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR100NR)
1 a Taxpayer wages, salaries, tips, etc.	132,928.			68,758.
b Spouse wages, salaries, tips, etc.				
Line 1 total			132,928.	
Note: Excess moving expense reimbursement included in line 1a or 1b				
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total				
3 Interest income				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 a Taxpayer U.S. Military pension				
b Spouse U.S. Military pension				
Line 10 total				
11 Employer-sponsored pension plan and qualified IRA distributions				
Taxpayer				
Spouse				
Line 11 total				
12 Rents, royalties, partnerships, trusts, etc	-2,500.		-2,500.	0.
13 Farm income				
14 Unemployment				
15 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E	0.		0.	
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Sale of properties/assets				
Line 15 total	0.		0.	
16 Other income/Loss:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Rural physician incentives				
m Excess reimbursement from AR2106				
n Certain business expenses of fee-basis government officials				
o Certain business expenses of performing artists				
p Other income/Loss				
Line 16 total (Add line a to line k, minus line l to line o, add line p)				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Part-Year Resident/Nonresident Allocation Worksheet 2018

▶ Keep for your records

Name(s) as Shown on Return SARMA KANAPALLE & SWATHI NISTALA	Your Social Security No. 676-18-5134
---	--

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from AR sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	132,928.	68,758.	64,170.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T	-2,500.	0.	-2,500.	0.
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	130,428.	68,758.	61,670.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse ↘		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from AR sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Reserved T				
	S				
35	Reserved T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	130,428.	68,758.	61,670.	0.
	S				

Tax Payments Worksheet

2018

▶ Keep for your records

Name SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

		Spouse		Taxpayer
9	State withholding on Forms W-2			4,199.
10	State withholding on Forms W-2G Less withholding from electronic games of skill			
11	State withholding on Forms 1099-R			
12 a	State withholding on Forms 1099-MISC			
	b State withholding on Forms 1099-G			
	c State withholding on Forms 1099-K			
13	Other state tax withholding			
14	Total income tax withheld			4,199.
15	Date return will be filed and balance paid		15	

Smart Worksheets from your 2018 Arkansas Tax Return

SMART WORKSHEET FOR: Declaration for electronic filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax	0.	0.
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0.	0.
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years	0.	0.
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	5,000.	5,000.
E Amount available towards current year contribution	0.	0.
F Enter any current year contributions to Arkansas Tuition Savings Program	0.	0.
G Arkansas tuition contribution carryovers from prior years	0.	0.
2017	0.	0.
H Amount applied towards current year Arkansas Tuition Savings Program contributions	0.	0.
I Total deduction for Tuition Savings Program (Line B+Line D+Line H)	0.	0.
J Arkansas tuition contribution carryforward to next year	0.	0.
2017	0.	0.
2018	0.	0.

SMART WORKSHEET FOR: Part-Year/Nonresident Allocation Wks

Rent/Royalties Smart Worksheet					
A Rents and royalties	T	-2,500.	0.	-2,500.	0.
	S				
B K-1 Partnership	T				
	S				
C K-1 S Corporation	T				
	S				
D K-1 Estate or Trust	T				
	S				
E Farm rentals	T				
	S				
F Income or loss from REMICs	T				
	S				